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Jenni Savolainen

# Who needs sex therapy anyways?

## Guideline for primary health care – how and when to refer patient to a sex therapist

Metropolia University of Applied Sciences

Master of Health Care

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The purpose of the project was to promote patients' sexual health by developing easy-to-use guideline for primary health care for how patient can be referred to sexual counselling or sex therapist. Sexual health care should be available to everyone at a low threshold. Study was carried out as a research development task, in which working life was strongly involved throughout the development process. The objective to this project was to make visible the fact how variable sexual health issues are and how important sexual health is to a person's overall health.

The usability of the guideline together with the requirements of the working environment of the health station was raised as a priority. Assessment of the need for new practices, which are updating the care path, taking the patient's needs into account as a starting point for the service, clarifying the division of labor and utilizing the plan and strengthening competence through training, orientation and support from the work community.

The empirical material of the development task consists of the practice of the Kalasatama health station and an expert panel, which included sexologists working for the city of Helsinki and nurses from Kalasatama health station. The framework utilizes multidisciplinary research in the field of sexology. The aim of the development process was to implement material that supports sexual health care, which will enable the patient to be referred to a sexologist in a timely manner. The guidelines also include the objectives of support and practical activities, as well as contact information for actors providing crisis support at the third sector.

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| Keywords | Sexual health, sexuality, sex therapy, primary healthcare |

**Contents**

## List of Figures



## List of Tables



## Abbreviations used

| | |
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| EU | European Union |
| FIAS | The Finnish Association for Sexology |
| IUD | Intra Uterine Device |
| LGTBQ | Lesbian, Gay, Transgendered, Bisexual and Queer |
| NACS | Nordic Association for Clinical Sexology |
| OPH | Finnish National Agency for Education |
| THL | Finnish Institute for Health and Welfare |
| UNFPA | United Nations Population Fund |
| VALVIRA | National Supervisory Authority for Welfare and Health |
| WAS | World Association for Sexual Health |
| WHO | World Health Organization |

# 1 Introduction

Subject to write thesis from this topic arises from my studies as sex therapist, current work as a registered nurse in public healthcare as well as subject related recommendations, guidelines and laws.

According to World Health Organisation, later referred as (WHO) Sexual health services should be available for all as it is basic human right. Sexual health services should be given to all people no matter what their gender, age, ethnicity or religion is. Right to have sexual health care is part of human rights as well as right to have health care. World Health Organisation WHO started to work with sexual rights on 1974 by writing a publication “Education and treatment in human sexuality” written by group of expert committees. (WHO 2020)

The Ministry of Social Affairs and Health of Finland directs nationwide promotion of sexual health. Promotion of sexual health is regulated amongst Health Care Act and in Communicable Diseases Act. The promotion of sexual health is also regulated by the Government Degree (Developing sexual health programmes 2020). Finland’s Ministry of Social Affairs and Health sees sexual health promotion among others as counselling on sexuality and relationships and prevention of infertility, approval of sexuality and gender diversity, prevention of unwanted pregnancies and prevention of sexually transmitted diseases as well as prevention of sexual violence. (STM 2020)

The aim of thesis is to define guidelines used in basic sexological counselling and sex therapy given in Public Health Centres. Currently, health centers do not have a guideline or guiding practice on how a patient should be referred to a sexual counselor or sexual therapist, or what and how, and why patient-related sexuality symptoms should be treated or how they could be addressed and when. The purpose of the study is to link these practices and to serve as a guideline for nurses and doctors at the Kalasatama health station. Thesis is made under Metropolia University of Applied Sciences and in co-operation with Kalasatama Health Station.

# 2 Theoretical background

## 2.1 Equality

According to World Health Organisation (WHO), United Nations (UN), European Union (EU), The Ministry of Social Affairs and Health (STM) and Finnish Institute of Health and Welfare (THL) from Finland all people should have equal rights to sexual health care regardless of gender, sexual orientation or domicile.

## 2.2 Sexual and reproductive health

Concepts of sexuality, sexual health and sexual rights can be interpreted to some extent differently in different cultures and countries. In this thesis these concepts are interpreted as World Health Organisation (WHO) and Finnish authorities as Finnish Institute of Health and Welfare (THL) are using.

Sexual and reproductive health and right to it are essential for sustainable development, as they contribute to gender equality, women 's wellbeing and the health and future of mothers, newborns, children and adolescents. Everyone has the right to make decisions about their own bodies without being stigmatized, discriminated against or coerced. Sexual and reproductive health services should be available to all and free or affordable, regardless of age, marital status, socioeconomic status, race or ethnicity, sexual orientation or gender identity. All countries should respect and develop human rights and promote gender equality. (The Lancet vol. 391: 2642)

Sexual and reproductive health are a very personal topics and it can be difficult to bring up the subject for both the health care personnel as well as the patient. This may also be one of the explanations for why reproductive health is still not addressed openly and services are often inadequate and fragmented. People are sexual throughout their lives. Sexual healthcare should therefore cover the improvement of life and personal relationships, and not just focus on reproduction or the prevention and treatment of sexually transmitted diseases. Sexual and reproductive health means that people have a responsible, safe and satisfying sex life and if they wish, the ability to have as many children as they want at the time of their choice. (WHO. Sexual and reproductive health 2020)

Europe has made progress in the use of contraception, with a contraction rate of 55.6% in 2000. The contraception rate has already risen to 61.2 per cent by 2015. (WHO 2020) In Finland, the corresponding figures are: in 1999, a total of 87% of Finns used contraception when condoms and sterilization were included, and in 2015 the figure was almost the same 89.3%. (Väestöliitto 2020)

However, people still often lack accurate and up-to-date information on, for example, sexuality, family planning, pregnancy and childbirth, sexually transmitted infections, infertility, cervical cancer prevention, erectile disorders and male sexuality and menopause or sexual diversity. For this reason, national attention should be paid to sexual health and its good care. (WHO 2020)

Good sexual and reproductive health includes physical, mental and social well-being in related matters. This means the opportunity for satisfying and safe sex life, reproduction, and freedom to decide what, when, and how often to pursue sexuality. To achieve this requires the necessary information to decide on an effective, safe and affordable method of contraception that suits the user's needs. When planning a pregnancy and becoming pregnant, access to the maternity clinic and safe childbirth, as well as a child health clinic, must be ensured. (UNFPA 2020)

The 1994 International Conference on Population and Development stated that human rights include the right to reproduction. The Cairo conference focused on women and introduced the concepts of sexual and reproductive health and reproductive rights. There was also a consensus on the right to education, the reduction of child and maternal deaths, and the promotion of sexual and reproductive health and rights. This saves lives and improves health, as well as being economically viable. In addition, the promotion of sexual health contributes to the realization of human rights, the reduction of poverty and exclusion, and the improvement of gender equality through the empowerment and empowerment of women and girls. Achieving this will require a holistic approach from all sectors. No group should be excluded from sexual and reproductive health. (Väestöliitto 2020)

## 2.3 Definition of sexual health

Sexual health is relatively new term. WHO established concept on 1974, when it started to work with the report “Education and treatment in human sexuality” (WHO, 1975). Since then, WHO has defined sexual health more specific as following.

*Sex:* In this text, sex refers to the biological characteristics that define people as men and women. Biological traits are not completely mutually exclusive, as there are people with genetic traits of both sexes. Often, however, the sexes are separated, either into men or women. In several languages, the word sex often describes sexual activity. However, when it comes to sexual health, the word describes gender.

*Sexual health:* According to the WHO 2006 definition, sexual health is: the state of physical, emotional, mental and social well-being in relation to sexuality. Sexual health is not just about illness, dysfunction or defects intervention. Ritamo, Kosunen and Liinamo 2006: 60 bring up that the term sexual health is often associated with reproductive health but should be seen more widely as part of life, including emotional, physical, mental and social perspectives. Sexual health requires a precise and positive attitude towards sexuality and sexual relations, as well as the opportunity to enjoy a pleasant and safe sexual experience without coercion, discrimination or violence. Sexual rights of all must be respected, protected and fulfilled in order to achieve and maintain sexual health. (WHO, 2006a)

The term sexual health service posed a challenge, as it is not defined in the Finnish law about the provision of sexual health services. However, the sexual health service is defined in many publications of the action plan implemented by the Ministry of Social Affairs and Health. The content of sexual health services has been defined to a significantly different extent in the publication of the action plan for 2007-2010 and the new action program for 2014-2020. (Klemetti, Raussi, 2013)

*Sexuality:* To understand the definition of sexual health, sexuality must be understood broadly as well as sexual behavior must be understood.

*The definition of sexual health is:* Human sexuality consists of several different elements, which are gender, gender identity, and gender roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction. Sexuality is experienced and expressed at the level of

thought, fantasy level, desires, beliefs, attitudes, values, behavior, practice, roles, and relationships. Sexuality may include all or part of the above characteristics. Sexuality is also affected by the interplay of many other factors such as, biological, psychological, social, economic, political, cultural, legal, historical, religious, and spiritual factors.

*Sexual rights:* Should also include the right to correct information and health services. (Ritamo et al. 2006: 60) Respect for protection and realization of human rights also protect sexual health, as sexual rights are enshrined in human rights that are internationally recognized and enshrined in national law. Critical rights for the realization of sexual health are:

- The rights to equality and non-discrimination
- The right to be free from torture or to cruel, inhumane or degrading treatment or punishment
- The right to privacy
- The rights to the highest attainable standard of health (including sexual health) and social security
- The right to marry and to find a family and enter marriage with free and full consent of the intending spouses, and to equality in and at the dissolution of marriage
- The right to decide the number and spacing of one's children
- The rights to information, as well as education
- The rights to freedom of opinion and expression, and
- The right to an effective remedy for violations of fundamental rights.

Everyone must respect the human rights of others. These human rights apply to sexuality and sexual rights. Sexual rights protect against discrimination and give the right to express and realize one's own sexuality and to enjoy sexual health. (WHO, 2006a, updated 2010)

## 2.4 Legislation

Legislation in Finland does not state directly about basic sexology counselling or sex therapy. However, it states about public health act, specialty medical care act and act on patient rights and status. (Ministry of Social Affairs and Health 2005: 7- 14.) Statutory health services include health counseling and health examinations, counseling services,

medical care, home nursing, medical rehabilitation, first aid services, oral health care, school health care, student health care, screening, special health care and occupational health care, environmental health care, environmental health care, mental- and substance health care. The municipality must also provide contraceptive counselling and other services that promote sexual and reproductive health to the residents of its area. (Ministry of Social Affairs and Health 2005: 7-14; Health Care Act 30.12.2010/1326 §13-29, 39-40.)

Healthcare services include medically justified measures and examinations for the prevention and diagnosis of diseases, as well as treatment and rehabilitation. Services do not include procedures, treatment or rehabilitation that have a minor impact and the costs of which are disproportionate to the benefits. (Health Care Act 30.12.2010/1326 § 7a.)

The implementation of statutory services and the implementation of legislation are supervised and directed by the National Supervisory Authority for Welfare and Health Valvira. Its tasks also include directing and supervising the activities of social and clinicians and organizations. (Ministry of Social Affairs and Health 2011: 27-28.)

Municipalities have a statutory responsibility for organizing social and health care services. The law does not regulate in detail the scope of activities, content or organization of activities. Services may vary from municipality to municipality, depending on local conditions and the needs of the population. Many services and the scope of activities are not defined in detail, so municipalities have discretion in terms of the quality-of-service provision. (Ministry of Social Affairs and Health 2005:5-6, 16.) As municipality has responsibility of organizing and financing of these services, but it does not have to implement all the services independently. A municipality may organize services in its own activities or in co-operation with other municipalities, as a member of a consortium of municipalities, by purchasing services from the state, another municipality, an association of municipalities or a private service provider. The municipality can also offer the service to its customer by issuing a service voucher to the service user. The user of the service voucher can use it for the service of a private service provider approved by the municipality, paying for the service with the service voucher up to its value, if necessary, user can pay for additional services. (Ministry of Social Affairs and Health 2005: 6; Act on Social and Health Care Planning and State Aid 3.8.1992/733 § 4).

There are hardly any detailed guidelines on the quality of social and health care services

produced by the municipalities. However, several laws and or regulations provide criteria for defining the quality of services. The laws define, among other things, the eligibility conditions and continuing education of social and clinicians and the qualifications of health care personnel. (Ministry of Social Affairs and Health 2005:17.) The municipality must ensure that the quality of its non-self-produced social and health care services, such as purchasing services procured from private sector, is at least equal to the level required for municipal services. This is to ensure that all publicly funded services meet the same minimum quality requirements. (Ministry of Social Affairs and Health 2005:17.)

## 2.5 Action plan

There are registers where researchers can get accurate information about the Finnish population. For example, Digital and Population Data Services which provides information for researchers about person's name, personal identity code, address, citizenship, native language, family relations and date of birth and death (in case deceased) (Digital and Population Data service) and Findata: Social and Health Data Permit Authority where researchers can apply permission to use health data (Findata) to follow how sexual and reproductive health is and how it has developed amongst Finnish people. Births are followed and there is data about the labor, new-born measures, prenatal and maternity mortality rates. Statistics show by age groups how many women have abortion done. Statistics also tell number of sexually transmitted diseases. There are also various questionnaires for citizens to gather knowledge about sexual health amongst these FINSEX, school health surveys, Terveys 2000 and Terveys 2011. These surveys gather data from adolescent to adults. However, there are groups which are not followed in these questionnaires. Questionnaires lack parts for men, senior citizens, disabled or lesbian, gay, bisexual, transgender and queer (LGBTQ). Overall sexual and reproductive health in internationally standards is on a good level. (Klemetti, Raussi, 2013:33)

Finnish Institute for Health and Welfare (THL) is promoting sexual and reproductive health and reducing health inequalities which will improve both health and well-being of the population. The priorities of the updated sexual and reproductive health action program are children and young people, men's sexual and reproductive health, multiculturalism and good birth for new born and their families. The action plan sets out targets and related measures to promote sexual and reproductive health by 2020. It presents objectives and measures that will help to develop preventive services as part of the service

structure reform. The action plan also highlights the information needed for the field. THL recommends the use of the action plan in municipal welfare plans. The goals and measures are aimed at decision-makers, social and health care management and personnel, organizations, and teaching activities from early childhood education to higher education. The best possible actors are recommended to implement the measures. Promoting, preventing, influencing investment in sexual and reproductive health is an investment in the future. (Klemetti, Raussi, 2013)

# 3 Promotion of sexual health

Concept of sexual health became familiar in the 1990's when WHO defined sexual health. Definition includes positive and respectful approach towards sexuality and sexual relationships as well as possibility to have satisfying and safe sex free from violence, compulsion, and discrimination. (Klemetti, Raussi, 2013:10) Promotion of sexual health is based on laws and acts as mentioned above. These are specifically: Health Care Act 1326/2010 (Finlex), Communicable Diseases Act 583/1986 and 1227/2016 (Finlex), Government degree on maternity and child health clinic services, school and student health services and preventive oral health services for children and youth 338/2011 (Finlex). (Ministry of Social Affairs and Health)

Municipal communities and organizations must be safe and equal, also from the point of view of sexual health. Municipal statutory areas of sexual health include prevention counseling and the prevention of infectious diseases. The teaching of health information in primary and secondary schools, which includes sex education, is also regulated by law. At the municipality level, it is encouraged to include the promotion of sexual health as part of the municipality's welfare strategy as part of health, social and educational action plans, and to appoint the correspondents' who are responsible for sexual health and sexual education. (Ritamo et al. 2006:60-61)

## 3.1 Sexual and reproductive services

Sexual and reproductive services include or should include reproductive health counselling and treatment, maternity health clinic services, labor and puerperium time, contra-

ception, infertility clinic services, abortion clinic services, prevention of sexually transmitted diseases and treatment, basic sexology counselling, sex therapy and clinical research and treatment of sexual problems. (Klemetti, Raussi, 2013:14)

In order to promote the sexual health of local residents, free contraceptive counselling and guidance must be given to everyone at the family planning clinic or health centre, and the first contraception must be given. An essential part of this also includes counselling on sexually transmitted diseases and their prevention. Sexual counseling and education should also be included at the age level for kindergarteners, primary school students, students in upper secondary and vocational schools, conscripts, in student health care and later in outpatient and occupational health care and in special care. (Ritamo et al. 2006:61)

When working with sexual health related matters healthcare workers should keep in mind that sexual health is linked also to surroundings and person meaning that there are several factors influencing how people see and feel their sexuality and their sexual health including cultural background, partner can be pregnant or couple can be trying to conceive, there can be chronical illness involved in either of the partners or some other factor which is not mentioned here. (Piha, 2020: 36-37)

### 3.2 Sexual and mental health

Rosenberg (2006) states that the biggest threat in sexuality and mental health is prejudice. Mental illness can involve reluctance or an overemphasise sexuality. Variation between individuals is great. Having mental illness can also affect to self-image and thereby affect to a person's sexuality. (Rosenberg, 2006:297)

Sexually satisfied people often perceive their health to be better than sexually dissatisfied people. When talking sexuality and mental health it is vital to remember that many of the medicines or mental health problem itself may cause changes to sexual functions. These changes may appear as, for example, a lack of sexual desire, difficulty of getting aroused, erectile dysfunction, difficulties to have an orgasm, vaginal spasm or sensitive ejaculation. (Mattila, Lönnqvist 2014:440-445) Dealing with sexual issues may be even more complicated if there is, for example, sexual abuse, sexual violence or sexual identity issues and therefore patients should be referred to specialist. (Rosenberg 2006:297-298)

### 3.3 Sexually transmitted diseases

Sexually transmitted diseases may occur without symptoms or with very mild symptoms and are one of the most common infectious diseases around the world. Globally there are around 500 million chlamydia, treponema, syphilis and trichomoniases infections with men and women aged between 15 to 49 years old. Half of the worlds 37 million HI-virus patients get medical treatment. (Wikström 2020: 524-525)

The municipality should have a plan to reduce chlamydia as well as other sexually transmitted diseases. This plan should include screening, diagnostics, and treatment and infection tracing. (Ritamo et al. 2006:61) In year 2019 there was 16 178 chlamydia trachomatis infections which is over thousand more than previous year. The same year also Neisseria gonorrhoeae infections rose to 605 infections which is one hundred more than year 2018. (THL 2020) Also, Treponema pallidum infections are rising up to 246 infections which is merely 60 infections more compared to year 2018. New HIV infections are around 150 per year. This has stayed on the same level for years. (THL 2020) According to the Communicable Diseases Act, sexually transmitted tests are free of charge for anyone who requests them, regardless of their place of residence or home country. Likewise, sexually transmitted drugs are free to their recipients under the Communicable Diseases Act. (Communicable Diseases Act 1227/2016)

### 3.4 Sexual health of boys and men

According to Juhana Piha there are several factors involved in male sexuality which should be considered when talking about it as well as when treating it. Males can have problems in having orgasms – premature orgasms or delayed or inhibited ejaculation or retrograded ejaculation. Orgasm problems can also be related to earlier traumas (physical or mental), relationship issues, depression, chronical illness or unhealthy habits like smoking, consuming too much alcohol or illegal substance usage.

When talking about a men's sexual dysfunction, one should also ask about sexual desire, interest and fantasies. Low sexual interest / desire and or any other sexual disorders related to the situation, such as erectile dysfunction and or sex-related pain should be treated as well. If the patient suffers from hypoactive sexual desire disorder and other sexual dysfunctions / diseases are excluded and the patient does not have medication

that negatively affects the desire, the treatment of the reluctance disorder should be directed to its treatment. Sex therapy has then been found to be an effective intervention in the treatment of male reluctance and should take into account biological, psychological, cultural, and relationship-related factors. (Piha 2020: 281)

About one-third of middle-aged men suffer from erectile dysfunction this share also increases as a men age. When erectile dysfunction occurs, it is good to keep in mind that it is multiplicity and also to check health habits like excessive alcohol or substance abuse, smoking, being overweight or an onset cardiovascular disorder may show up as the first impaired erection. Relationship problems can also manifest as erectile dysfunction. (Piha 2020: 288) About 20 percent of men suffer from premature ejaculation and it occurs as an actual disorder in six to eight percent of men. Age does not affect premature ejaculation. On the other hand, difficult ejaculation affects about five percent of men and its incidence increases with age, and the cause is unknown. Retrograde ejaculation can also occur in connection with, for example, diabetes, spinal cord injuries, and prostate hyperplasia or surgery. (Piha 2020: 309)

Like above mentioned also many illnesses affect to male sexuality for example prostate cancer can have multiple affects for sexuality. Removal of the prostate can affect, among other things, erectile dysfunction, decreased sexual desire, decreased orgasm or inability to orgasm, feeling of loss of masculinity, decreased self-esteem. These, either by themselves or caused the by illness, can also affect a partner's sexuality in a relationship. (Piha 2020: 42) Also diabetes, Peyronie's disease and circumcision can influence to all above mentioned. Sex therapy has shown it is effective in treating male whom have some sort of sexual disorder.

### 3.5 Sexual health of migrants

Obtaining sufficiently comprehensive information on sexuality and sexual health, as well as managing vocabulary, is also important as a facilitator of integration. In this case, misunderstandings can be avoided and operations in Finland can be facilitated. (Väestöliitto 2020)

Despites variable cultural backgrounds and immigrational backgrounds sexuality within immigrants does not differ from Finnish populations sexuality. People are first of all indi-

viduals with their own characteristic features, experiences and sentiments. This is important to remember when discussing intimate and sexuality related issues. (Väestöliitto, 2020) A person's cultural background does not determine his or her sexuality, culture provides a framework of meaning in which each interprets his or her own sexuality. The most common sexual problems everywhere are reluctance in women as well as orgasmic difficulty and dryness, in men premature ejaculation and erectile dysfunction. In patient encounters related to sexuality, it is good to be aware of one's own preconceived notions. (Säävälä 2020: 177)

It is important to remember when having sex educational conversation, a neutral attitude towards the listeners and the world of values concerning their lifestyle and interpersonal relationships. Participants should not be pressured or guided towards any particular value or perception of sexuality. When we talk about sexuality, neutrality does not mean avoiding a discussion of values, but respecting the worlds of values, and thus communicating to other discussers not criticizing anyone's sexuality. However, sexual abuse, exploitation and violence should not be tolerated. It is important to identify your own values, feelings, ways of thinking, limitations and your own sensitive points in order to be aware of your own value base and thus create a basis for neutral work. (Väestöliitto 2020)

When discussing themes related to sexuality, one must take into account the tradition that still lives in some parts of Africa, the Middle East and Asia, the circumcision of women. In Finland, female circumcision is a crime and it is also considered a human rights violation and violence against women worldwide. Circumcision should also be discussed proactively in health care, and if a woman has already undergone circumcision, the goal of treatment should always be to improve health and quality of life. Circumcision is associated with a number of health problems such as inflammation, pain, difficulty in pregnancy / childbirth, urinating difficulties and inflammation, scarring, fear of intercourse / pain, intercourse failure, orgasmic problems, infertility, chronic viral infections (HIV, hepatitis) and psychological problems which can be post-traumatic stress disorder, nightmares and depression. (Parekh, Brusila 2020: 185, 191)

### 3.6 Sexual health of Lesbian, Gay, Transgendered, Bisexual and Queer

Sexual orientation describes to whom a person feels or does not feel sexual desire. Gender-identity again refers to how a person feels their gender and gender expression. In Finland, the law on equality obligates health care personnel to take account of gender

identity in health care and no one shall be discriminated against because of their gender or sexual orientation. A safe and confidential space should be created for the patient, where the patient can define themselves are be safely who they are. The clinician should always treat the patient sensitively and forget the gender-normative way of dealing with their clients. (Sassi, Nissinen 2020: 121-122)

Juristically person's gender is determined after birth by phenotype. However, this does not indicate the future development of gender identity. In a situation where the sex of the newborn cannot be clearly assessed, and child is intersex, and according to current knowledge, children of intersex should not be repaired until they are able to tell themselves which gender, they identify with. A transgender person, on the other hand, identifies with a different gender than what the surrounding culture assumes the person to be. (Sassi, Nissinen 2020: 123-124)

There are many definitions and words of sexual orientation and they can also vary depending on who and how the words are defined. One can experience oneself as androsexual, asexual, bisexual, demisexual, gynesexual or femisexual, heterosexual, homosexual, lesbian, pansexual, pedo- or hebephilist, queer among others. (Sassi, Nissinen 2020: 130)

Healthcare professionals should recognize that human sexuality is diverse and multidimensional and treat everyone equally and sensitively and with respect for the patient's self-defined gender or sexual orientation. When talking to a patient at the reception, one can talk about partner or spouse rather than husband and wife or ask who is patients closest contact and ask openly how the patient wants to be referred. Unnecessary questions about for example of sexual orientation or sexuality should be avoided unless it is necessary to ask those questions to solve psychological or medical problem. (Sassi, Nissinen 2020: 129) In terms of sexual health, LGTBQ people should have the same sexual health services as everyone else remembering for example infertility treatments or referrals to a trans policlinic when needed.

### 3.7 Identification and prevention of sexual violence

Ritamo et al. 2006: 61 state that sexual violence and those who experience it must be identified and the municipality must agree between the authorities on how to deal with

those who have experienced sexual violence. The municipality should also organize support measures for victims of sexual violence.

Sexual and domestic violence made by partner can be difficult to identify for both clinicians and for the victim of the violence themselves. Violence can be experienced by all genders and violence can be implemented regardless gender. Violence should be systematically screened and victims referred for assistance and the recurrence of violence prevented. It is estimated that only about one in ten cases is reported to the police. As a result of domestic violence, 134 people died in Finland in 2010-2016. (Piispa 2020: 172-173)

According to Minna Piispa, violence can take many forms, such as:
*Physical violence*, which includes physical manifestations of aggression such as pushing, beating, hitting, kicking, and beating.
*Mental violence* can come in the form of intimidation, naming, belittling, controlling or suicide intimidation.
Signs of *economic violence*, on the other hand can include being left out when making economic decisions or being held in financial distress or in a financially dependent position.
*Sexual violence and abuse* include, for example, harassment, sexual intercourse without consent, coercion into sexual intercourse or other sexual acts done without permission.
*Honor-related violence*, in turn, can involve physical or mental pressure on a person when it is suspected that the person has acted in violation of the community's chastity or has produced public shame for the community or for the family. Honorary violence also includes circumcision of girls, forced marriage, restriction of time or money or freedom, control, intimidation, isolation, separation from the family, or even honor killings or forced suicide.
*Post-divorce or post-separation persecution*, which includes persecution of a person that makes him or her fear for his or her safety, is also a form of domestic violence.
Therefore, a healthcare professional should always ask the patient about domestic violence or sexual abuse when they suspect it. (Piispa 2020: 173-174)

### 3.8 Contraception

Finding a suitable form of contraception is important because it is closely related to sexuality. Sex is easier to enjoy when contraception is appropriate and there is no fear of

unwanted pregnancy and or contraception does not cause any side effects such as reluctance, dry mucous membranes or blood clots. Prevention should therefore be easy to use, safe and effective and does not cause side effects. (Apter 2020: 337-338) Absence or failure of contraception can result in an unwanted pregnancy. This can also have an effect on a woman's sexuality and sexual desire later on. After a mid-abortion, pelvic pain and intercourse pain may occur, or some women may feel that they have regained their sexuality and enjoy sex more once a suitable method of contraception has been found. (Apter & Kamula 2020: 348)

Young people under the age of 25 from Helsinki, as well as students who have chosen Helsinki Health Services, are entitled to free contraception with birth control pills or a contraceptive ring from the basic medicine range for one year. Long-acting contraceptives copper IUD (intrauterine device), hormonal IUD and contraceptive implants are free until the customer turns 25 years old. Condoms are also available and are the only method of contraception that also protects against sexually transmitted diseases. In Helsinki, free birth controll, regardless of age, is the first copper or hormone IUD. After abortion, contraceptive implants and IUDs are free of charge at all times. Long term contraception is free for substance abuse clients. (Helsinki 2021) In matters related to contraception, clients can contact either the nurse of their own educational institution or the health center.

The city of Helsinki offers centralized contraceptive counseling service in Helsinki. Its services are available when needed for IUD placement for women under twenty years old or women with no previous child birth or after childbirth when there is less than six months bearing a child. Clinic has responsibility for the installation and removal of implants. Abortions with in people under the age of 18 or under the age of 20 who have more than one abortion should be referred to the clinic. Centralized contraceptive counseling also serves when suitable form of contraception is difficult to find due to the underlying disease or the right type of contraception has not been found.  (Helsinki 2020)

### 3.9 Pregnancy and sexuality

Pregnancy, childbirth, breastfeeding, and time when children are small often change previous sexuality and sexual behavior. These are affected by many factors such as possible nausea in the early pregnancy period as well as fatigue. In late pregnancy, sexuality can be affected by potential pregnancy-related problems, fatigue, or changes in a

woman’s body, in which case sex positions may need to be reconsidered from a new angle. For example, a spouse may also be concerned about whether sex hurts or affects the baby in the mother's womb. (Luiro-Helve 2020: 330-332)

After giving birth, a woman may have birth defects that require healing. After childbirth, hormonal activity affects sexuality as well as desires. Mucous membranes can be dry and tender, and wetting does not occur as easily as before pregnancy or childbirth, breastfeeding also affects to hormone levels and the condition of mucous membranes, so the lubricant should be used during sex. After childbirth, a woman's sexual reactions gradually return over the months, and it would be a good to start pelvic muscle exercise soon to recover from childbirth and prevent urinary incontinence after childbirth. The maternity clinic should therefore remind future parents that fluctuations in sexual desire are normal and part of a relationship, and that it is worth seeking help from an expert if necessary. (Luiro-Helve 2020: 333-336)

### 3.10 Female sexuality

Like all sexuality also female sexuality is sum of several factors. Psychosocial factors such as the relationship and its quality, feelings of guilt and shame, stress, mood disorders, and aging affect a woman’s sexual and sexual desire. (Väisälä 2020: 262) Most commonly, women report a lack of sexual desire, which can be influenced by many factors such as life situation, relationship, personal behavior, or health. (Väisälä 2020: 249). Sexual pain affects reluctance, when talking about painful intercourse, it means long-term or recurrent pain during vaginal intercourse. Vulvodynia is a condition in which the pain of the labia has lasted for more than three months and there is no other explanatory factor for it. In vaginism, the vagina involuntarily cramps and thus prevents vaginal intercourse. (Kero 2020: 269)

A woman's sexual desire and reluctance are also affected by arousal as well as arousal problems. A woman may have difficulty arousing or may have a constant, uncomfortable state of arousal. Arousal disorders are usually associated with other sexual disorders and rarely occur as independent problems. Arousal disorder can be a disorder of subjective sexuality, in which the vagina becomes wet and the clitoris swells, but there is no state of arousal or sexual pleasure. This often involves the difficulty of having an orgasm. The disorder can also be a disorder of genital sexuality, in which the genitals do not respond or respond to a reduced response by wetting and / or swelling. Subjective

arousal occurs when it is not caused by genital stimuli. The disorder can also be a combination of these, for example both subjective and genital arousal disorder. The fourth form is known as a state of persistent unpleasant sexual arousal, which is a disturbing, spontaneous state of arousal without sexual desire or interest and not relieved by orgasm and it may continue for hours or days. (Väisälä 2020: 260-261)

A woman's orgasmic disorder can be either primary, in which case the female has never experienced an orgasm, or secondary, in which case the woman has had orgasms in the past but no longer have orgasms. There can be several reasons for an orgasmic disorder related to illness or psychosocial situation, as in the case of sexual reluctance. (Väisälä 2020: 265-266) There is no direct medication to treat female sexual dysfunction. If the sexual dysfunction is due to an illness, the associated medication should be changed if possible and, if necessary, dry mucous membranes or estrogen deficiency should be corrected with hormone replacement therapy. One should also remember stimulation in the clitoral area or elsewhere in the body which should be increased, for example using assistive devices. Sexual counseling and sex therapy are well suited for the treatment of a woman's sexual disorders. (Väisälä 2020: 267)

### 3.11 Sexuality and ageing

As a person ages, sexuality also changes and it also changes shape. Aging can often bring with it, illnesses with associated medications or loss of a partner. In senior citizen, it seems according to the studies that the loss of a partner seems to be the biggest reason for not being sexuality active. A relationship, on the other hand, allows intimate interaction with a partner. Reluctance is seen slightly increasing in relationships of women after fifty years and with men reluctance would appear to increase after the age of seventy. In women, desire may be affected by menopausal symptoms. According to Kontula, the latest research shows that a person's ability and interest for intimate interaction and physical intimacy does not change much when getting older. This underscores the fact that in the treatment of elderly patients, their sexuality should not be ignored but, if necessary, they should be offered sex education or counseling and or therapy. Love and physical intimacy are important for human well-being as well as maintaining sexual health. (Kontula 2020: 148-152)

# 4 Primary health care workers sexual health skills and education

In patient contact, sexual health should be as prominent as part of normal reception and speakable as, for example, hypertension and every health care worker should be prepared to discuss about it. Sexual health services can also be provided in conjunction with a family counseling center, Health Centre, substance abuse service, parish or other entity. Questionnaires for sexual health should be included as part of the questionnaires for annual inspections and screenings at the health care facility. Clients who have experienced sexual violence should be identified and given appropriate treatment. (Ritamo et al. :61) Ritamo, Kosunen and Liinamo also strongly recommend that all facilities should have relevant ancillary material and treatment programs should be based on current treatment recommendations as far as recommendations are available.

Social and health care basic education provides basic skills for, among other things, speaking of sexuality with patients. Although it seems that more is needed on a practical level expertise in dealing with sexuality issues. Patients and clients expect social and health care professionals to have the knowledge and ability to ask questions about sexuality. Discussion is seldom and most often at the initiative of the patient, although the initiative is expected from the professionals. The actual sexology competence is acquired through in-service training which is based on the Nordic standards agreed by NACS (Nordic Association for Clinical Sexology) degree program. Education is built according to a three-step model: sexual counseling/ basic sexology, sexual therapy and clinical sexology. (Sinisaari-Eskelinen et al. 2016: 286-287)

There are gaps in health care vocational and medical training related to sexual health education states Ritamo et al 2006. Therefore, there should be in-service training in different areas of sexual health. The municipality is legally obliged to arrange in-service training for health care personnel. (Clinicians Act 559/1994)
The municipality should have sexual health experts who can be consulted or referred to clients with sexual health problems if necessary. Sexual health experts should be allowed for Supervision where they can confidentially review work related experiences and find new perspectives to their own work. (Suomen työnohjaajat ry) There should also be multi-professional work groups to treat for example cases of sexual abuse of children (Ritamo et al. :62).

## 5 Sexology in Finland

The Finnish Association for Sexology (FIAS) was founded in 1997. FIAS is open to all who uses knowledge and skills in the field of sexology in their work or do studying in the field of sexology.

Sexology is a multidisciplinary and multi-professional activity. The perspective can be Medicine, Psychology, Sociology, Educational Science, Philosophy or Health Science. The multi-professional sections and study circles of the Finnish Sexological Society work with the aim of promoting the dissemination of sexological information and the networking of the members of the society. To this end the Society organizes two national seminars each year and disseminates information on international conferences in the field.

The association strengthens the expertise of sexology by providing information on training in the field and issuing authorizations for example professional qualifications, to sexual counselors. Other professionals in the field, such as sex therapists, educators, researchers or clinical sexologists, can apply for Nordic authorization through the association, which is granted by the Nordic Association of Clinical Sexology (NACS). The Society has developed a Code of Ethics for work in the field of sexology, and its Ethics Section also provides opinions.

The Nordic Association for Clinical Sexology (NACS) was founded in 1978 and it is a roof organisation for the Nordic associations which are the Danish Association for Clinical Sexology, Estonian Academic Society of Sexology, the Finnish Association for Sexology, the Icelandic Sexology Association, the Norwegian Society for Clinical Sexology and the Swedish Association for Sexology. The aim of the NACS is to promote scientific exchange and practical co-operation in sexology and to create and promote sexological knowledge and skills. (Nacs 2021)

Alfred Kinsey can often be seen as a father of modern Sexology. He was a biologist, entomologist and zoology and started to study human sexuality. He is the founder of Institute for Sex Research which started on April 1947. Alfred Kinsey's ideology: "We are the recorders and reporters of facts – not the judges of the behaviours we describe." can be seen in today sexology as well. (Kinsey Institute 2021)

William Masters and Virginia Johnson created a four-step model of the human sexual response cycle and examined sexuality from a psychological as well as a psychiatric perspective as well as the sexuality of senior citizens. In the late 1950s, they were experts in human sexual reactions, dysfunctions, and pioneers in the field. Masters and Johnson founded the Reproductive Biology Research Foundation (later re-named the Masters and Johnson Institute), where they worked from 1978-1994. They also trained researchers, educators, and therapists and conducted research in the field of sexology. (Kinsey Institute 2021)

# 6 General concepts

## 6.1 Sexology

Sexology is scientific study of sexuality and sex and it applies knowledge with obtained practice. Sexology has an interdisciplinary approach for example: medicine, psychology, sociology, philosophy, or health science. Sexological information can be applied to: sexual health interventions, sexual counseling, sex therapy or related professional trainings. Sexology also includes value issues such as sexual rights, sexual ethics, and related legislation. The need for experts in sexology and sexual health will increase in the future as the promotion of sexual health has been identified as an important component of national and international action programs and strategies to promote health and well-being. (Seksologinen seura 2021)

Providing sexual health services is important because by addressing sexual problems in a timely manner for example cardiovascular disease can be forecasted and promoting sexual well-being of the individual or in a relationship or polyamorous relationship. Sexual health services can help facing illnesses and to help to restore the best possible sexual health. By developing services for identifying sexual violence and abuse can also help to prevent and give targeted help to those who have experienced it. A trained sexologist can not only affect a patient's sexual health but he or she can also affect a patient's overall health. (Seksologinen seura 2021)

Experts in sexology include: sex educationist, Basic sexology / sexual counselors, sex therapists, and clinical sexologist. They promote sexual health by primarily treating sexual problems. Expert in sexual health promotion is a master's degree. (Seksologinen seura 2021)

## 6.2 Sex Education

Ideally sex education should start as soon as there is a new-born child and it should follow throughout the life. For various reasons this does not always happen, it might be related to sex education being taboo or not knowing, not knowing how to teach or culturally related or combination of these. Sex education is defined as guidance, education, teaching and counseling. (Sinisaari-Eskelinen et al. 2016: 287)

Finnish National Agency for Education (OPH) has compulsory sexuality education instruction for early childhood education and care, pre-primary and basic education and it is based on WHOs publication in 2010: Standards for Sexuality Education in Europe – A framework for policymakers, educational and health authorities and specialists. This publication has framework for sexuality education for children aged 0-18. (Väestöliitto 2020)

Promotion of sexual health and welfare for adults is not regulated by law but there is an action plan made by Finnish institute for health and welfare (THL). THL has published Edistä, ehkäise, vaikuta (Promote, prevent, influence) – sexual and reproductive health action program for 2014 - 2020.

The action program for the promotion of sexual and reproductive health is being implemented as of the municipal service structure and preventive services and is recommended to use in the preparation of municipal action and financial plans. The action plan brings together the goals for the next six years for the promotion of sexual and reproductive health in Finland and presents proposals for measures to achieve these goals.

The program also addresses gaps in sexual and reproductive health research and proposes research topics. The action plan is intended for social and health care management, personnel, industry organizations and other key partners. In addition, the target group is researchers in sexual and reproductive health, universities, research institutes, polytechnics and research funders, teachers and students in the social and health fields, as well as teachers of health education in primary and secondary schools and vocational

schools. (Klemetti, Raussi. 2013: 3.) According to the action plan, public health care should also provide sex education to its clients when needed.

In sex education, the goal is good sexual health and sexual well-being. It enables a person to learn knowledge and skills through which to review their own attitudes towards sexuality and to make the best possible choices for themselves to realize their own sexuality. Sex education supports the right to sexual self-determination and the right to experience one's own sexuality as well as possible. (Väestöliitto. 2020)

Sex education begins in childhood. If a child does not receive sex education based on researched knowledge, he or she seeks information elsewhere and thus the ability to understand and question patterns learned elsewhere (porn, friends) may be incomplete. Sex education should be given at the skill and age level in a way that is suitable for children, young people and both adults and special groups. (Väestöliitto. 2020)

Through sex education, one learns to find one's own boundaries as well as to take care of oneself avoid falling into risk situations. Sex education is not prone to risky behavior or early-onset sexual experiments. Thanks to sex education, young people can get to know their own sexuality more safely and learn to respect their own boundaries as well as those of others. (Väestöliitto. 2020)

Sex education may also be needed as an adult or as a special group person, such as a person with a developmental disability or a neurotypical condition, everyone has the right to enjoy sexuality and receive the right information about it. (Väestöliitto. 2020)

### 6.3 Basic Sexology / Sexological Counselling

Sexuality related issues are normal for healthcare professionals but a person who has studied to be a sexual counselor has deepened their knowledge of sexuality. Often the key themes of sexual counseling are acceptance, giving permission and limited information. Sexual counseling addresses issues and or problems related to sexuality and sexual health together with a professional sexual counselor. There are usually two to five visits in sexual counseling. (Ryttyläinen-Korhonen 2011: 10)

Often a visit to sexual counselor's office can address sexual reluctance, difficulty of expressing emotions, interaction problems and intimacy problems, self-esteem and body

image problems, life situation challenges such as small children in the family, the impact of illness / medication for sexuality or the effects of aging / disability for sexuality. When sexual counseling is given when needed it may prevent prolonged sexual problems and thus improve quality of life. (Ryttyläinen-Korhonen 2011: 10)

## 6.4 Sex Therapy

Sex therapy aims to treat the factors that cause the symptom through a variety of short-term therapeutic frameworks, applying them flexibly according to the client's needs and situation. In sexual therapy, creative methods such as physical exercises, photographs, emotion cards, relaxation methods, music can also be used. (Väestöliitto. 2014)

There can be many reasons for seeking sexual therapy. The cause may be illness and associated medication, erectile dysfunction, orgasmic disorders, difficulty arousing, sex-related pain, pain points related to body image, or perception of one’s own sexuality and sexual identity issues. Feelings of shame, inadequacy, and guilt can also be addressed through sexual therapy. (Väestöliitto. 2014)

The impact of early childhood attachments on adult sexuality is also recognized and these have an impact on how a person becomes attached as an adult, feeling trust or security and intimacy. People who have experienced violence or rejection often have traces of traumatic memories in their minds and bodies. In sexual therapy, a person is encountered with sensitivity and respect. An individual’s own and the relationship’s common patterns of action can be explored and a new, more workable way to face sexuality can be found. (Väestöliitto. 2014)

## 6.5 Clinical Sexology

A clinical sexologist works on sexual problems that require long-term intensive care. S/he has both sexual counseling and sex therapist training as a basic training and in addition s/he has a training in clinical sexology. A clinical sexologist has done clinical work on sexual problems. Background education is a university level or polytechnic master’s degree in a relevant subject. (Seksologinen seura 2020)

Sexual counsellor or sex therapist are not licenced or authorised or protected professions by National Supervisory Authority for Welfare and Health in Finland. (Valvira 2020) The Finnish Association for Sexology FIAS grants authorization for sexual educator, sexual counsellor (Basic Sexology) and sex therapist (Specialist in Basic sexology). (Seksologinen seura 2020) Later in the study sexual counsellor and sex therapist are referred as sexologists.

# 7 Bringing up the topic

## 7.1 How to address question about sexuality?

Sexual and reproductive health is promoted sex education. At the health care station this means addressing sexuality issues in a systematic way in preventive work in basic services for all the patients' life stages. As an activity of health professionals, this means the ability of clinicians to address sexuality in research, treatment and guidance situations. Speaking of sexuality is about bringing the topic up and assign related guidance. It can be sex education, guidance, counseling or therapy in a variety of interaction situations undertaken by trained person. (Sinisaari-Eskelinen et al. 2016: 287)

Patients expect information and support from healthcare professionals as well as permission to ask about sexuality. Reasons for clients to seek help and treatment for their sexual and interpersonal problems can include the following: relationship problems, their own emotional life, and / or dissatisfaction with their own body and / or its functioning. Performance problems in men can include erection problems, ejaculation problems and sexual addiction. In women, on the other hand, the more common causes are lack of sexual desire, dissatisfaction with their own body and various disorders of orgasms. See list 1. In Appendix 1. Common reasons for both men and women to seek help are relationship problems, emotional problems and low self-esteem. Problems related to sexuality are interrelated often also to aging and various diseases. When patients are referred for diseases such as diabetes, cancer, or cardiovascular disease monitoring and treatment there should also be addressed their possible questions related on sexuality. Patients feel the need to learn more about the effects of their illnesses and its treatments on sexuality. Patients also expect healthcare professionals to take the initiative to address sexuality related issues. Guidance is expected to be individual, professional and part of a treatment plan. The patient's partner should also be considered when giving

guidance. Healthcare professionals know that discussing sexual health with patients is part of their job, but however, discussion is rare. Nursing professionals estimate this to be due to among other things lack of time and education. (Sinisaari-Eskelinen et al. 2016: 287)

## 7.2 PLISSIT Model

PLISSIT model as seen below in figure 1. was first introduced by Jack Annon in 1976 in his book: The behavioural treatment of sexual problems. PLISSIT comes from words P = Permission, LI = Limited Information, SS = Specific Suggestions, IT = Intensive Therapy. (Apter et al. 2006:45-46)

*Permission* here gives permission to the client to talk about sexuality and their issues concerning about it. It can be given for example by saying: do you have any questions concerning sexuality? This gives signal to the patient that it is approved to talk and ask about sexuality. When listening patient/s, it is necessary to be non-judgemental and to normalise and validate what has been told. *Limited information* means giving specific information about the current topic and offering limited amount of information and resources like organisations, support groups or books or other viable resources of information. *Specific suggestions* mean for example assignments or interventions with the issue or issues discussed of. What comes to *intensive therapy* it can be given by educated sex therapist and it addresses patients' specific problems. (Ilmonen, Tuisku 2006: 45-58)

In Health care centre clinician can use PLISSIT mode (Figure 1.) l to give permission for the patient to bring up the subject of sexuality and most of the patients can be helped by listening their concern and giving them permission to be sexual human beings. Limited information can be also given by the clinician and information is provided in a targeted way on the issue for which the information is missing. On the other hand, if clinician does not have accurate information about the subject, it is better to referral patient for sexual counsellor or even to sex therapist if there is need for specific suggestions or intensive therapy. (Ilmonen, Tuisku 2006: 46)

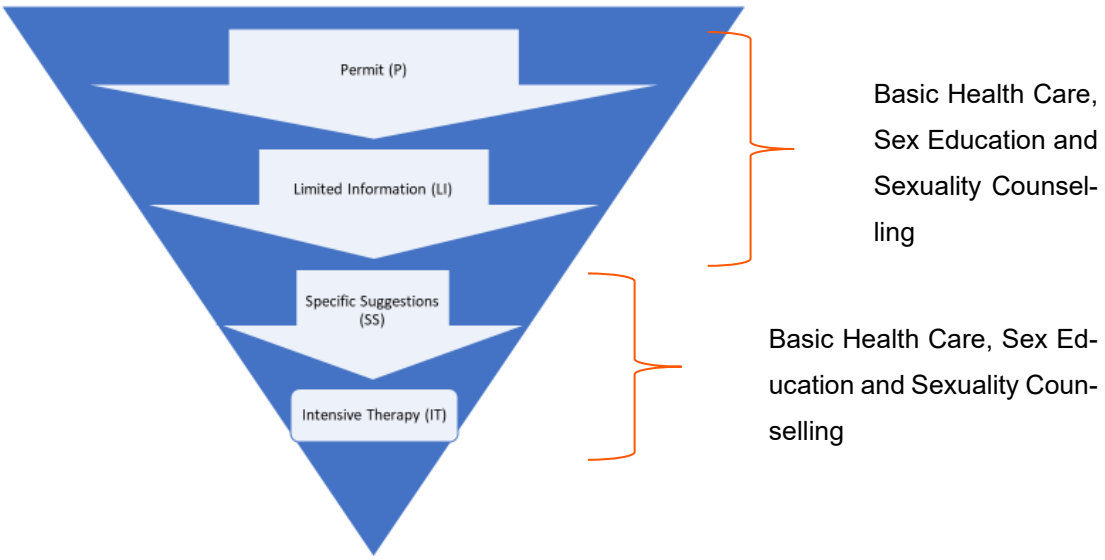


Figure 1. PLISSIT model ((Apter et al. 2006:45-46)

Later on, PLISSIT model has been modified by (Taylor and Davis, 2006) to Extended Plissit = Ex-PLISSIT where clinician should be self-aware, reflective, review, knowledge and challenge assumptions by him / her self. Patients' answers should also be reflected and reviewed within and after each answer. (Punjani, N. S. 2019: 2)

## 7.3 ALARM model

Alarm model was introduced in 1990 by Andersen to help nurses to talk and ask about sexuality from their patients. It is an easy-to-use model taking into account patients own normal sexual behaviour and changes in.

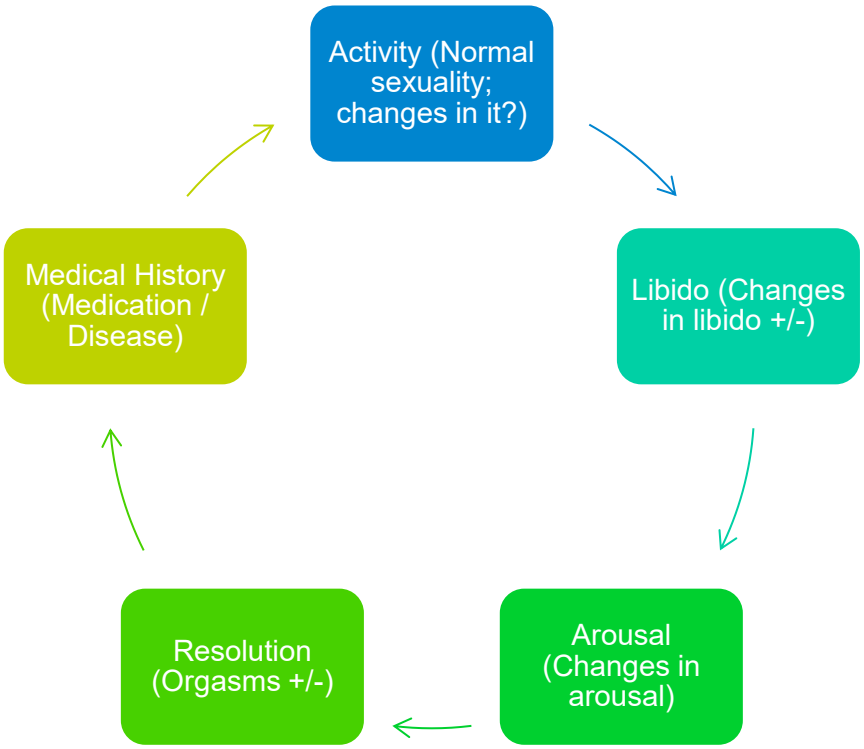


Figure 2. Alarm model (Irwin 2002: 73)

Alarm comes from **A** = Activity: What is the normal sexuality for the patient, in what form sexuality takes place and what kind of sexual relationship patient has normally? **L** = Libido: Has patients' libido and sexual interest changed and is this change assessed to be better or worse by the patient? **A** = Arousal: Has there been significant or specific changes in patient's sexual arousal and how does it affect to his / her sexuality? **R** = Resolution: Does patient have orgasms and is there changes in pain for example. **M** = Medical history: Is patient having or taking some medication that may have influence over sexual functions or is there some physical issues that needs to be explored? Figure 2. Demonstrates how ALARM model can be used in clinical work. (Irwin 2002: 73)

## 7.4 BETTER model

Better model is developed by JoAnn Mick that can be used as a tool to talk about sexuality. There is no need for separate training for health care personnel to use it, as the model itself guides the discussion and is structured model. Another advantage of the better model is that it allows the patient to be informed about the significance of the disease for the sexuality. (Sinisaari-Eskelinen et al. 2016: 289)

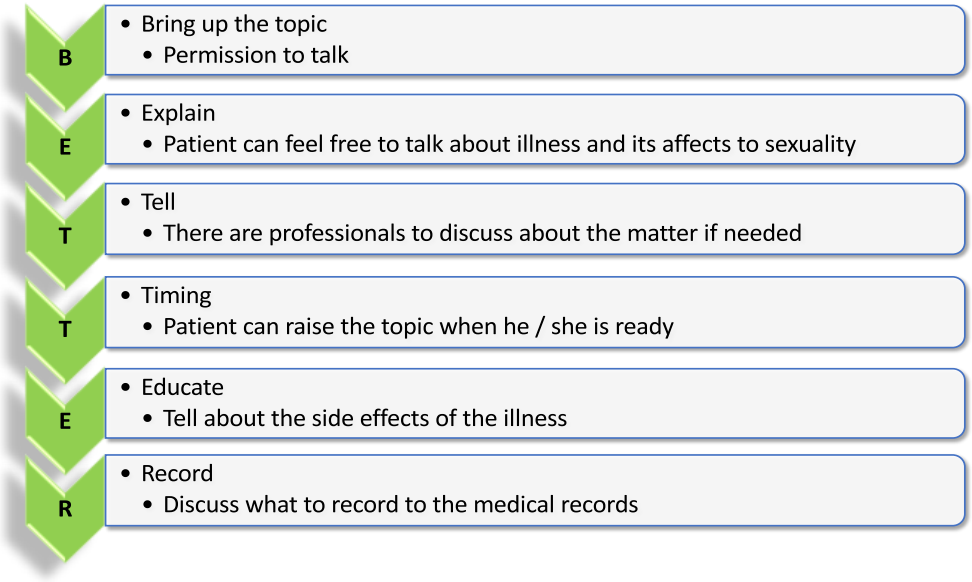


Figure 3. Better model by Mick (Sinisaari-Eskelinen et al. 2016)

The better model is a six-step model where the first step is to *Bring up the topic* where the patient is allowed to talk about sexuality and the effect of the disease on it, as well as ask questions about the topic. In the second stage: *Explain* tells the patient that talking about sexuality is part of the treatment and seeks to find an answer to the patient's potential problems. In the third section: *Tell the patient*, the patient is told that if the clinician is unable to answer for the questions that may arise, he or she may, if necessary, be addressed appointment for another expert, such as a sexual counselor or sex therapist. Fourthly: *Timing*, which ensures the right time to speak and fifthly: *Educate*, which explains the possible effects of disease and / or medication for sexuality. Sixth and last step: *Record*, discuss with the patient to agree what will be recorded in the patient data. In Figure 3. is shown how BETTER model guides conversation about sexuality related issues. (Sinisaari-Eskelinen et al. 2016: 290)

## 7.5 ALLOW model

The abbreviation for the Allow model refers to the ASK questions about a patient's sexual function and activity. Validate clients 'problems by determining that sexual activity is clinically relevant, delineate the issue (limited knowledge and / or comfort of the patient and / or nurses) Open a discussion, include and explain about the possibility of a referral to an expert (sexual counsellor / sex therapist) and work with the patient and the expert to develop care. (Harris, J. 2010: 627)

Ask = Ask about patients' sexual activity and function
Legitimize = Validate the problems and recognize that the dysfunction is a clinical problem
Limitations = Identify the limitations of assessing sexual dysfunction
Open Up = Open up the problem
Work together = To solve the problem

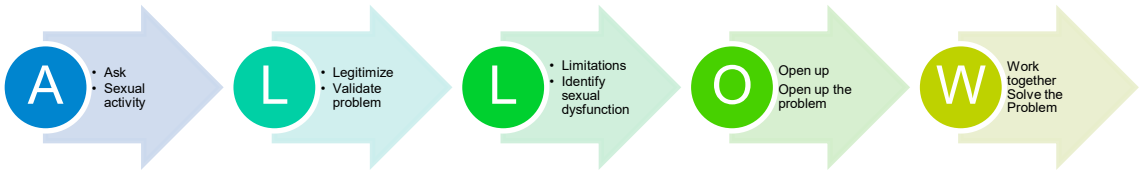


Figure 4. Allow Model (Harris, J. 2010)

By applying the allow model, shown in Figure 4. the clinician is likely to pay attention to the patient's level of comfort. The clinician also identifies her /his own level of comfort during the conversation. Finally, a referral to a specialist can be made, with the clinician participating in the development of the treatment plan throughout treatment. (Harris, J. 2010: 627)

## 8 Third sector service providers

Under this chapter there is named and shortly presented only few of the third sector service providers. In Appendix 1. has listed more service providers.

When patient does not want to have appointment with sexologist at the Kalasatama health station there are several third sector service providers where to guide. Some of these services are free of charge and others need to paid by the customer her/himself.

Väestöliitto for example has wide variety of services which some are free of charge and some not. Väestöliitto is known for its strong base in research in birth rate and childbearing, family well-being, ageing ang generations and sexuality in all ages. It publishes and offers knowledge through their web pages for the public. Väestöliitto has also paid services including couples therapy and sex therapy and also educates sexual counsellors and sex therapists. (Väestöliitto 2020)

Tyttöjen talo offers free of charge services for girls and young women or those who identify themselves as girls or women aged between 10 to 29. There are different kind of group activities for example sexual health, sexual violence and young mothers and their services are culturally sensitive. (Tyttöjentalo 2020) Poikientalo offers similar kind of services for boys and men or those who identify themselves as male and are aged between ten to twenty-eight. (Poikientalo 2020)

Sexpo educates sexologists in Finland and promotes sexual equality. Sexpo is specialised to Seri work – which is preventive work against sexual acts towards adolescence. Some of their services are free of charge and some are charged. (Sexpo 2020)

## 9 Purpose, Objectives and Research Questions

The purpose of the study was to make guideline to Kalasatama health station a new and theoretically justified solution for how patients are referred to a sexual counselor or sex therapist. Model should be easy-to-use manual for nurses how and when to refer patient for sexual counselors and sexual therapists and it also should serve as a basis for nurses ’skills and knowledge of how issues related to sexuality can be raised up in health care. The study also aims to make visible the fact how variable sexual health issues are and

how important sexual health is to a person's overall health. From the materials collected for the thesis, information was sought on, among other things, how to raise up sexuality related health issues and to what kind of problems or questions patients may have in connection with sexual health. As a by-product of the study, it was investigated whether it is possible for the third sector to refer a patient with a sexual health problem or issue.

Research question: • How and when to refer patient to a sexual counselor or sex therapist in a primary care setting?

# 10 Methodology

## 10.1 Implementation environment and participants

The thesis was made in cooperation with the City of Helsinki, Social and Health Services. The operating environment of the thesis was Kalasatama health station. The city of Helsinki has 24 health stations. The operating environment was limited to Kalasatama health station due to arrangements and due to Kalasatama health station having sexual counsellor working there. Therefor implementation was limited to Kalasatama health station. The Kalasatama health station is designed to provide health services to approximately 116,000 customers and employs 50 doctors and 44 public health nurses, as well as 20 nurses and 15 primary care nurses. (Helsinki 2021, Helsinki 2014)

At the Kalasatama health station patients in need of sexual counseling or therapy are admitted to a sexual counselor or sex therapist. Some of a patient's sexual problems can also be treated by a nurse or doctor, depending on the need for treatment and support. Students can contact student health care to seek sexual counseling and disabled can contact disability outpatient clinic which has sexual counsellor for its patients. In centralized contraceptive counseling, it is possible to have five support visits with a sexual therapist if needed and at the psychiatric outpatient clinic has sex therapist, whose reception is possible by referral from a psychiatric outpatient clinic. In primary health care, sexual counseling or therapy is rarely referred to a health center, and the City of Helsinki's pages direct sexual counseling or therapy to those in need of third sector services. (Helsinki 2020)

The planning of the guideline started on the basis of the aim of the thesis. The starting point for the planning arises from the professional needs of nurses, the requirements of the environment and methods obtained as knowledge of the operating environment that can be utilized in nursing work. These have been taken into account in the planning phase. Kalasatama health station expressed need for concise, low-text and clear instructions. Things to consider when designing a guideline are its practicality, durability, and ease of reading. In practice, size and clarity are key considerations. Durability must take into account to ease the reading. Ease of reading is essential, because due to the fast pace of the nursing environment, the content of the guideline must be easy to understand and utilize in the care assessment and at the appointments. One of the most important factors in designing guidance is professional and effective content for identifying and supporting patient's sexuality-related problems in nursing.

All nurses working at the Kalasatama health station make an assessment of the need for treatment at the reception of the health station and through electronic services. The telephone service makes an assessment of the need for treatment by telephone. Every caregiver should have appropriate basic knowledge and skills in identifying and treating basic sexual health / sexuality issues. However, there are no official guidelines for referring to sexual counseling or sex therapy. Thus, practices in the implementation of treatment and referral to treatment have varied.

## 10.2 Stages of the implementation

The stages of this thesis development task included an initial mapping, planning, implementation, dissemination of results, continuity of development and evaluation which was implemented in a process-like manner throughout the development process. Implementation phase consisted the development for referral guideline for sexual counselling and sex therapy. A self-assessment was done throughout the development process from the beginning of the design stage. No external evaluation was used in the development process, as this was a work-based development task for the Thesis author's work unit, designed and implemented by the Thesis author. The evaluation focused on the course of the development process and the completion of the output for publication. Employees who participated in the expert group and saw the finished product gave written feedback. At the end of the development process, the thesis worker evaluates the results of the development process and its success.

The task of the developing issue in this thesis was to produce a referral guideline for nurses, how to refer patient to sexologist. Dissemination of the results included the trainings of the nurses given by the author of the thesis, in which the new operating model was introduced and the prepared written material was distributed to the participants. The guidelines and operating model were distributed by e-mail to all physicians and nurses. The development of the operating model on the basis of the user experiences and feedback received will in future belong to the Kalasatama health station. Figure 5. Progress of the development process, illustrates the steps in the progress of concluding the guide line.

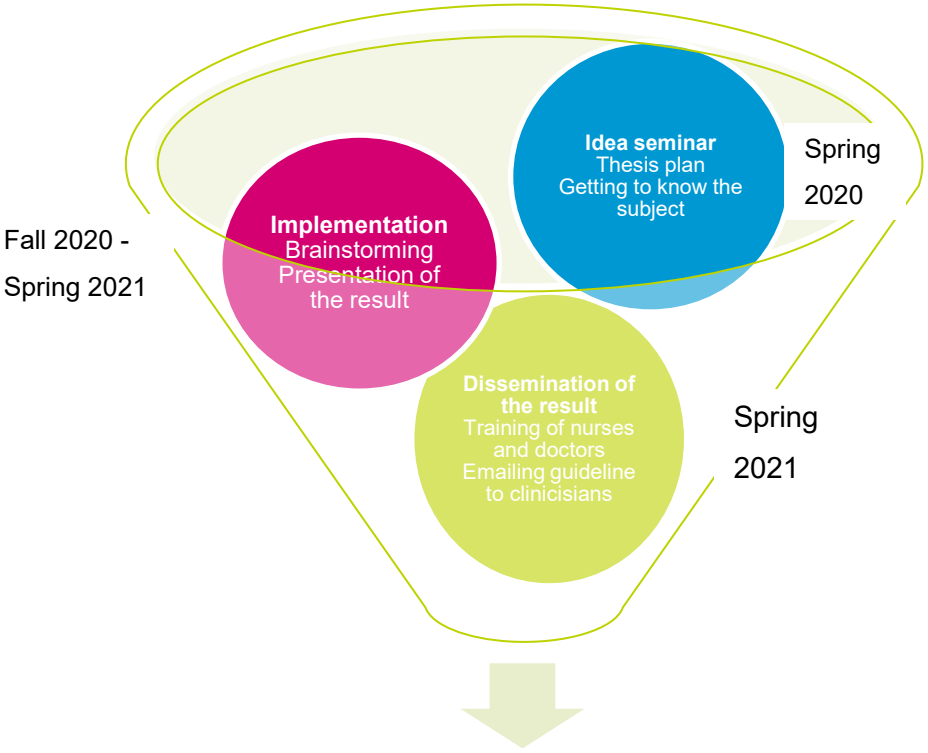


Figure 5. Progress of the development process

Thorough planning and scheduling of the development process were the factors guiding the process and setting goals for its fulfilment. Sufficient time for planning and practical development work was taken into account in the progress of the development process. The schedule was designed to fit to Kalasatama health stations schedule. The results

could be processed in spring 2021. It was not known in advance what was in the guide line plan so the plan or development topics were not planned in advance. Based on the thesis author's understanding, the theme of the thesis was outlined before brainstorming. Should the need and issues for the development of a sexological pathway arise during the brainstorming phase, the development work would be justified and this knowledge would guide the development process forward.

### 10.3 Research and development activities in the thesis process

The thesis was carried out as a research development activity – constructive research using deductive approach. Deductive research uses well-known facts and logical conclusions as well as details based on theory, and the resulting hypothesis is formed and tested empirically. (Ojasalo et al. 2015: 18, Tuomi & Sarajärvi 2018: 84) In this study the aim is to develop and renew practical activities using these research methods. Research and development activities emphasize continuous learning of new things, communication and process-likeness, as well as the usability of new information formed from research and development activities. Essential in this study has been to tie the practical problem to theoretical framework and this study was project-based. The study has also found out that the guideline now made can also be used at other health stations as well to refer a patient to a sexual counselor or therapist. (Ojasalo et al. 2014: 18, 37, 65. Toikko & Rantanen 2009: 15) To support the development, information was sought from the published literature on the subject as well as from existing practices. The approach and methods of the development task are formed through familiarization with the topic and knowledge of the target organization. (Ojasalo et al. 2015: 24–25)

### 10.4 Development process

Research and development process solves practical problems, conceives the implementation of new ways of working and practices, and produces new services and new professional information. This can be used to highlight tacit knowledge in the work community and thus make it part of the knowledge and knowledge base, strengthening it. In development process theory guides the implementation of practical goals. The key is to consider solutions to the identified problems in collaboration through interaction, asking questions, generating information, seeking change, and addressing challenges. The creation, application and modification of new solutions are an integral part of development

process. The more relevant the results of the study, the more relevant it is in practice. (Ojasalo et al. 2015: 19–21) In the thesis process, research has increased the planning of activities and supported the results of development work and their justification. Following chapters explain in more detailed pre-testing and implementation of the developing process.

## 10.5 Brainstorming

For the first step of the development process there was a brainstorming session. Brainstorming can be used as either an individual or group method to create ideas, enhance creativity, or solve problems. There were three participants whom all were sexologist and were given clear topic of “who are those patients who would gain most help from sexologists appointment”. Group was asked to create ideas and solutions for the problem. Knowledge arises from the interaction between the researcher and the research subject and its critical observation. New information production is justified by the availability of information. (Toikko & Rantanen 2009: 43)

The brainstorming session was held on October 2020. Brainstorming session had an hour timeline and meeting place was in Kalasatama health station. Three employees from Kalasatama health station, including the author of the thesis, were invited to brainstorm session. The goal of the brainstorming was to get as many ideas as possible from which to start shaping the guideline for referring patient to the sexual counselor / sex therapist. These ideas were not valued or criticized at this stage. After the ideas was received, it was discussed together which of the ideas emerged and which of the solution would be the most suitable as a basis for the guideline. In the first brainstorming session, the participants of the working group were told about the aim of the thesis, the perspective and what the thesis is aimed at. In the divergent phase desired result is to get as many ideas as possible without criticizing or censoring. Last phase of the brainstorming session “convergence stage” was to discuss, critique and prioritize outcomes of the session and to choose the ideas that are best suited to solve the problem chosen for. (Wilson 2013: 2-3)

After the brainstorming meeting and on the ideas obtained from it, guideline development work began, for which both international and Finnish sources, recommendations, laws and sexual health literature were studied. The consultation and referral practices of the

Kalasatama health center were also reviewed at this stage. Based on these, a draft of guideline was prepared and sent to the expert panel for evaluation.

## 10.6 The expert panel

In the second phase there was evaluation of the outcome of the guideline done by group of sexologists and a nurse from the health station whom gathered up into Teams to participate to give feedback about the guideline. The panelists were five nurses, three of whom also had the training of either a sexual counselor or a sexual therapist. Of these panelists, two sexologists do not work at the Kalasatama health station, but they work at other health stations in the city of Helsinki.

The preliminary guideline for referring to sexual counseling / sex therapist on the basis of the brainstorming session was sent by Teams to the panel of experts for comments on 26 April 2021. There was a week to comment it. The aim of the experts was to obtain feedback, on the basis of the guideline could be better developed according to the need, using the initial guidelines and the knowledge and work experience of the members of the group. Based on the feedback received, the final guideline on how and when to refer the patient to a sexual counselor or sex therapist was modified. In addition, it was agreed that the author of the thesis provides training for the Kalasatama personnel about the guideline and its subject more in depth.

## 10.7 Building the guideline

In third and final step the final guideline was built acknowledging the feedback given by the group of expert panelists. Working together with others is also an aspect of expansive learning, which is work-related learning. In it, employees think about new solutions and procedures that result in systematic changes in operating practices. (Ojasalo et al. 2015: 44) The methodological solution facilitated information sharing and information production methods such as discussions and statements.

The main focus of the development work has been a strong knowledge base on the topic as well as describing, writing topic open and evaluating the development process. The development process has been presented to the employees of the Kalasatama health station, and the material produced has been distributed by e-mail to the personnel. In

this way, tacit information has been made visible and shared and it also brings visible professional evidence based on experience. (Ojasalo et al. 2015: 46-4, Toikko & Rantanen 2009: 40) Both the brainstorming session and the expert panel consisted developing ideas for the process of referring patient to sexual counseling or sex therapy according to the topic of the thesis.

### 10.8 Competence strengthening

Kalasatama health station has weekly meetings for its health care personnel, where educating and competence strengthening takes place. This guideline was presented in staff meeting to add understanding and knowledge of sexuality, bringing up the topic and guiding to sexologist. Healthcare personnel seems to need more education in these matters according to (Sinisaari-Eskelinen at al. 2016: 286-287) and patients await healthcare professionals to bring the topic up on behalf of their profession. The gap between health care professional's knowledge and therefore training in the area of sexual health is vital. (Ritamo et al 2006)

Speaking of sexuality should be natural to every health care professional and part of the job. The patient should receive up-to-date and accurate information about sexuality. Sex education, counseling and therapy should be available to everyone, at a low threshold of their own health status, as sexuality and sexual health are part of human rights and also maintain health.

### 10.9 Evaluation of the development process

Development activities can be implemented in a project. In this case, the goal of the project is to create new easy-to-use guideline and create new process. Each development process involves a project that is a unique, individual, planned chain of events involving thinking, observation, and action. At its best, the process is constantly monitored and developed in accordance with the feedback received at all stages of the process. Often, however, project evaluation is carried out only at the end of the project on the basis of objectives and achievements. If the project is evaluated in a planned and up-to-date manner, this can strengthen the purposeful, informed and learning implementation of development work. In research and development, the evaluation must be carried out throughout the development project, and after its completion, a final evaluation is

made to assess how the development work was successful, for example in terms of ease of use, suitability and neutrality. is an important area, as its task is to guide the development process and produce information on the issue to be developed. (Ojasalo et al. 2015: 48)

The process and direction of development activities must be evaluated at all times in order to obtain a justified, organized and considered implementation, thus also produce information on the issue to be developed. At its simplest, evaluation answers the question of whether development has achieved its purpose, to what extent it has succeeded and to what extent it has not. In participatory research, the goal is to hear the opinion of stakeholders and work together to develop a workable outcome. (Toikko & Rantanen 2009: 61) The evaluation included a detailed analysis of the need for development and the potential significance of the development results for patients and the work community. The need for development was also assessed by a related search for information, which showed that no studies or projects had been carried out in the past. Brainstorming as a method and the use of an expert panel as an inclusive development method were assessed as suitable for the persons participating in the working group. The choice of methods is influenced by the knowledge of the persons involved in the development work and the organizational culture.

In the initial planning phase, the information needed to develop assessment of the need for care in sexuality-related issues at the Kalasatama health station reception was assessed. The selection of individuals to participate in the development team was made based on their knowledge of health station work and sexology. The panel of experts included professionals working as sexologists and nurses from the Kalasatama health center and other health centers in the city of Helsinki. The length of work experience and commitment to work was considered important in development work and influenced the selection of expert panelists.

When assessing consultative assessment and its reliability, the importance of reflectivity comes to the fore. On the basis of the reflection, a vision can be developed forward project-wise and interactively, respecting and listening to the opinions of the participants in the project. (Toikko & Rantanen 2009: 84–85) In this thesis, a consultative assessment was performed throughout the development process and as a reflection of the activity that takes place immediately after the workshops, in which case one's own activity was critically evaluated and alternatives to one's own activity were openly considered. With

the help of the evaluation, the progress of the development process was modified if necessary. The evaluation was facilitated by activity notes.

## 11 Results

As a result of the development work, a simple model was created for caregivers on how to refer a patient to a sexologist. The results of the work have been distributed by e-mail to the nurses and doctors of the Kalasatama health station. The model has been designed for use by the Kalasatama health station in accordance with the prevailing practices there.

There have also been questions from other health stations in the city of Helsinki whether those could use this model as a guideline for referring patients to a sexologist. There is no obstacle to this, nor to modify the model to better match the practices of another health station. Therefore, the results of the development work can be considered good in this respect.

How to refer patient to sexologist appointment? Referring patient to a sexologist either at the reception, on the basis of a call or via e-services. Open up a conversation with the patient about the topic. Explain that many diseases and / or medications may involve changes in sexuality or that the disease / medication may have an impact also to partners emotions for example “can we have sex after surgery or will it do some harm to my partner” and thereby affect sexuality and sexual desire of the partner. If and when a patient raises a question or problem related to sexuality, you can answer it immediately when having enough information about the specific question. The issue raised by the patient can relate to any aspect of sexuality or you can ask the patient whether there is need for sexual counseling or therapy in chapter 5. there are four models (figures 1-4) how to bring up the subject or how to support patient’s sexuality. Model of referring patient to sexologist is built according to these four models discussed in chapter 5 together with Kalasatama health station practices.

Healthcare professional who answers for the patients request of sexuality should listen to what the patient is saying or asking. When needed health care professional can provide specific and targeted information about the patient's situation such as cardiovascular diseases, cancers and their treatment, mental health diseases and medications. Sexuality is also affected by aging or pelvic / genital pain as listed above (sexual abuse, body image, reflection on sexuality see Chapter 2.4 and Appendix 2. and Table 1. for more information). When possible, giving immediate response or an answer when having related and correct knowledge about the question risen up. When feeling not having enough information about the topic, tell the patient and ask if he or she would like to have sexologist to be consulted about his or her situation and or the possibility of meeting with a sexologist 5-10 times. If necessary, the sexologist will consult a doctor if the patient's illness or situation so requires When patient needs to see doctor or a nurse booking an appointment for the clinician should be done. Sometimes patient does not need to have an appointment but by consulting clinician problem can be solved. Sexologists whom work at the Kalasatama health station can also either consult medical doctor or send patient to doctor’s appointment.

When evaluating that patient would benefit sexologist’s appointment consult sexologist. Sexual counsellor or sex therapist will contact patient as agreed and, if necessary, will arrange five to ten appointments for the patient, depending on the problem. Some issues may be resolved during the first contact or during the first visit in which case the patient may not need more appointments to the sexologist. The sexologist and the patient agree on the number of visits. When needed sexologist will also consult a doctor. The sexual counselors and sexual therapists currently working at the Kalasatama health station are registered nurses by Valvira.

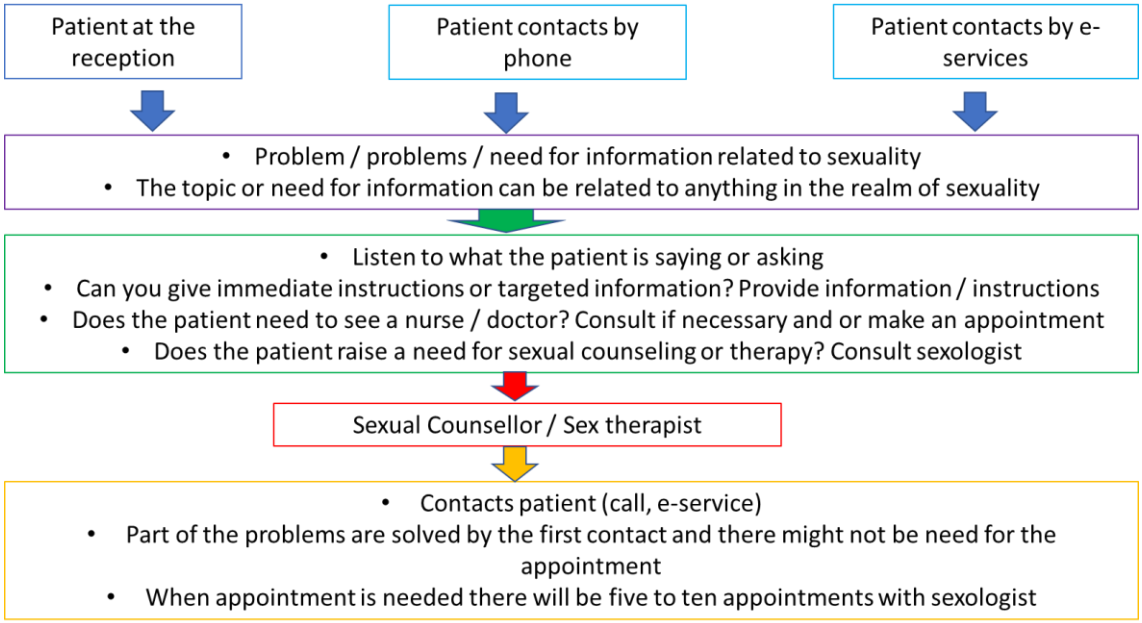


Figure 6. Referring patient to sexologist

Referring patient to see sexologist is part of holistic treatment and bases to equality and Finnish Institute for Health and Welfare (THL) promoting sexual and reproductive health and reducing health inequalities which will improve both health and well-being of the population. (THL 2020) Unless patient does not want to have an appointment in public health care it is also possible to refer them to third sector services. There are some examples of third sector service providers in Appendix 1.

## 12 Discussions

The aim of the thesis was to develop an easy-to-use guideline for referring a patient to a sexologist at the Kalasatama health station. The purpose was to facilitate the work of nurses' assessment of the need for treatment and to provide them with a tool that could easily lead the patient to the right professional. The result of the thesis was a guideline how to refer patient to a sexologist in primary health care. The participation of the selected expert panel was confirmed by using email and Teams in the development process of the guideline. Logbook was held during the progress of the study. The study and its steps are described in detail. In addition, the reliability is enhanced by describing the development process so precisely that it can be transferred to a similar context with minor changes. Reliability is also increased by the reliability and timeliness of the sources used in the theory part.

There is lot of information available on the impact of sexuality to health. Some information is available on the interventions implemented or the operational models in place and / or their effectiveness. The material used was partly in English, partly in Finnish, research on sexual well-being is available in both languages. Information on referral policies to a sexologist in other municipalities or cities is not publicly available.

Among the thoughts and ideas obtained from brainstorming, those that best matched the purpose of the study were selected, as well as those that best answered the question of what the guideline should be in order to make it as easy to use as possible. Based on this, the first version of the guideline was made, which was evaluated by the members of the expert panel. Based on the feedback received from them, the necessary changes were made to the guide. This increases the reliability of the thesis. The thesis has followed the principles that have been created in general to guide scientific research activities. The sources used are properly marked in the text as well as in the list of sources, and direct quotations have been avoided. Appropriate permission has been sought for the publication of images and tables published in other works and on the Communities' websites. The partner, Kalasatama health station, has been openly mentioned as a source of information. The study has been based on the operating model of the Kalasatama health station and the literature and theoretical basis in the field.

Both literature and reliable online sources have been used as sources in the study. A survey of nurses and doctors could not be conducted due to the current pandemic situation, this would have been considered to be too burdensome for the personnel. Workshops or an expert panel could not be organized face-to-face due to the pandemic situation after the first brainstorming session. Therefore, there has been used email and Teams application for communication. There is uncertainty about receiving feedback on time in e-mail and or through Teams discussions or will it be received at all within the agreed time.

## 12.1 Ethics

When conducting work-based development process the ethical aspect must also be taken into consideration and the ethics of development process must be ensured by doing the work carefully, honestly and accurately, and the results of the work must be useful in practice. No survey was conducted during the development process and therefore no

exploration permit was required. The work has been agreed separately with the Kalasatama health station and permission has been obtained for making the guideline. The work has been done in accordance with the target organization's ethical rules and practices. The caregivers who participated in the development work have participated of their own free will and their comments have been taken into account as anonymous comments during the process. (Ojasalo et al. 2015: 48-49) According to Tuomi & Sarajärvi (2018: 111, 118) The reliability, truthfulness and objectivity of qualitative research and the ethical decisions made by the researcher are inseparable from the credibility of the research. The credibility of research, in turn, is based on responsible conduct of research.

### 12.2 Reliability

The reliability and impartiality of the findings of a qualitative study starts from the fact that the researcher hears and understands the sources of information objectively and does not allow his or her own view to influence what he or she hears and observes. Ethics therefore also affects the quality of research. The use of validity whether the study has examined what has been promised, and reliability the reproducibility of research results, in the qualitative study of the criterion has been criticized. Qualitative research should be assessed as a whole. What has been researched and why, the researcher's own commitments, the duration of the research, the rationale for the research subject, the collection and analysis of the data, and why the research is of an ethically high and reliable standard. When assessing the reliability of a study, at least the following aspects should be considered: subject and purpose of the study, own commitments as a researcher in the study, data collection, research informants, researcher-informant relationship, research duration, data analysis, research reporting (Tuomi & Sarajärvi 2018: 111-123)

## 13 Conclusions

The Guideline is distributed to Kalasatama health station staff via email, in addition there will be training for the personnel on the subject. The Kalasatama health station guideline for referring a patient to a sexologist is based on the Kalasatama health station's established practice of referring a patient to treatment and theory based on bringing up the topic in sexology. The guideline created as a thesis has been developed to meet the

needs of the Kalasatama health station. Guideline can be used either as it is or with minor modifications in similar operating environments.

In addition, it would be interesting to know how personnel would like to be involved in the development and implementation of new treatment recommendations or policies in their own organization. The expert panel raised also a proposal to develop a guideline on sexual treatment for those experiencing sexual violence in public health.

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**Kolmannen sektorin toimijat**
**Serikeskus, Transpolit**

Osa kolmannen sektorin palveluista on maksuttomia käyttäjilleen, osa maksullisia.

- **HIVpoint**
  Testaus, neuvonta sekä tukipalvelut silloin kun tarvitaan tietoa, testejä tai tukea hivin kanssa elämisestä.
  www.hivpoint.fi

- **Ihmiskauppa**
  Kansallinen auttamis- ja osaamiskeskus niin ihmiskaupan uhreille kuin viranomaisillekin.
  www.ihmiskauppa.fi

- **Mielenterveystalo / seksuaalinen kiinnostus lapsia kohtaan omahoito**
  Neuvoja englanniksi silloin kun henkilöllä on lapsikohteista seksuaalisuutta
  https://www.mielenterveystalo.fi/aikuiset/itsehoito-ja-oppaat/itsehoito/sexual-interest-in-children/Pages/default.aspx

- **Mielenterveystalo seksuaalisuuden omahoito**
  Tukea seksuaalisuuden itsenäiseen tutkailuun.
  https://www.mielenterveystalo.fi/aikuiset/itsehoito-ja-oppaat/itsehoito/seksuaalisuuden_omahoito/Pages/default.aspx

- **Monika naiset**
  Maahanmuuttajataustaisille naisille, jotka ovat kokeneet väkivaltaa tai sen uhkaa.
  www.monikanaiset.fi

- **Poikien talo**
  Suunnattu 10-29 vuotiaille itsensä pojiksi tai miehiksi identifioiville. Voi viettää aikaa turvallisten aikuisten kanssa. Apua seksuaalisuuden pohdintaan.
  www.poikientalo.fi

- **Pro-tukipiste**
  Matalan kynnyksen tuki- ja terveyspalvelu seksityöntekijöille sekä ihmiskaupan kautta seksityöhön välitetyille.
  www.pro-tukipiste.fi

- **Saa Suomi nimettömät seksiaddiktit**
  Nimettömät seksiaddiktit naisille ja miehille, jotka haluavat apua seksiriippuvuuteen.
  www.seksiriippuvuus.fi

- **Sateenkaariperheet**
  Perheille, joissa yksi tai useampi vanhempi kuuluu seksuaali- tai sukupuolivähemmistöön.
  www.sateenkaariperheet.fi

- **Seri-tukikeskus seksuaaliväkivallan uhreille**
  Seksuaaliväkivaltaa kohdanneille yli 16-vuotiaille sukupuolesta riippumatta silloin kun tapahtumasta on alle kuukausi. Auki 24/7.
  https://www.hus.fi/potilaalle/sairaalat-ja-toimipisteet/naistenklinikka/seri-tukikeskus-seksuaalivakivallan-uhreille

- **SeriE-verkosto / SeriE-työ Sexpo**
  Moniammatillinen asiantuntijaverkosto, jonka tarkoituksena on ehkäistä lapsiin kohdistuvaa seksuaalirikollisuutta. www.krits.fi
  Sexpon SeriE-työ on matalan kynnyksen palvelu, johon on mahdollista hakeutua nimettömästi silloin kun henkilöllä on lapsikohteista seksuaalista kiinnostusta. www.sexpo.fi/serie

- **Sexpo**
  Seksuaalineuvontaa, seksuaalisuuteen, seksiin, sukupuoleen sekä ihmissuhteisiin liittyvissä kysymyksissä.
  www.sexpo.fi

- **Seta**
  Sateenkaari-ihmisiksi itsensä identifioiville, nuorista senioreihin ulottuvat tuki- ja neuvontapalvelut.
  www.seta.fi

- **Suomen Delfins Ry**
  Aikuisille, jotka ovat joutuneet lapsuudessa tai nuoruudessa kokemaan seksuaalista hyväksikäyttöä, kaltoinkohtelua tai väkivaltaa
  www.suomendelfins.fi

- **Sukupuolen moninaisuuden osaamisen keskus**
  Kaikille, joita sukupuolen moninaisuus koskettaa.
  www.sukupuolenosaamiskeskus.fi

- **Sukupuoli-identiteetin tutkimuspoliklinikka Helsinki ja Transpoli Tampere**
  Sukupuoli-identiteetin ristiriidasta kärsiville ihmisille, jotka eivät tunne kehoaan omaksi ja kokevat tarpeen vaihtaa sukupuolensa vastaamaan sitä sukupuolta, jonka kokevat omakseen. Lääkärin lähetteellä.
  https://www.tays.fi/fi-FI/Toimipaikat/Tays_Keskussairaala/Hoitoyksikot/Yleissairaalapsykiatrian_poliklinikka/Transpoliklinikka
  https://www.hus.fi/potilaalle/sairaalat-ja-toimipisteet/sukupuoli-identiteetin-tutkimuspoliklinikka

- **Tukinainen**
  Tukikeskus seksuaalista väkivaltaa tai hyväksikäyttöä kokeneille.
  www.tukinainen.fi

- **Tyttöjen talo**
  Suunnattu 10-29 vuotiaille itsensä tytöiksi tai naisiksi identifioiville. Tarjoaa vapaata oleskelua sekä ryhmiä mm seksuaalisuuteen, seksuaaliväkivaltaa kohdanneille, kulttuurisuuteen tai äitiyteen liittyen.
  www.tyttojentalo.fi

- **Väestöliitto**

  Lasten, nuorten sekä perheitten hyvinvoinnin tutkiminen sekä tukeminen. Palveluita ja tietoa mm seksuaalisuudesta ja ehkäisystä eri ikäryhmille, ikätasoisesti. Pariterapiaa, tukea vanhemmuuteen.

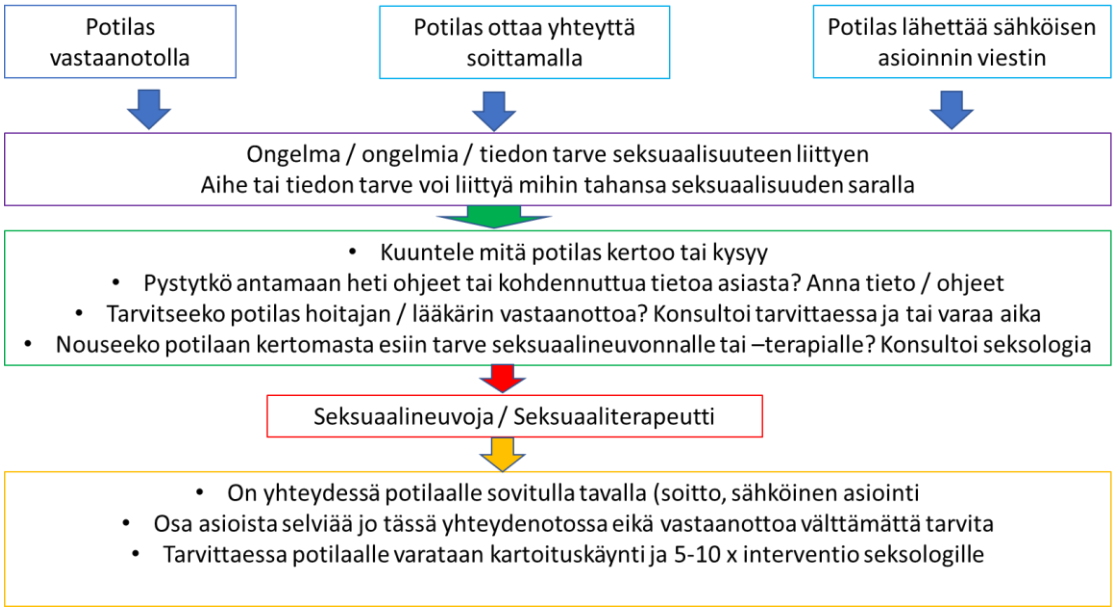
  www.vaestoliitto.fi

## Potilaan ohjaaminen seksuaalineuvojalle tai -terapeutille

Potilaan ohjaaminen seksuaalineuvojalle tai seksuaaliterapeutille: voit aina konsultoida seksuaalineuvojaa tai seksuaaliterapeuttia siitä mihin tai kenen vastaanotolle potilas kannattaa ohjata. Kuvassa 1. havainnollistetaan ohjaamisprosessi.

Konsultoi seksuaalineuvojaa kun:

- On kysymys seksuaalisuudesta
- Seksistä
- Sukupuolesta
- Ihmissuhteista
- Seksuaalineuvoja normalisoi, sallii ja antaa luvan sekä antaa rajatusti tai kohdennetusti tietoa silloin kun siihen on tarvetta.




Kuva 1. Seksologille ohjaaminen

Seksuaalineuvojan vastaanotolla voidaan puhua mm läheisyyden ongelmista, tunteitten ilmaisusta, vuorovaikutuksesta, haluttomuudesta, kehonkuvasata sekä itsetunnosta ja tai seksuaalielämän haasteista, joita voi olla mm pikkulapsiperheissä, sairaudesta/vammautumisesta johtuen tai ikääntymiseen liittyen. Seksuaalineuvojaa kannattaa konsultoida rohkeasti, hän on yhteydessä potilaaseen ja lähtee yhdessä potilaan kanssa kartoittamaan tilannetta eteenpäin. Oikea-aikaisesti annettuna seksuaalineuvonta ehkäisee

seksuaaliongelmien pitkittymistä sekä parantaa elämänlaatua. Seksuaalineuvonnassa usein auttaa jo muutama käynti ja yleisimmin neuvontakäyntejä onkin 2-5 kertaa.

Konsultoi seksuaaliterapeuttia kun:
Potilas tarvitsee enemmän tietoa tai terapiaa seksuaalisuuteen liittyen kuin seksuaalineuvojan kanssa on mahdollista käsitellä.

- Kyseessä on erityisohjeiden antaminen
- Seksuaaliterapia

Seksuaaliterapeutin vastaanotolla voidaan käsitellä asioita syvällisemmin kuin seksuaalineuvojan vastaanotolla sekä voidaan käyttää terapeuttisia työkaluja hyödyksi silloin kun seksuaalineuvonta ei ole riittävä.

Seksuaalineuvojan tai seksuaaliterapeutin vastaanotolla voidaan käsitellä useita asioita. Esimerkkejä näistä asioista näet alla olevasta taulukosta 1.

| Mihin tarvitsee apua? | Seksuaalineuvoja / seksuaaliterapeutti | 3. Sektori palvelu |
|---|---|---|
| Seksuaalisuus ja raskaus, lapsivuodeaika, pikkulapsiaika | Seksuaalineuvoja / -terapeutti | Väestöliitto, Sateenkaariperheet |
| Seksuaalisuus ja ehkäisy ja raskauden keskeytys | Seksuaalineuvoja / -terapeutti | Väestöliitto, Tyttöjen talo |
| Seksiteitse tarttuvat taudit | Seksuaalineuvoja / -terapeutti | HIV-point |
| Mielenterveys ja seksuaalisuus<br>• Sairauden vaikutus<br>• Lääkityksen vaikutus | Seksuaalineuvoja / -terapeutti | |
| Erektio-ongelmat ja miehen seksuaaliongelmat<br>• Ennenaikainen siemensyöksy<br>• Vaikeutunut tai estynyt orgasmi<br>• Vaikeus saada erektio<br>• Puuttuva erektio<br>• Miehen haluttomuus<br>• Eturauhassyöpä<br>• Testosteronivajaus<br>• Peyronien tauti<br>• Sukuelinten iho- ja limakalvosairaudet | Seksuaalineuvoja / -terapeutti | Poikien talo |
| Kehonkuva<br>• Intersukupuolisuus<br>• Sukupuoli ja identiteetti<br>• Sukupuolen korjaaminen<br>• Seksuaalinen suuntautuminen | Seksuaalineuvoja / -terapeutti | Seta, Sateenkaariperheet |
| Seksuaalinen kipu naisella<br>• Vulvodynia<br>• Vaginismi<br>• Lantionpohjan krooninen kipu<br>• Sukuelinten iho- ja limakalvosairaudet<br>• Emättimen oireet | Seksuaalineuvoja / -terapeutti | Tyttöjen talo |
| Seksuaalinen kaltoinkohtelu / väkivalta | Seksuaalineuvoja / -terapeutti | Seri-tukikeskus, Tyttöjen talo, Suomen Delfins ry, Tukinainen, Monika naiset |
| Parafiliat<br>• Lapsikohteisuus | Seksuaalineuvoja / -terapeutti | Seri-E |
| Pakkomielteinen seksikäyttäytyminen /addiktio | Seksuaalineuvoja / -terapeutti | Saa Suomi |
| Seksuaalisuus ja ikääntyminen | Seksuaalineuvoja / -terapeutti | Väestöliitto |
| Maahanmuuttajien seksuaalisuus<br>• Kulttuurin vaikutus<br>• Tyttöjen ympärileikkaus<br>• Poikien ympärileikkaus | Seksuaalineuvoja / -terapeutti | Monika naiset, Tyttöjen talo, Poikien talo |
| Naisen haluttomuus ja<br>• Kiihottumishäiriöt<br>• Orgasmihäiriöt | Seksuaalineuvoja / -terapeutti | |
| Naisen hormonaaliset häiriöt ja vaihdevuodet | Seksuaalineuvoja / -terapeutti | |
| Sydän- ja verisuonisairaudet<br>• Lääkkeiden vaikutus | Seksuaalineuvoja / -terapeutti | |
| Diabetes | Seksuaalineuvoja / -terapeutti | |
| Lantionpohjan sairaudet sekä gynekologiset ja urologiset syövät | Seksuaalineuvoja / -terapeutti | |
| Elintapojen vaikutus seksuaalisuuteen | Seksuaalineuvoja / -terapeutti | |
| Seksityöntekijöitten seksuaaliterveys | Seksuaalineuvoja / -terapeutti | Pro-tukipiste |

Taulukko 1. Esimerkkejä erilaisista tilanteista, joissa potilas voidaan ohjata seksologille (Seksuaalilääketiede 2020)