



What You Need to Know Talking to Patients About Sexuality and Sexual Health

Patients may have difficulty talking to health care providers about sexuality and sexual health for many reasons, even when they clearly are sexually active. Most people are not raised to discuss sexual matters openly, and when sexuality is taught, it is often done in negative terms. As patients move through the stages of life, the dialogue with providers on this topic will evolve; a conversation with a sexually active adolescent should differ significantly from a discussion with a married perimenopausal woman.

Research suggests that communication between health care providers and patients can improve sexual health. Effective patient/provider communication has been correlated with increased use of condoms, whereas lack of communication about sex is a risk factor for HIV and STIs (sexually transmitted infections).¹ Many providers say they don't broach sexuality issues because they lack the training and skills to deal with these concerns, are uncomfortable with the subject, fear offending the patient, have no treatments to offer, or feel constrained by time.^{2,3} At the same time, 68 percent of patients surveyed cited fear of embarrassing a provider as a reason for not broaching sexuality issues.⁴ Clearly, discussing sexuality is difficult for many providers and their patients.

Best Practices: Counseling Guidelines

To facilitate effective communication with patients on sexuality and sexual health, providers should⁵:

- Promote sexual health in clinical practice environments.
- Provide patients with current information regarding sexual health.
- Acknowledge their patients' feelings, attitudes, and norms that may be obstacles to individual sexual health and use this information to help patients establish realistic goals.
- Assist patients with development of skills they may need to achieve personal goals for sexual health (e.g., communication, negotiation, and planning strategies).
- Participate in continuing education activities focused on sexual health.
- Be aware and respectful of their patients' sexual values and lifestyles.

- Understand how values of the health care provider or the clinical setting may influence practices and take care to provide unbiased and comprehensive care.

Some providers may feel that their patients' sexual lives are too personal to ask about, and patients may assume that their providers will tell them what they need to know.

Communication about sexual health is a complex matter influenced by many factors. It is important for providers to:

- Understand their own feelings about sexual matters
- Be willing to speak truthfully at the risk of increasing their own vulnerability
- Be able to listen and interpret patients' sexual values, experiences, and concerns
- Be willing to reply honestly and clearly to patients' sexual concerns
- Encourage enough trust from the patient to permit open communication about sex

Breaking the Ice: Taking a Sexual History

Taking a patient's sexual history can facilitate a discussion on sexuality and sexual health and needn't take an inordinate amount of time.³ The following questions convey your willingness to discuss sexual issues:

- Are you currently involved in a sexual relationship?
- Do you have sex with men, women, or both?
- Are you or your partner having any sexual difficulties at this time?

Additional questions can include:

- Are you satisfied with your current sexual relations?
- Do you have any sexual concerns you would like to discuss?

If a patient's answers suggest that she wants to discuss sexual issues, the following questions might be productive:

- Tell me about your sexual history— first sexual experiences, masturbation, how many partners you've had, any sexually transmitted infections or sexual problems you've had, and any past sexual abuse or trauma.
- How often do you engage in sexual activity?

- What kinds of sexual activities do you engage in?
 - Depending on the sexual orientation of the patient, ask about the specific forms of sex, including penis in mouth, vagina, or rectum; mouth on vulva.
 - If the patient is a lesbian, ask if she has ever had penetrative sex with a man, to assess risk of cervical cancer and sexually transmitted infections.
- Do you have difficulty with desire, arousal, or orgasm? (If the woman is peri- or postmenopausal, begin by noting that many women experience vaginal dryness and changes in sexual desire around the time of menopause.)

A sexual history should include standard questions about menstrual and obstetric history: age at onset of menses, dates of last menstrual period, characteristics of menstrual periods, problems associated with menses in the past, pregnancy-related problems, and symptoms of perimenopause or menopause.³

Although talking about sex can be difficult for patients and providers, practicing and using the skills that promote candid communication will help to ensure the best possible care.

Visit www.sexandahealthieryou.org for more information, publications, and resources on female sexuality and sexual health.

For more information about sexuality and sexual health issues visit www.arhp.org/Publications-and-Resources.

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1. American Social Health Association. *Finding the Words*. Research Triangle Park, NC: ASHA; 1.
 2. Berman L, Berman J, Felder S, et al. Seeking help for sexual function complaints: what gynecologists need to know about the female patient's experience. *Fertil Steril* 2003;79:572-576.
 3. Kingsberg S. Just ask! Talking to patients about sexual function. *Sexuality, Reproduction & Menopause* 2004;2(4):199-203.
 4. Marwick C. Survey says patients expect little physician help on sex. *JAMA* 1999;281:2173-2174.
 5. Social and Sexual Issues Committee of the Society of Obstetricians and Gynecologists of Canada. SOGC Policy Statement: Sexual Health Counselling by Physicians. *J Obstet Gynaecol Can* 2003; 25(12): 1040. Available at: www.sogc.org/guidelines/public/139E-PS-December2003.pdf. Accessed March 25, 2008.
 6. The Pfizer Global Study of Sexual Attitudes and Behaviors. September 2002. Available at www.pfizerglobalstudy.com. Accessed March 25, 2008.