Cross-cultural Counselling on Sexual Health with West African Women: Challenges in Therapeutic Practice for a Canadian Intern

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ABSTRACT
I recently completed an internship in West Africa providing psycho-education and counselling to youth in the area of sexual health. This paper offers a snapshot of this experience and highlights some challenges I faced in managing therapeutic interactions around culturally bound trends in women's health, including early marriage, gender-based violence and female genital cutting. A brief discussion on working through cultural differences in counselling follows, as well as some reflections on the practice of cultural safety.

This summer I completed a five-week internship to provide counselling and psycho-education to youth in the area of sexual health through a Non-Governmental Organization (NGO) that has been operating in The Gambia, West Africa, for over 25 years. The mandate of the organization is to develop health awareness among middle and high school-aged students and at-risk youth. The organization provides programmes in gender equity and sexual and reproductive health as well as confidential HIV testing and counselling.

Sexual and reproductive health initiatives represent an ongoing priority among many West African governments and NGOs (Brieger, Delano, Lane, Oladepo, & Oyediran, 2001). Many of us in the West are aware of the HIV epidemic in sub-Saharan Africa; what is less known, perhaps, are other issues related to women's sexual health and well-being within the continent. In The Gambia specifically, women face intimate partner violence (including sexual violence and trauma), forced marriages and female genital cutting (sometimes referred to as female genital mutilation (FGM)), among other trends. The Western psychological literature notes that many survivors of trauma and violence face anger, fear, and shame in the aftermath of their traumatic experiences, as well as challenges in intimate relationships and mental health sequelae including post traumatic stress disorder and/or mood and anxiety disorders (Baima & Feldhousen, 2007; Beckerman, 2002). Less is written in the literature about mental health outcomes among African women in these circumstances. As a PhD student in counselling psychology who has worked for many years in the field of women's sexual health in Canada, I was interested in the opportunity to learn more about these phenomena from women in another cultural context. Before sharing these experiences, however, it is important to first offer a brief background on women's sexual health in The Gambia.

In Context: Women's Sexual Health in The Gambia

With respect to current sexual health outcomes among Gambian women, there is limited reliable data available. However, country-wide statistics amassed from large international organizations such as the World Health Organization and the United Nations (Gapminder Foundation, 2006), indicate that as compared to Canadian women, Gambian women marry sooner, have more children at a younger age, engage in lower rates of contraception usage, and do not attend school as readily as their male counterparts (on average, Gambian men attend twice as many years of school as Gambian women). In addition, although we have no official statistics on violence against women, many of my colleagues noted that gender-based domestic violence is common within many Gambian families, especially among those with limited access to education. Access to education is essential for women, as it leads to better sexual and reproductive health outcomes, lower levels of poverty, and improved gender equity (United Nations Children's Fund (UNICEF), 2011).

It has been widely acknowledged that sexual health and sexuality are influenced by many determinants of health, including socio-economic status (SES), socio-cultural contexts, one's biology (i.e., hormones), and personal coping skills (Boyce, Doherty, Fortin, & MacKinnon, 2003). Culture in particular plays a major role in constructing sexuality, as desires, meanings and behaviours related to sexuality are learned and expressed through culture (Jackson, 1996). For instance, gender is a cultural construct and includes beliefs about how sexual roles and behaviours should be embodied (Oakley, 1996). In Gambian culture, women have histori-

cally been regarded as sexually passive and submissive. Women's sexual satisfaction has not been of central importance, as demonstrated by the centuries-old tradition of removing a woman's clitoris (FGM). While women have not typically been allowed to express sexual desires or experience sexual satisfaction, they have been used concurrently as the object of men's sexual satisfaction[1].

Males also follow gender norms informed by socio-historical contexts. 'Hegemonic masculinity' is a term that refers to the idealized notions of 'true' masculinity (Connell, 1987), and often relates to notions of aggression, strength and dominance within patriarchal cultures. Although the operation of hegemonic masculinity differs between groups, in Gambian culture it involves norms that position males as the 'breadwinners', the decision makers within the home, the individuals responsible for maintaining order and discipline among women and children, the initiators of sexual encounters, and those who control the sexual experience. Living in a social milieu of male dominance, women become more likely to face dangers associated with violence. In this respect, both males and females play out gender roles introduced by their culture; without education (whether formal or informal), these roles are likely to persist with little critical analysis or challenge.

Not all Gambian women are victims of sexual oppression, however; this section simply highlights some cultural trends that are relevant from the perspective of a Western-trained therapist working cross-culturally, keeping in mind that like all cultures, The Gambia is a changing and evolving nation—a nation that is progressing in the direction of improved women's rights. My experiences working with young women certainly revealed a culture in flux, and the women held differing viewpoints on these topics. Comments such as, "I will marry whoever my father chooses for me" and, "My daughter will NEVER be cut!" (a reference to FGM) demonstrated these divergent perspectives and prompted me to reflect on, and draw from, my training in multicultural counselling.

Multicultural Counselling Work & Bracketing Biases

Multicultural counselling refers to the encouragement of client growth, insight and change through "understanding and perpetuating multiple cultures within a psychosocial and scientific-ideological context" (McFadden, 1993, p.6), and stands in opposition to monocultural counselling, in which therapeutic work is undertaken through a single cultural lens (typically that of the therapist's culture) (Robinson & Howard-Hamilton, 2000). In order to work effectively with Gambian youth, I needed to understand the historical factors shaping their lives, including gender roles and other social norms, as well as individual developmental factors, such as education and family of origin contexts. In The Gambia I worked with a broad range of youth whose experience varied by community and family (urban vs. rural, polygamous vs. monogamous), family level of education (illiterate vs. literate), gender roles within the home (strong paternal presence vs. no paternal presence, aggressive parenting vs. non-aggressive), and other factors.

Working in this cross-cultural therapeutic context was a challenge as I had to respect Gambian cultural norms (such as the widespread opposition to homosexuality) and avoid making broad cultural assumptions while appreciating individual differences. In order to work effectively cross-culturally, Smye and Mussel (2001) suggest that those in the helping professions practice 'cultural safety'. Culturally safe practice requires that therapists examine socio-political, economic and power differences between themselves and their clients. To do so therapists must first possess a strong sense of self-awareness, becoming aware of their own social location, cultural history and beliefs, and power and privilege status. In turn, therapists can better understand their own impacts on therapeutic relationships.

In my work with Gambian women there were particular areas where adhering to tenets of cultural safety posed a challenge. For instance, many girls are promised to men from a young age and often enter into an arranged marriage in their teenage years. Within this setting, girls have sexual relations with their husbands and intimate partner/domestic violence is often pervasive. From a Western perspective this arrangement may be considered a form of child abuse and I found it difficult to engage in discussions on this topic without disclosing my opinions. Another clear example of having to bracket my biases was around the tradition of female genital mutilation, where the clitoris and/or parts of the labia majora are removed or altered to limit access to the vagina. Traditionally, the intention of this practice has been to reduce female sexual desire and enforce purity and chastity among girls, to 'beautify' the female genitals and to honour custom. Through my Western lens, I view this practice as damaging to women's sexuality as it denies the natural sexual aspect of female identity and sexual satisfaction and as such is an expression of gender oppression[2]. And this is to say nothing of the multitude of health risks that accompany this practice, including hemorrhage, recurrent urinary tract infections, infertility, and intense pain during intercourse and childbirth.

Despite my biases, however, these were topic areas where as a counsellor I had to empathize with the young women from their cultural standpoint and avoid overtly placing judgment on these phenomena. While my biases were clear and present in my own mind, I chose my words carefully when the youth disclosed concerns and asked questions related to these issues in the counselling context. For instance, nearly all of the female youth with whom I worked were circumcised (FGM) and therefore disclosing my opinion against this practice may have implied that they

[1] This is not unlike Western women's sexual roles in various historical contexts (Connell, 2005).

[2] Ironically, this practice is largely perpetuated by older women within communities who believe strongly in the continuity of this tradition.

ought to see themselves as having been victimized. Instead, letting youth reach their own conclusions by asking thought-provoking questions, while supporting their understanding of their own cultural norms and history, seemed a more appropriate way to encourage insight.

I recall one counselling experience where a young woman was confused about whether or not to become sexually active. She stated that she was under pressure by her boyfriend to have sex, but was worried about the potential consequences of doing so, including: pregnancy, the contraction of sexually transmitted infections, and facing discrimination for not remaining a virgin until marriage. In addition she had heard rumours that many young men puncture condoms in order to render them ineffective (whether this reflects an act of defiance, a bid for parenthood, or something else entirely, remains unclear to me). In any case, due to governmental reasons our NGO was discouraged from promoting contraception use with younger teens, and I also felt somewhat stuck. However, what followed (with the help of Socratic questioning and Motivational Interviewing) was an engaging dialogue with this bright young woman on potential reasons why her partner wanted to have sex, pressures they were both under within the context of their gender roles, broader cultural norms around the 'social policing' of women's sexuality, and an investigation of her own sexual desires. I also bent the rules and offered practical advice on contraception use (i.e., "Don't let the condom out of your sight and put it on his penis yourself!"). How this counselling may have served her remains unknown. Our summer program reached completion and I caught my plane home. As with other clients who must terminate prematurely, I can only hope our time together was of some benefit to her.

Concluding Remarks

My counselling work with Gambian youth this summer focused on psychoeducation around gender-based violence and other sexual health issues. The youth primarily sought guidance and therefore my counselling work focused on empathy and reflective listening. I utilized training in multicultural counselling to practice self-awareness and cultural safety, which I believe enriched the therapeutic alliance. From a cross-cultural perspective, I found elements of women's sexual health trends to be disturbing (i.e., domestic violence, FGM, and early marriage), however I made efforts to bracket my biases and relay health-information in an objective way. I had no intention of completely overcoming my Canadian cultural biases, however, as I recognized that they are so deeply ingrained within me. My hope was simply to offer sexual health information, a balanced perspective, options, support, and ultimately, room for growth.

My intention is to return to The Gambia to work in partnership with local organizations on women's health initiatives. Despite some of the challenges facing Gambian women I found the people to be among the most friendly, welcoming and generous that I have met and the country does honour to its namesake as "The Smiling Coast of Africa". Certainly, the progression to more egalitarian gender roles is important for Gambian women in their efforts to achieve a better overall health status, however the charge must be led by Gambians themselves, with the support of international allies.

Résumé

J'ai récemment terminé un internat en Afrique occidentale au cours duquel j'assurais la prestation de psychoéducation et de counseling à des jeunes dans le domaine de la santé sexuelle. Cet article offre un cliché de cette expérience et souligne certains défis auxquels j'ai dû faire face dans la gestion des interactions thérapeutiques entourant des tendances liées à la culture dans la santé de la femme, y compris le mariage hâtif, la violence sexuelle exercée contre les femmes et la mutilation des organes génitaux de la femme. Une brève discussion du travail malgré les différences culturelles dans le counseling suit, ainsi que certaines réflexions sur la pratique de la sécurité culturelle.

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