

# Sexual Behavior in the New Millennium

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# Defining Sexual Health

- “...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.” (WHO, 2006a)

# Sexuality and Health

- Sexuality is a subjective, internal experience
- Each individual has their own concepts related to sexuality
- Sexuality is closely linked to intense emotions, self-image, and self-consciousness
- Sexuality is not static, it is changing and evolving

# Importance of Doctor-Patient Relationship

- Significant part of ones overall health and well being
- Sex is a crucial, valuable, and very important part of quality of life
- Having an open dialogue will allow the physician to provide more informed and relevant care
- Reassures the patient their sexuality is an important part of their health
- Validates who they are as a sexual person
- People want to talk to their health-care providers about sexual concerns (Wittenberg and Gerber, 2009)

- Nusbaum, Gamble, & Pathman (2002) found that patients will be more willing to open up when the physician initiates the conversation
- Physicians who encourage discussion by giving the patient permission to talk about any concerns and provide information are related to patient satisfaction (Greene, Adelman, Friedmann, & Charon, 1994)
- And patients who are satisfied with the patient-physician interaction are more likely to adhere to the recommendations of the physician (Bartlett, Grayson, Barker, Levine, Golden, & Libber, 1984)
- The other side of this coin is when health care providers avoid discussing sexual health, it can cause the patient to omit important health behaviors and risks

# Barriers

From the patient perspective

- Shame which is associated with low desire, orgasm difficulties, erectile problems, and more
- Patient will be vulnerable
- Knows doctor lacks time
- Questioning if the physician is the right kind of professional to talk to about sex issues
- Nothing can be done about their concern
- Feeling like the physician will judge them
- Believing their doctors will dismiss their concern
- Fear of embarrassing the doctor

# Barriers

## From Physician Perspective

- Discomfort with talking about sex
- Time constraints
- No medical problem identified
- Feels they are not adequately trained to offer sexual advice
- Unaware of community resources that can provide assistance to the patient

# Overcoming Obstacles

- Give the patient permission to disclose
- Be an active listener
- Put the patient at ease
- Validate a persons desire to have a satisfying sex life
- Validate a persons desire to have a sexual concern addressed, even of that concern does not have a biological cause
- Be respectful and nonjudgmental
- Explain that sexuality is very complex and is influenced by many factors and even of there appears not to be a physiological problem, that doesn't mean there is not a problem
- There often times is not a quick fix, but situations can improve with work and commitment
- Let the patient know they are not alone
- Be open and interested on the patients concept of intimacy and sexuality



# Historic Common Concerns

- Low desire
- Past trauma
- ED
- Gender identity/sexual orientation
- Desire discrepancies
- Masturbation

# Millennial Common Concerns

- Porn
- Social media/lack of face-to-face interactions
- Lack of sexual experience/confidence
- Delaying or forgoing marriage and childbearing
- Hook up culture (non-sober sex)
- Issues around consent
- Decline in dating
- More cultural acceptance of LGBT community
- Dating apps
- Sexting
- Having less sex than past generations
- Changing gender roles
- Sexual fluidity

# PLISSIT Model

## Permission

- Validating sexuality as a legitimate health issue and giving the client permission to discuss sexual concerns. Most clients need permission to raise their sexual concerns. The majority of professionals have adequate skills and knowledge to provide this level of service.

# PLISSIT Model

## Limited Information

- Addresses specific sexual concerns
- Attempts to correct myths and misinformation
- Practitioner's primary role is that of an educator
- Focus on basic sexual information

# PLISSIT Model

## Specific Suggestions

- Formulate ideas about appropriate goals and treatment plans
- Fewer clients require this level of intervention, and fewer practitioners are qualified to provide this degree of service
- Counseling skills and treatment skills in order to provide treatment at this level

# PLISSIT Model

## Intensive Therapy

- Specialist such as clinical sexologist, therapist/counselor (relationship, communication, sex), physical therapist, etc.

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