



NGO Networks
for Health

SEXUALITY

At a glance

This issue of *At A Glance* summarizes Dr. Anthony Klouda's presentation on sexuality, in which he challenges family planning/reproductive health professionals to take a somewhat more fundamental approach to their work. Tony, CARE's reproductive health adviser for Africa, encourages those who work in this field to use sexuality (rather than contraception, for example, or birth spacing, or STDs) as the starting point for thinking about and planning their interventions. Tony argues that sexuality is such a pervasive subtext in the arena of reproductive health that, paradoxically, it is often overlooked or at least never addressed as a topic in its own right.

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Human sexuality may be at the heart of what we do, in other words, but it is rarely the *focus* of what we do.

More importantly, Tony shows that in those cases where sexuality is *not* overlooked, where it is addressed directly and discussed openly, there are interesting results. "Sex sells," he says, meaning that using the topic of sexuality as the entry point for discussing and working on related FP/RH matters can be very effective. To discuss contraception without discussing sexuality, without implying that it is even related to sexuality, undermines credibility, especially with young people. "A focus on sexuality," he observes, "has the power to allow

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service providers and the people they serve to start from a point of common interest...and also brings into sharper focus the important but often overlooked goal of enhancing human dignity."

The conventional wisdom has been that people don't want to talk about sex itself, as opposed to talking about birth spacing, for example, which is both more comfortable and more socially acceptable. This reluctance applies equally to health care professionals, incidentally, who may themselves be uncomfortable talking directly about sex—and certainly not comfortable asking others to do so. But results from the Sexual Health Project sponsored by the International Planned Parenthood Federation (IPPF) in the late 1980s confounded expectations—including those of the directors and staff of family planning associations in the field who predicted it would be impossible to engage people in their cultures in open discussions about sex. Field workers found that men and women, the young and the old, parents and children **wanted** to talk about sexuality, that they had deep concerns about issues of sexual and gender interaction. The problem had been that no one had ever provided them a forum to talk seriously about the issue, specifically about its health, family planning, community, and social implications, among others.

Tony explained that in communities where there is a more open dialogue about sexuality, it is harder for people to deny or minimize issues related to sexuality, such as adolescent sexuality, teenage prostitution, reproductive health, or the spread of HIV/AIDS. When these issues are addressed outside the context of sexuality or in the absence of any recognition of the role sex plays in people's lives, there is an air of unreality about such discussions. Tony observed that "bringing sexuality into

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the reproductive health equation often allows health workers to take a less fatalistic, more positive and exploratory approach to their work and to take more of the reality of personal behavior into account." He pointed out that taking this approach does not require additional funding and leaves intact current projects and technical approaches.

Another traditional obstacle to treating sexuality as an "issue" of its own is the concern that such a "non-programmatic" focus, what Tony has heard characterized as "people just discussing things," can not possibly yield measurable or sustainable results. The argument here is that since sexuality is not a "problem," then it can not respond to a solution, i.e., a distinct intervention of the sort beloved of programmers and evaluators. Tony's point is that whenever we ignore context in order to focus on problems and intended outcomes, our interventions may work in spite of our efforts rather than because of them.

Tony made a related point that sexuality should be seen as a development issue, with direct consequences in the economic and political arenas as well as the health arena. Decisions people make in this realm of their lives have enormous significance for their own and for their community's economic development and well-being.

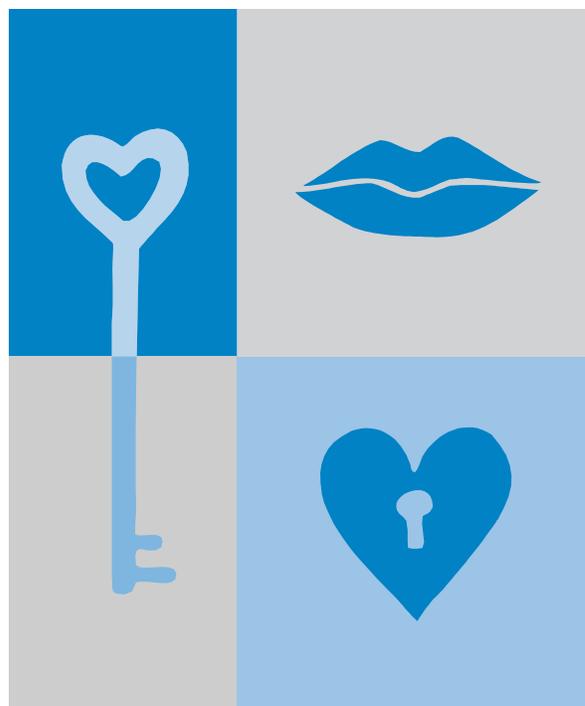
The discussion following Tony's presentation raised many important points: Now that we are sensitized to the issues, what do we do next? How should we apply these ideas to our own work? Do we and our PVO/NGO colleagues involved in programming and service provision need new skills? Are we comfortable talking about sexuality in a factual, nonjudgmental way? Do we hide behind medical terminology that potentially forms a barrier with our communities, clients, and even our field staff?

At A Glance is a publication of NGO Networks for Health's Technical Seminar Series. Begun in July of 1999, this series is a response to Partner headquarters' and field staff's often-expressed need for professional development. From time to time, we will invite a technical expert to develop a presentation to stimulate discussion among *Networks*, *Partners*, and other PVO/NGO staff on key topics and/or the latest developments in his or her field. The full text of seminars is posted on our web site (www.ngonetworks.org) along with *At A Glance*. Readers who do not have access to the Internet should contact *Networks* communications department for a printed copy.

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We can identify frank, factual information for ourselves, programming staff, communities and different client groups, but can we program to use it effectively? Although it could be reasonably considered essential for all clinical service providers and health educators who advise clients on a one-to-one basis to be comfortable addressing sexuality, how do we ensure that our community development workers are? How do we deploy good field staff that have previously formed good links with the communities we serve if they are unable to take on issues of sexuality? Do we just close our eyes, ostrich-fashion, and hope that issues of sexuality will go away?

How do our field staff go about addressing sexuality in the communities they serve? In Tony Klouda's words, "Would we like it if a bunch of strangers turned up one day in a van in our neighborhood and started knocking on doors asking questions about our sexuality, or heaven forbid, calling meetings and expecting us to attend and talk publicly about sexuality?" Should Partners consider holding regional or field level seminars to sensitize staff and develop plans for incorporating sexuality issues into programming?



CARE Ghana: The Societal Perspective

Many people who work in sexual and reproductive health push simplistic messages about safe sex or simply stick to distributing condoms rather than exploring the community's deeper and sometimes conflicted feelings about sexuality. Reproductive health workers in the gold-mining areas of southwest Ghana decided that this crucial element, what they called the societal perspective, was missing from their work. Accordingly, they designed and carried out a SPIA initiative (Societal Perspective Involvement and Action), wherein they spent four days and nights living in a village and engaging members of the community in discussions about sexuality and related issues, with the goal of finding better ways to work with the village on improving reproductive health.

In the course of discussion, villagers began to realize the health workers weren't simply trying to impose a family planning project on them but wanted to improve contraceptive practice. Villagers then became more open about child spacing practices and why they distrusted modern methods and were more receptive (after the village live-in) to the work of the community-based distribution agent (whom they had previously regarded as a token figure chosen to make CARE happy).

The other result of the SPIA initiative was an increased willingness among villagers to discuss sexuality in a frank and honest way, as observed in the proceedings of a 70-person village meeting convened to discuss sexual norms and practices. The openness on display at the meeting, with different sectors of the community talking openly about well-known but never discussed sexual problems, will serve as a starting point for addressing these and other issues.

A note from Ruth



Welcome to the first issue of **At A Glance**, a publication of the NGO Networks for Health project's Technical Seminar Series. In this series, held four times a year, the Technical Support Group invites an expert to address recent developments, current

thinking, and best practices in reproductive health. Our goal in the series and in this publication is to influence the thinking of reproductive health policy makers, program managers, and service providers. *At A Glance* offers a concise summary of each seminar and is designed to help the busy health professional keep abreast of the latest information on selected reproductive health topics. The full text of seminar presentations, which may include readings, discussion summaries, and case studies, is posted on our web site: www.ngonetworks.org. Readers who do not have access to the Internet may contact *Networks* communications department at the address below. Please send your comments and/or questions about the series to: rhope@dc.savechildren.org. We also welcome your suggestions for upcoming seminars.

Sincerely yours,

Ruth Hope
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Head, Technical Support Group

For further reading

Foucault, Michel. "Scientia Sexualis," *The History of Sexuality: An Introduction*, Vol 1, Part 3. Penguin Books, 1990.

"Happy Hookers Declare War on Feminist Writers," *The Independent*. December 8, 1997.

King, Rachel. *Sexual Behavioural Change for HIV: Where Have Theories Taken Us?* UNAIDS/99.27E, June 1999.

Thomas, James et al. "The Social Ecology of Syphilis," *Social Science and Medicine*, Vol 48. Elsevier Science, 1999.

UNAIDS. *Sex and Youth: Contextual Factors Affecting Risk for HIV/AIDS: A Comparative Analysis of Multi-Site Studies in Developing Countries*. UNAIDS/99.26E, May 1999.

UNAIDS. *Trends in HIV Incidence and Prevalence: Natural Course of the Epidemic or Results of Behavioural Change*. UNAIDS/99.12E, June 1999.

NGO Networks for Health (*Networks*) is an innovative five year global health partnership created to meet the burgeoning demand for quality family planning, reproductive health, child survival, and HIV/AIDS information and services around the world. Funded by the United States Agency for International Development (USAID), the project began operations in June 1998. For more information, contact:

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Networks Technical Support Group encourages and supports FP/RH policy makers, program managers, and service providers to:

- become aware of the need to consider issues of sexuality in all aspects of their work
- understand that individual's perceptions about sexuality can affect FP/RH policy making, program planning, and clinical practice
- become comfortable in discussing sexuality with colleagues, clients, and other persons at community levels as appropriate in their work .

