



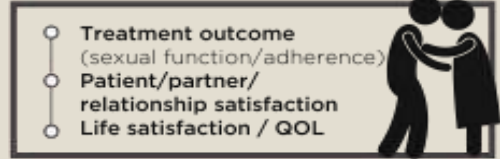
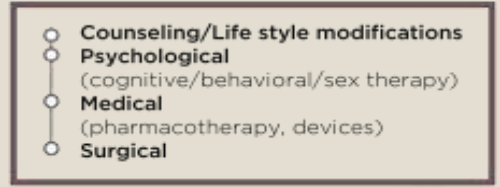
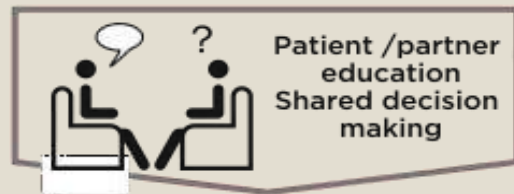
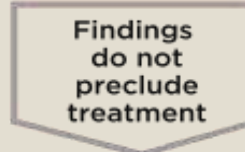
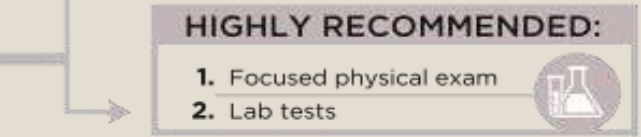
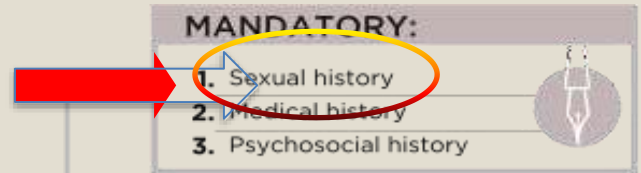
SEXUAL HISTORY TAKING

DR P RAMLACHAN / DR ANTHONY SMITH

Case history

- Mx T and R present to the facility with recent difficulties in intimacy .They have been in a relationship for 10 years. Mx R works daily in a take away which was severely affected during the Covid Pandemic.
- Financial Recovery has been difficult.
- Mx R complains of losing erections during intercourse .
- Mx T has not been orgasmic for a few years and does not desire sex.
- They are wishing for a solution for their difficulties

The ICSM algorithm



Follow-up



Parents





A couple



Trans man,
Before
and After



A Man
and his
wives



Pup Play

SEXUAL ATTITUDE REASSESSMENT

29 - 30 OCTOBER 2022

COST: SASHA MEMBERS: R2000, NON-MEMBERS R2700



The Role of the **Primary Care Provider**

- High **prevalence** in primary care populations,
- Unique **opportunity**.
- Contact through the **life-cycle**
- Sex is **good for you**. (Physical and Mental health, Quality of life, Relational health)
- Important marker for **co-morbidity**.
- **Role** as educators, advocates and risk management.
- **Medicines and treatments** causes many problems, so we have a responsibility.

Brody, Stuart: J Sex Med 2010;7:1336-1361

Jannini, EA et al: J Sex Med 2009;6:2640-2648

Creating a safe environment.

- Self assessment of comfort (identifying unrecognized or implicit biases)
- Training staff to be culturally sensitive, use gender inclusive language, display diverse images in waiting areas.
- TWO step method
 - Sex assigned at birth
 - Gender identity
- Self identified pronouns.

First point of contact

When meeting someone new, avoid words that gender them or their family members. If you must call for a new client in a waiting room, consider only using their last name.

Greeting a new individual

Hello there. My name is _____. What name do you use?

Hello. My name is _____, and my pronouns are _____. May I ask your name and pronouns?

Offering assistance

Can I help you? / Can I help anyone?

What can I do for you, today? / What can I do for you all, today?

Do you need help with anything? / Does anyone need help with anything?

And for you? / And for the rest of you?

Requesting someone's attention

Excuse me. May I have your attention, please?

If needed, use a non-gendered descriptor:

Excuse me, person in the blue shirt. May I have your attention, please?

Honourifics (Ms / Mr / Mrs / **Mx**)

If your service still uses honourifics on forms, then add the gender-neutral **Mx** option. **Mx** is pronounced the same as the word 'mix'.

A productive Sexual Health conversation

- **Rapport:** Trust, active listening, respect, empathy, candor & honesty
- **Permission:** Respect patient right to decline answering
- **Privacy, Confidentiality, Security:**
- **Assumptions & Bias:** Avoid moral or religious Judgement
- **Use of language:** Neutral and inclusive terms / shared understanding.
- Taking the **Initiative:**
- **Normalizing** discourse:

Practitioner related obstacles

- **Knowledge & Skills:** feeling untrained, ill-prepared.
- **Confidence:** Opening Pandora's box, and not knowing what to do.
- **Lack of Time & Resources:**
- **Embarrassment and Discomfort:**
- **Not relevant:** to the problem (another's role) or the patient demographic (**Non-sexual:** aged, chronic illness, cancer, mentally handicapped etc)
- **Concern about sexualizing** a consultation, accusations of misconduct.
- **Distaste and Disagreement:**
Especially if there are age, intercultural or religious divides

1. Sex

(Biological Concept)

Male
Female

Intersex

2. Gender

(Social Construction)

Masculine
Feminine

Trans*

3. Sexual Orientation

(Emotional & Sexual Expression + Identity)

Heterosexual
Homosexual

Bisexual

4. Sexual Play

(Behaviour & Meaning)

More than body parts
Includes desire, fantasies (not always in line with sexual orientation e.g. MSM / WSW)
People have sex for various reasons

Anal sex challenges the penetrative penis / vagina binary

Examples of Gender Inclusive Terminology

Sex:	Determination made at birth referring to a biologic category of male, female, or intersex based on sex chromosomes, genital anatomy, or hormone levels
Sexual Orientation:	Self-determined sexual identity in relation to the gender(s) to which they are attracted
Cisgender:	Term used to describe a person whose self-determined gender is consistent with sex assigned at birth
Transgender:	Term used to describe a person whose self-determined gender does not match sex assigned at birth or remains inconsistent over time.
Gender identity:	Self-determined sense of being along (female, male, a combination of both, somewhere in-between) or outside of a gender spectrum resulting from multiple factors such as biologic characteristics, environmental and cultural factors, and self-understanding.
Non-Binary GI:	Those who do not identify with the Gender binary as exclusively boy/girl, or man/woman.
Gender expression:	Signals or external ways a person expresses their gender
Gender perception:	The way others interpret an individual's gender.

1. Penis

2. Vagina

3. Clitoris

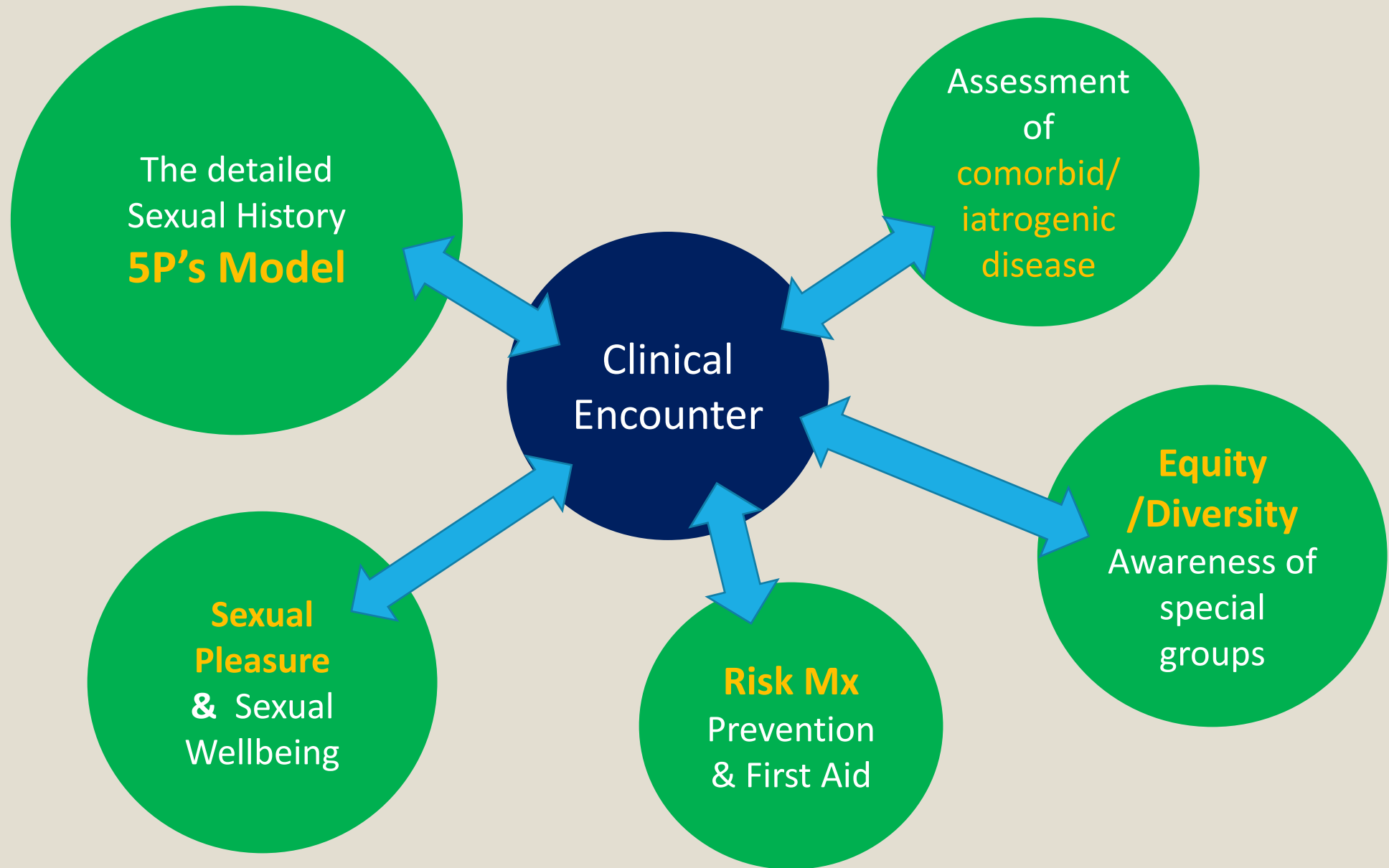
4. Orgasm

5. Ejaculation

What does Sexual Health include?

A bother, a problem or a dysfunction?

- Management of Sexually Transmitted Infections
- Disruptions in sexual function, whether physical or psychosexual
 - Women's Reproductive Health
 - Gender based violence, Sexual Abuse
- Sexual intimacy and relationships with sexual partners
 - Sexual Attitudes: roles, feelings and beliefs.
 - Gender Identity and Sexual Orientation



The detailed sexual history – 5P's

1. Partners

- Have you been sexually active with a partner in the past 6 months?
- Tell me about your partner? Are your partner/s men, women or both.
- How happy are you both?

2. Practices

- What type of sexual activities do you participate in?
- Do you participate in vaginal sex, oral sex, anal sex?

3. Pregnancy

- Are you wanting, planning, preventing a pregnancy.

4. Protection

- Have you been tested / treated for an STI
- Have you ever experienced a difficult

5. Pleasure (problems)

Opening the conversation

Primary Complaint or Opportunistic Complaint

PERMISSION & CONFIDENTIALITY

Screening Questions.

- Have you been sexually active with a partner in the past 6 months?
- Tell me about your partner? Are your partner/s men, women or both?
- Do you or your partner have any sexual concerns/difficulties?
 - Do you experience pain or discomfort during sexual activity?
 - Are you able to achieve and maintain an erection (men) or lubrication/arousal (women)?
 - Are you experiencing difficulty with orgasm?
 - Are you experiencing changes in sexual desire or interest?

Sexual Health Education

Risk

- STI
- Pregnancy
- Border violations (Sexual Violence)
- Bias & Discrimination
- Sexual Dysfunction

Pleasure

- World Association for Sexual Health (WAS) affirmation that:
- “Sexual pleasure is the physical and/or psychological satisfaction and enjoyment derived from shared or solitary erotic experiences, including thoughts, fantasies, dreams, emotions and feelings.”
- Pleasure as a right
- Pleasure as intrinsic to well-being and the human experience
- Freedom from constraints, rather than focuses on the constraint.

Female and Male Sexual Dysfunction (DSM-5) classification

FEMALE

302.72 Female sexual
Interest/Arousal disorder

302.73 Female orgasmic disorder

302.76 Genito-pelvic pain/Penetration Disorder

302.79 Other specified sexual dysfunction

302.70 Unspecified sexual dysfunction

Substance /Medication-induced sexual
dysfunction

MALE

302.71 Male hypoactive sexual desire disorder

302.72 Erectile disorder

302.74 Delayed ejaculation

302.75 Premature ejaculation

302.79 Other specified sexual dysfunction

Substance/ Medication- induced sexual
dysfunction

SCREENING TOOLS

Tounkel et al ;Sex Med 2022;10:100498

Heterosexual bias

Female Sexual Function Index, or FSFI 6

Brief sexual symptom checklist for women and men

Sexual Adjustment and Body Image Scale,

Arizona sexual experience scale

IIEF 5 /15

Sexual Satisfaction Questionnaire, and Sexual Activity Questionnaire

Gynaecological Leidin questionnaire

PHQ 9FOR DEPRESSION

Should include ability to assess:

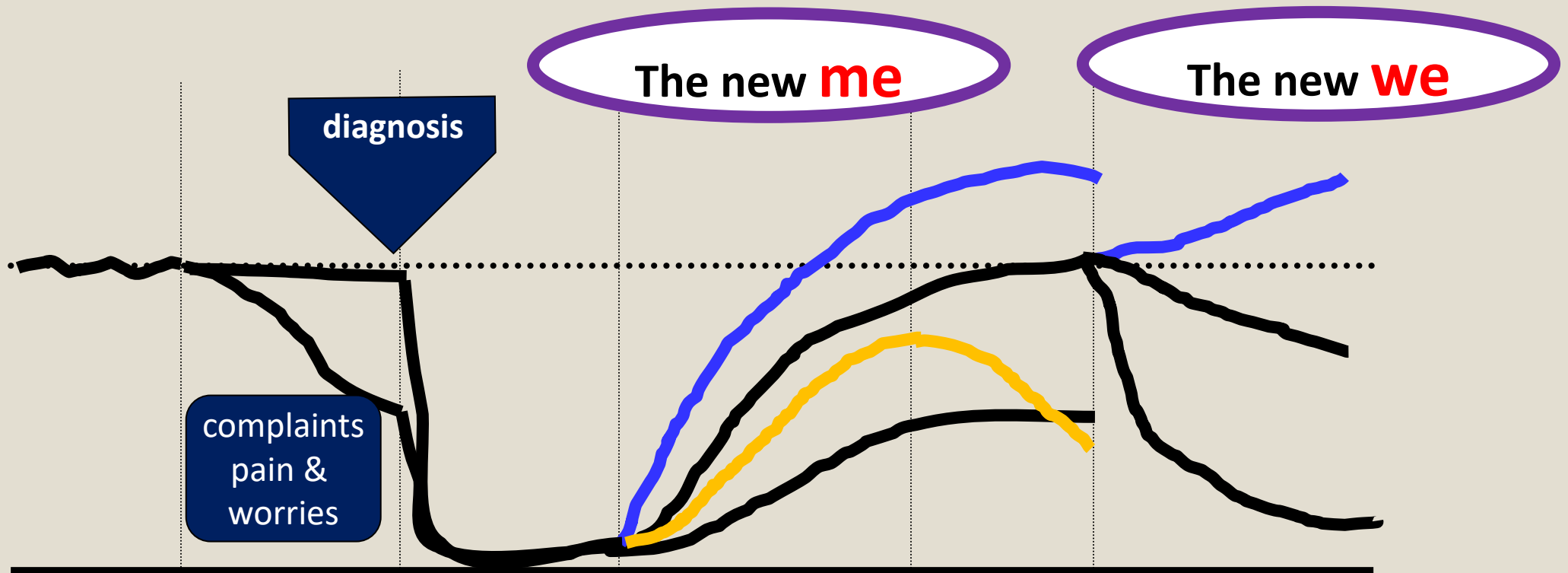
- desire, arousal, orgasm
- satisfaction,
- dyspareunia,
- solo sexual expression,
- relationship with partner
- body image perception,
- distress over changes in sexual function, and support systems
- Pre and post- treatment comparisons,
- differentiation between lack of sexual desire and inability,
- identify a patient's physical, emotional, and interpersonal concerns pertaining to sexual health, ranging from intercourse and self-pleasure to support systems and self-esteem

Screening tools

SEXUAL RESPONSE MODELS

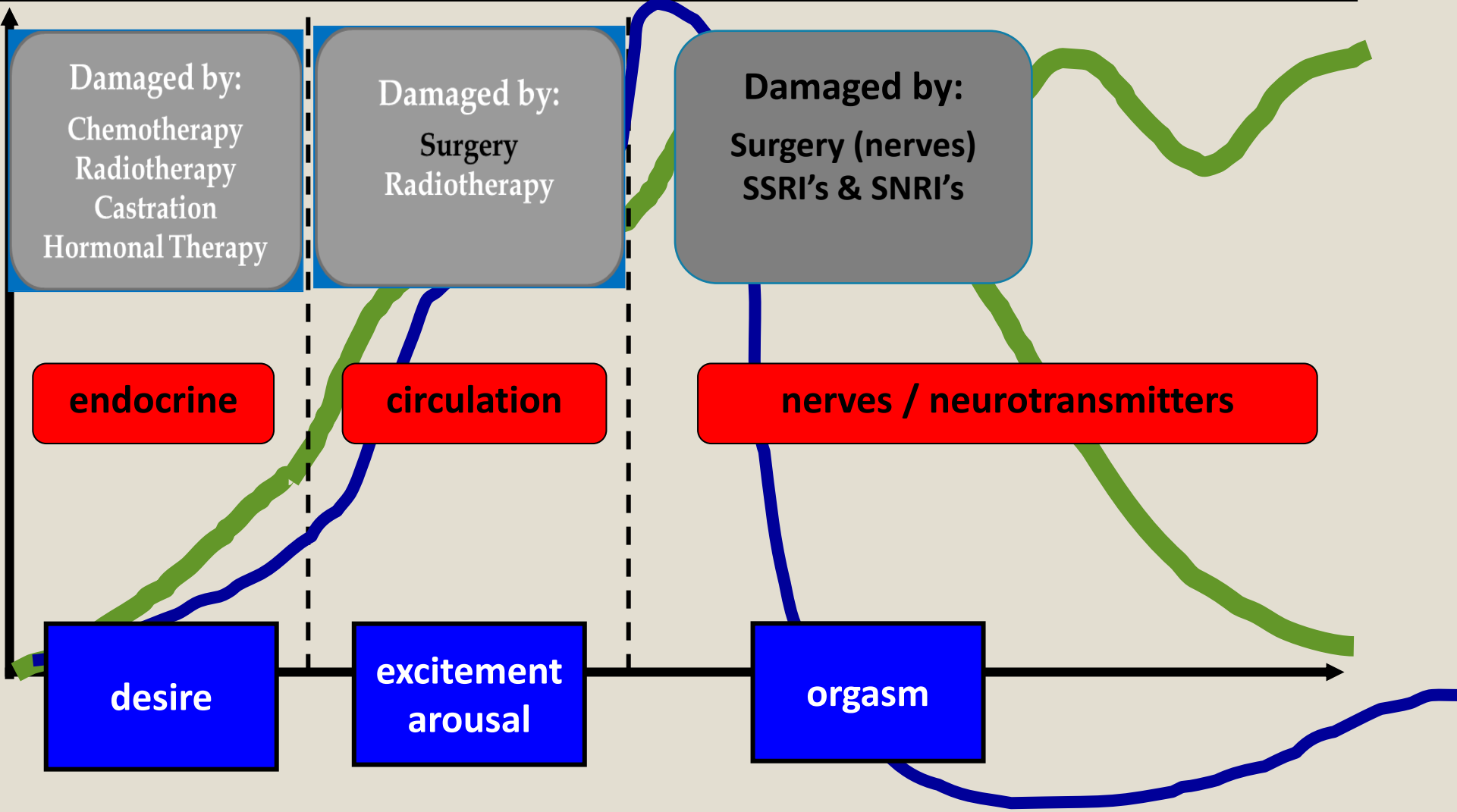
- Masters and Johnson -1966
- Helen Kaplan -1974
- Rosemary Basson- 2001
- Incentive motivation model -2006
- Sexual tipping point - 2006
- Dual control model -2006
- Bio psychosocial cultural model -2008

Cancer: Patterns of sexuality intimacy/relationships/ finances/psychological changes



premorbid phase (complaints) treatment repair back to 'normal' palliative phase (Woet Gianotten)

Simplified basics of sexual function & its disturbances in cancer (treatment)



The diagnostic process

The patient centred dialogue

Listening

Narrative story

Directed questions

The descriptive diagnosis

The comprehensive diagnosis

Global
Versus
Situational

Primary
Versus
Secondary

Desire
Arousal
Orgasm
Pain

Slowly
developing
versus abrupt
beginning

Single
versus
combined

Biochemical

Psychological

Sociocultural

Chronic
disease
drugs

Hormonal
factors

Intra-
individual

Inter-
personal

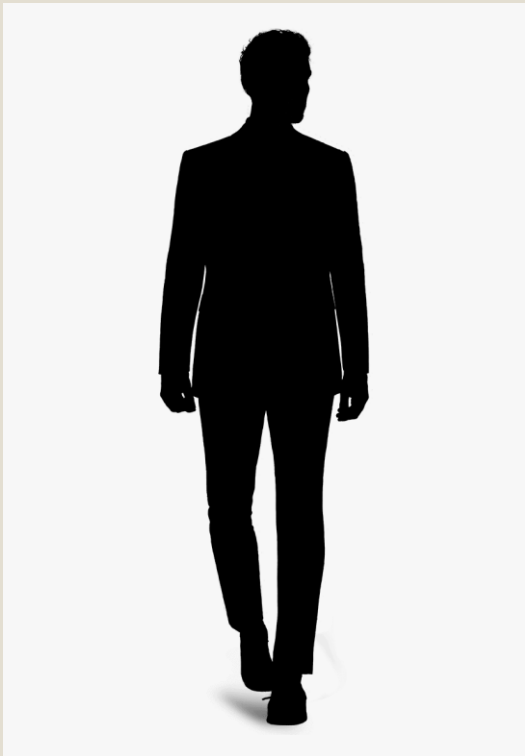
Predisposin
g distant
indirect

Precipitatin
g factor
triggers

Maintaining
proximate
direct

	Biochemical	Psychological	Sociocultural
	Chronic disease drugs	Intra-individual	Inter-personal
Predisposing distant indirect			
Precipitating factor triggers			
Maintaining proximate direct			

THE LINKS



Psychological

A white icon of a human head in profile with three gears inside, representing psychological processes.

Hormonal

A white outline icon of a human brain, representing hormonal and neurological functions.

Vascular

A white outline icon of a human heart, representing the vascular system.

Neuronal

A white icon of an atom with a central nucleus and three orbiting electrons, representing neuronal activity.

SOCIAL

A white outline icon of two human figures, one male and one female, representing social interactions.



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All individuals should be supported in seeking and finding opportunities to pursue a healthy and happy sexual life of their own choosing.

SASHA Southern African Sexual Health Association (sasha.org.za)

<https://sasha.org.za/become-a-member/>



sasha

Southern African Sexual
Health Association