Changing perspectives in sexual health research

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What is sexual health?

'…a state of physical, emotional and mental well-being related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled'.

WHO definition

Core elements of sexual health

- Understanding sexuality
- Respect for sexual rights

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Sexuality

'…a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, and religious and spiritual factors.'

WHO definition

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Sexual rights

Include the right of all persons, free of coercion, discrimination and violence, to:

- the highest attainable standard of health in relation to sexuality, including access to sexual and reproductive health care services;
- seek, receive and impart information in relation to sexuality;
- sexuality education;
- respect for bodily integrity;
- choice of partner;
- decide to be sexually active or not;
- consensual sexual relations;
- consensual marriage;
- decide whether or not, and when, to have children; and
- pursue a satisfying, safe and pleasurable sexual life.

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Key concepts in Sexual Health

Sexual health, viewed holistically and positively, is:

- About well-being, not merely the absence of disease;
- Involves respect, safety and freedom from discrimination and violence;
- Dependent on the fulfilment of certain human rights;
- Of relevance throughout the lifespan, not only in the reproductive years, to young people, women and men;
- Underpinned by diverse sexualities and forms of sexual expression;
- Critically influenced by gender norms, roles, expectations and power dynamics;
- To be contextually understood within specific social, economic and political contexts.

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How did we arrive here?

1) Shift from vertical to horizontal programmes

- Why?
  - Alma Ata
  - ICPD
  - WDR
- Outcomes?
  - Emphasis on comprehensive sexual and reproductive health services

Examples?

- Shift from vertical family planning services to comprehensive integrated sexual and reproductive health care provision

How did we get here?

2) From individual level behaviour change models to influencing networks and social context

- Why?
  - Perceptions of lack of effectiveness
- Outcomes?
  - Programmes addressing communities and context

Examples:

- Shift from focus on individual level knowledge and behaviour change to promotion of an enabling environment – e.g. promotion of condom use within transactional sexual relationships: shift from individual sex worker to the wider sex working community *and* clients

How did we get here?

3) From discrete demographics to a life-span perspective

- Why?
  - Demographic transitions across the world highlight the importance of younger and older age groups
- Outcomes?
  - Widening of DHS eligibility
  - Programmes targeting younger and older age groups

Examples

- Programmes focused on adolescents and young adults
- Programmes addressing menopause, cervical cancer control, sexual dysfunction

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How did we get here?

4) From gender dynamics to understanding the role of power in sexual relationships

- Why?
  - Emphasis on reproductive choice to improve outcomes
  - Role of men recognised
- Outcomes?
  - Increased attention to gender-based violence
  - Men as partners in programmes
  - Importance of improving client-provider interaction and providing client-centred services

Examples

- Programmes addressing gender-based violence, including FGM
- Programmes aiming to improve SH of men *and* their female partners

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How did we get here?

5) From a needs-based approach to rights based approaches

- Why?
  - Impact of ICPD
- Outcomes?
  - Increasing recognition of sexual and reproductive health as a human rights issue

Examples

- Rights based approach recognises choice, liberty, no coercion
- Importance of improving quality of care

How did we get here?

6) From sexual ill-health to well-being and pleasure

- Why?
  - Need for a deeper understanding of motivations underlying sexual behaviour including issues related to pleasure and sexual satisfaction
- Outcomes?
  - More open discussion of sexual dysfunction, infertility and other issues related to sexuality

Examples

- Programmes addressing sexual dysfunction (men and women?)
- Programme responses to infertility (men and women?)

Key Events in the Paradigm Shift: ICPD

New definition in use: *'reproductive health, including family planning and sexual health*'

Outcomes for reproductive health as stated in PoA:

- 'Includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases' '
- 'Implies that people are able to have a safe and satisfying sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so''

Other key events?

- ICPD+5
- Beijing
- Millennium Development Programme
- Others?

Result: ‘Sexual and reproductive health’ has become standard in most regions

Why did this change occur?

- Key influences and key actors
  - Women's groups/activists
  - Political acceptance of need to change
  - Lack of progress within 'old' paradigm
  - Media support

Outcomes of this change: key elements of SH programmes

- Sexually transmitted infections and reproductive tract infections including HIV/AIDS
- Unintended pregnancy and unsafe abortion
- Infertility
- Sexual dysfunction
- Violence relating to gender and sexuality, including female genital mutilation
- Mental health
- The impact of physical disabilities and chronic illnesses on sexual health

Activities

- Read the papers (one paper per group)

  for 30 minutes (after the break)

- Using the conceptual framework outlined in this presentation, report back on:
  - which elements of the conceptual framework are being used in this paper;
  - which elements are missing?
  - how would you design the study differently to incorporate more of a sexual health perspective?

  Report back will last till lunchtime