the most important aspect, and the proven benefits of contraception need to be promoted in the context of discussing and understanding the very rare risks [16].

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Counselling: a life course approach

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Introduction

Sexual health issues are often poorly addressed in the clinical setting. There are many barriers that exist for the clinician as well as concerns of the patient that hinder an effective dialogue about important issues such as sexual and reproductive health.

The clinician may feel ill equipped to address sexual intimacy concerns, since there is a lack of formalized training and understanding of sexuality. Time constraints, coupled with potential difficulties in regard to private insurance reimbursement, may also hinder effective communication and can have a direct impact on the patient–provider interaction [1].

For patients, there may be concerns about privacy, cultural and language barriers, as well as apprehension about offending or embarrassing a medical professional when broaching sensitive issues that are sexual in nature. Ageism may also be a concern for the youthful health care provider [2, 3].

In addition, patients may worry that their doctor might be dismissive of their sexuality concerns. Patients may feel it is wasteful of precious visiting time to talk about topics where approved medical treatments may not be readily available or accessible [1].

Counselling is a developed art of discussion and should be provided to the patient in a manner in which detailed and accurate medical information is under-

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Table I: *Principles of sexual history-taking [2, 5].*

- Use simple, direct language
- Use compassionate honesty and normalizing statements
- Declare and demonstrate a lack of embarrassment
- Be aware of the patient's cultural background
- Ensure confidentiality
- Avoid being judgmental and making assumptions

standable to the patient and her partner if present. Counselling should always be non-judgmental and the clinician should be committed to providing the best available medical and scientific evidence to help the patient in her decision-making. An unbiased presentation of all facets of the medical issue should be offered. Counselling must integrate the ethical principles of medicine including respect for autonomy, beneficence and non-maleficence as well as justice.

"Providing educational pamphlets in the waiting areas may signal to patients that you are willing and able to discuss sensitive sexual and reproductive health issues."

General counselling techniques

There are many general techniques for counselling female patients irrespective of their age or stage in life. The medical professional must provide a safe and comfortable environment where patients feel at ease and are willing to engage in an open dialogue. Providing educational pamphlets in the waiting areas may signal to patients that you are willing and able to discuss sensitive sexual and reproductive health issues. Front office and telephone staff should be regularly educated about sensitive health issues, as they are often a patient's first contact with the medical practice. Respecting patients' privacy is also paramount during the medical interaction.

The health care professional should modify his or her interview technique according to the unique aspects of the patient's personal, religious, social, psychological and economic situation. S/he has an ethical obligation to provide unbiased medical information, risk–benefits and alternatives, and help guide and educate the patient towards evidence-based decision-making.

Table I demonstrates some common principles of sexual/reproductive history-taking. These tenets can be applied to all reproductive topics that necessitate counselling or interview techniques. It is imperative that the health care provider separate personal belief from professional responsibility and provide non-biased evidence and option counselling. S/he must incorporate and be sensitive to the patient's cultural and religious background and support systems. Every attempt should be made to have educational materials translated, if necessary, to ensure proper communication with the patient. The health care provider should use appropriate verbiage and vernacular, remain non-judgmental and support the patient in her reproductive choices by reinforcing her liberty to make decisions even if they may be in opposition to the provider's personal belief system.

During the interview and counselling session there are some basic techniques that the provider should attempt to follow, and these are listed in *Table II*. In addition, the use of open-ended questions (answers which require a narrative from the patient) is effective in developing an accurate history and enhancing the therapeutic alliance with the patient. Following up with directed, close-ended questions can effectively narrow the focus of the medical complaint. At times it is important to use emotionally supportive statements such as, 'That sounds distressing/upsetting/frightening/embarrassing', and follow up with more open-ended questions, such as those listed in *Table III*, to further engage and empathize with the patient. Silence can be used to allow the patient to collect her thoughts and it allows for non-verbal communication. Repeat what the patient says and rephrase the problem. For example, 'I hear that you're saying you have a problem with your sexual desire. Do I have that correct?' confirms comprehension while solidifying and nurturing the relationship with the patient.

Although many models for sexual history-taking exist, a recent publication in the *Journal of Sexual Medicine* [4] developed a paradigm that can be used for all age groups. The fundamentals include: (1) a

Table II: *Basic principles of effective communication and counselling.*

Maintain a seated position and eye contact	Make effective use of silence
Limit note-taking when the patient is speaking or disclosing information	Show that you are engaged with the patient and avoid interrupting her when she is speaking
Sit face-to-face with the patient	Maintain an impartial non-judgmental attitude
Avoid distractions such as texting or answering a pager	Employ active listening techniques (head nods and appropriate facial reactions are important)

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Table III: Selected phrases to engage the patient in conversation: open-ended statements/questions.

Tell me more ...
Tell me about the problem/issue ...
What do you mean by that? Please explain it in greater detail ...
I understand that it must be difficult for you to discuss (empathy)
Many women often experience a similar problem (normalizing)

patient-centred approach; (2) incorporating evidence-based medicine in formulating recommendations; and (3) the use of a unified management approach. A biological–psychological approach is important to obtain all necessary sexual health information. *Table IV* shows the six interactive components of the patient-centred process [4].

Specific age groups

There are specific considerations when counselling a woman at different stages in her life. The following section discusses specific health considerations as well as nuances that the clinician must take into consideration when dealing with certain age groups. It is imperative that the reader be aware that the divisions of ages are arbitrary and many health problems remain paramount throughout a woman's life cycle (sexual status, relationships, prevention of sexually transmitted diseases, etc.).

Adolescence

Teenage girls may have specific sexuality health concerns that should be addressed during their annual or gynaecological examination. In addition to history-taking and a physical examination, sexual orientation, gender identity, physical developmental and high-risk sexual behaviours should be addressed. Menstruation patterns, genital hygiene, sexual behaviour and exploration with partners (of the same or opposite sex) should be addressed. Prevention of unwanted pregnancy, risky sexual behaviour, frank discussions of comprehensive contraceptive choices/options, access and understanding of emergency contraception are also important subjects to discuss at the adolescent sexual health visit.

Prevention of sexually transmitted infections remains a vital consideration for the adolescent patient [6]; proper condom use should be explained and, if appropriate, demonstrated. Intimate partner violence (emotional, physical and sexual) is a vital topic of discussion. Sexual development, self-acceptance and sexual self-esteem can influence an adolescent's mental and psychological health, so screening for anxiety, depression or suicide should not be ignored. Teenagers may engage in serial monogamy, so relationship status as well as sexual health awareness and education of the

Table IV: The six interactive components of a patient-centred process [4].

1. Exploring both the disease and the illness process
2. Understanding the whole person
3. Finding common ground regarding management
4. Incorporating prevention and health promotion
5. Enhancing the patient–clinician relationship
6. Being realistic

partner should be attempted. Prevention of HIV infection and proper condom use are critical.

Counselling techniques that may be helpful at this age include: providing ample education, ensuring absolute confidentiality, as well as using common terms and verbiage that a young person will understand. The American Congress of Obstetricians and Gynecologists advocates the use of visual materials, models and diagrams to help educate about genitopelvic anatomy and physiology while creating an adolescent-friendly environment [7].

Parental consent and involvement in health care decisions for the adolescent is a complex topic and beyond the scope of this article; however, the reader should be aware that laws vary from country to country and parental involvement will directly influence health care discussions and decision-making (condom use, age of first coitus, voluntary interruption of pregnancy) [8].

Some of the published literature demonstrates that the promotion of abstinence has been shown to be ineffective at modifying sexual behaviour in younger adults [9, 10].

Reproductive years

As a woman progresses into the reproductive phase of her lifecycle the concepts of pregnancy prevention and contraceptive option counselling remain important. Sexual function and screening for sexual complaints (desire, arousal, pain and orgasmic dysfunctions), coupled with an assessment of the primary intimate relationship, should occur. Menstrual disorders, pain syndromes, infertility, pregnancy counselling and preconception care are often imperative talking subjects in this age group. Postpartum contraception as well as birth-spacing techniques should be discussed during the routine examination. This age group is frequently interested in long-acting reversible contraception including intrauterine contraception: the regular and new mini levonorgestrel-releasing intrauterine system and the copper intrauterine device. Gynaecological disorders including dysmenorrhoea, fibroid discomfort or endometriosis may impact sexual functioning in this group, and general health and well-being should not be ignored.

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Menopause

As a woman ages and moves from the reproductive years into the perimenopausal stage and finally into the menopausal transition, hormonal fluctuations may become the focus of her health care and counselling considerations. Irregular bleeding, sporadic hot flushes and the development of chronic medical illnesses may also influence her sexual health and functioning. Screening for both sexual medicine abnormalities and psychological changes is essential. At this stage of life a woman may be facing her partner's retirement, financial changes and empty nest syndrome as her children leave for college or work. Her social situation may also change. Marriage, separation or divorce may influence her sexuality and sexual expression.

> ***"The health care provider should be aware of the vital statistics concerning the sex lives of the elderly and what new drugs are on the horizon for treatment of sexual dysfunction."***

In addition, as women age, many experience chronic diseases, such as breast cancer, which may influence their relationship whether married or re-entering the dating scene. Chronic disease may involve changes in genitopelvic anatomy, medication use, as well as changes in pelvic floor musculature, all of which may influence the sexual response cycle. The prevention of sexually transmitted infections may remain a health concern. The clinician is advised that the ageing woman may be concerned over her general physical health and appearance and she may be taking multiple medications which can affect desire, arousal and overall sexual functioning.

> ***"Sexuality counselling involves a variety of operational techniques including empathic listening, reiteration and focused listening to the patient."***

Sexual health and function have often been viewed by older patients as a taboo subject. However, with increased longevity and improved overall health and wellness, the health care provider must help older patients integrate the concept that general health and well-being often include sexual vitality. The health care provider should be aware of the vital statistics concerning the sex lives of the elderly, what new drugs are on the horizon for treatment of sexual dysfunction, and formulate a comprehensive assessment and a diagnostic and therapeutic paradigm to address sexual concerns in an ageing population [11].

At times, the older woman may be apprehensive to divulge her sexual health concerns due to embarrassment or privacy considerations, so the creation of a comfortable interview atmosphere, together with a calm and reassuring physical setting to ensure privacy, is fundamental to a successful interview and discussion.

Conclusion

Sexuality counselling involves a variety of operational techniques including empathic listening, reiteration and focused listening to the patient. Although the woman may transition through a variety of stages in her lifecycle, many common health concerns remain paramount. Contraceptive choice, sexual function and dysfunction, as well as sexually transmitted infections, remain important topics of discussion for the female patient and her health care provider. Creating a comfortable environment, both in the clinic as well as during the interview, and using specialized interview techniques can help ease a patient's anxiety when broaching sexual health concerns. The health care professional must be a non-judgmental educational source of evidence-based medical information and must facilitate open and honest discussions while helping the patient exercise autonomy in her sexual health decision-making.

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