



Concepts in Sexual Health Research and Practice

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19 March 2007

World Health Organization Department of Reproductive Health and Research



Defining sexual health

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WHO and sexual health

- 1974 Meeting on Education and Treatment of human sexuality: the Training of health professionals
- 1983 European Regional meeting on sexual health
- 2000 PAHO meeting on promoting sexual health
- 2002 Technical Consultation on Sexual Health
- 2002 Strategic Committee on Sexual Health
- 2003 RHR establishes a working group on sexual health with a Mid-term programme of work
- 2006 WHO debates the definition of sexual rights



Sexual Health

Sexual health is a state of physical, emotional, mental, and social 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.



The Public Health Challenge

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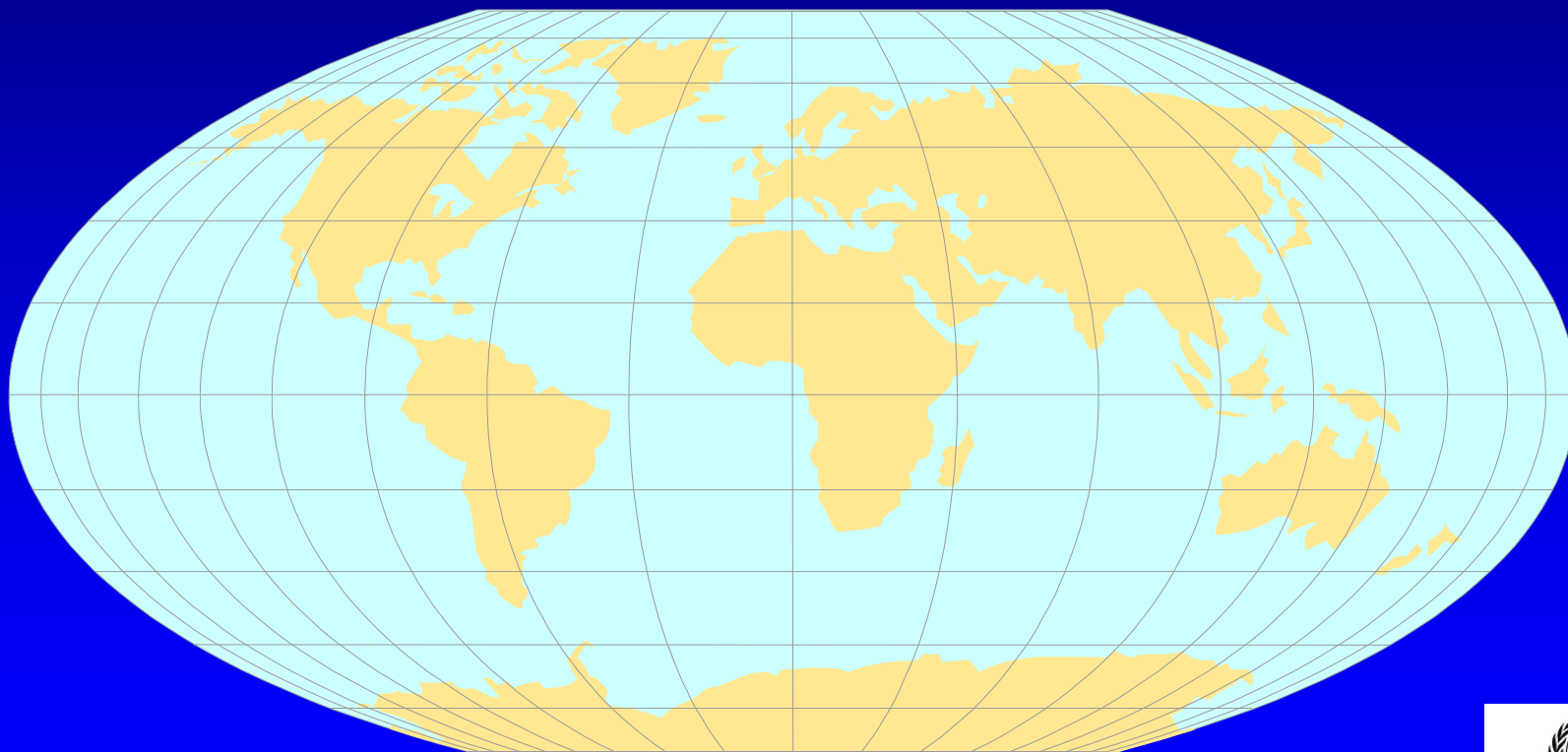


Global summary of the HIV/AIDS epidemic, December 2001

Number of people living with HIV/AIDS	Total	40 million	
	Adults	37.2 million	
	<i>Women</i>	<i>17.6 million</i>	
	Children under 15 years	2.7 million	
<hr/>			
People newly infected with HIV in 2001	Total	5 million	
	Adults	4.3 million	
	<i>Women</i>	<i>1.8 million</i>	
	Children under 15 years	800 000	
<hr/>			
AIDS deaths in 2001	Total	3 million	
	Adults	2.4 million	
	<i>Women</i>	<i>1.1 million</i>	
	Children under 15 years	580 000	



About 14 000 new HIV infections a day in 2001



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Joint United Nations Programme on HIV/AIDS

UNAIDS

UNICEF • UNDP • UNFPA • UNDCP
ILO • UNESCO • WHO • WORLD BANK



New HIV Infections

- **In 2005, of the over 40 million people living with HIV, 17.5 million are women.**
- **More than 95% are in developing countries**
- **In some regions, women make up more than half of those newly infected.**
- **Women are more vulnerable to HIV for social and biological reasons.**





An estimated 340 million new cases
of curable Sexually Transmitted
Infections
(STIs) in adults have occurred
throughout the world in 1995.

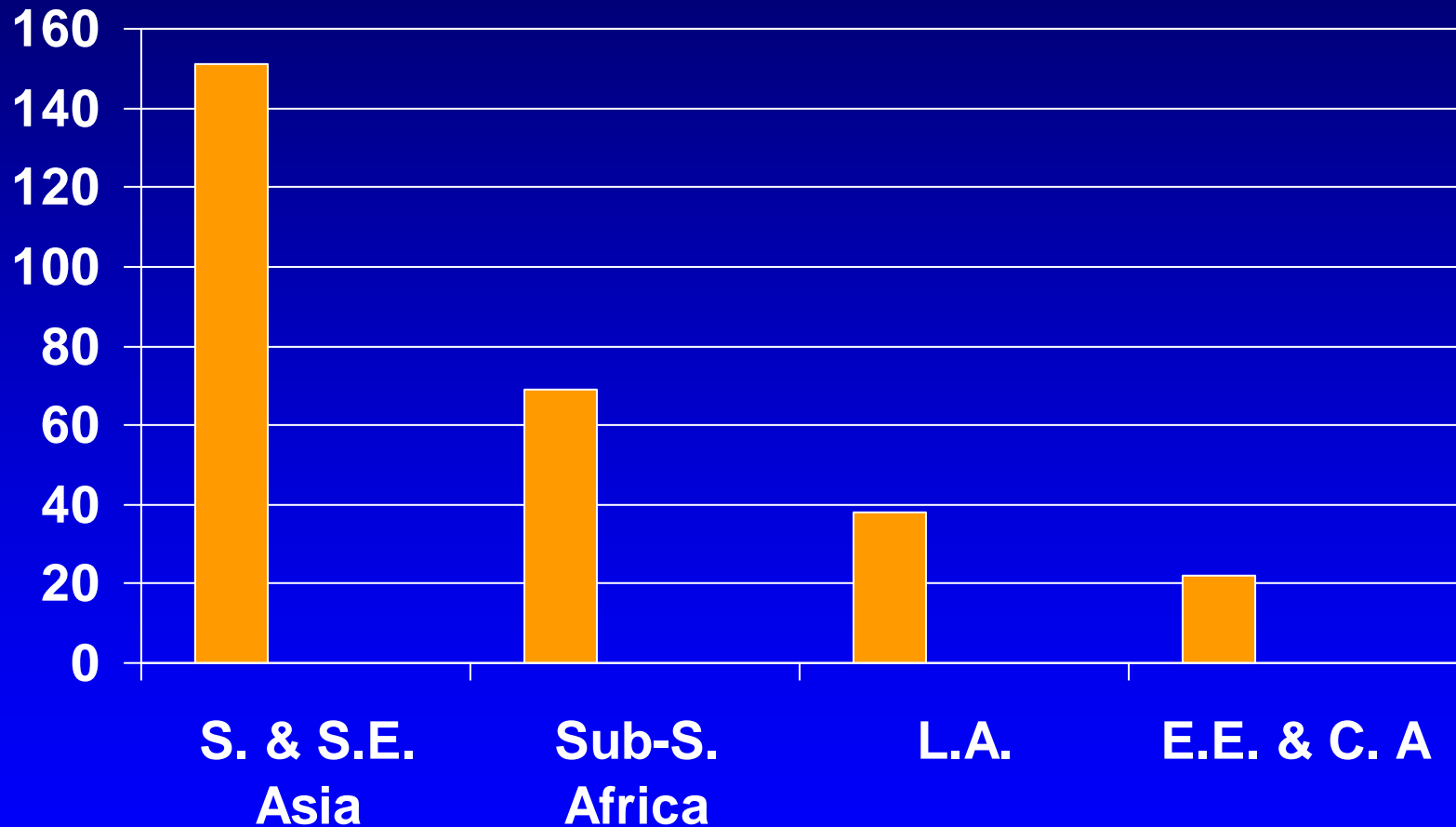
Global Prevalence and Incidence of Selected Curable Sexually
Transmitted Infections: Overview and Estimates
World Health Organization (2001), p. 1

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New Cases of STIs

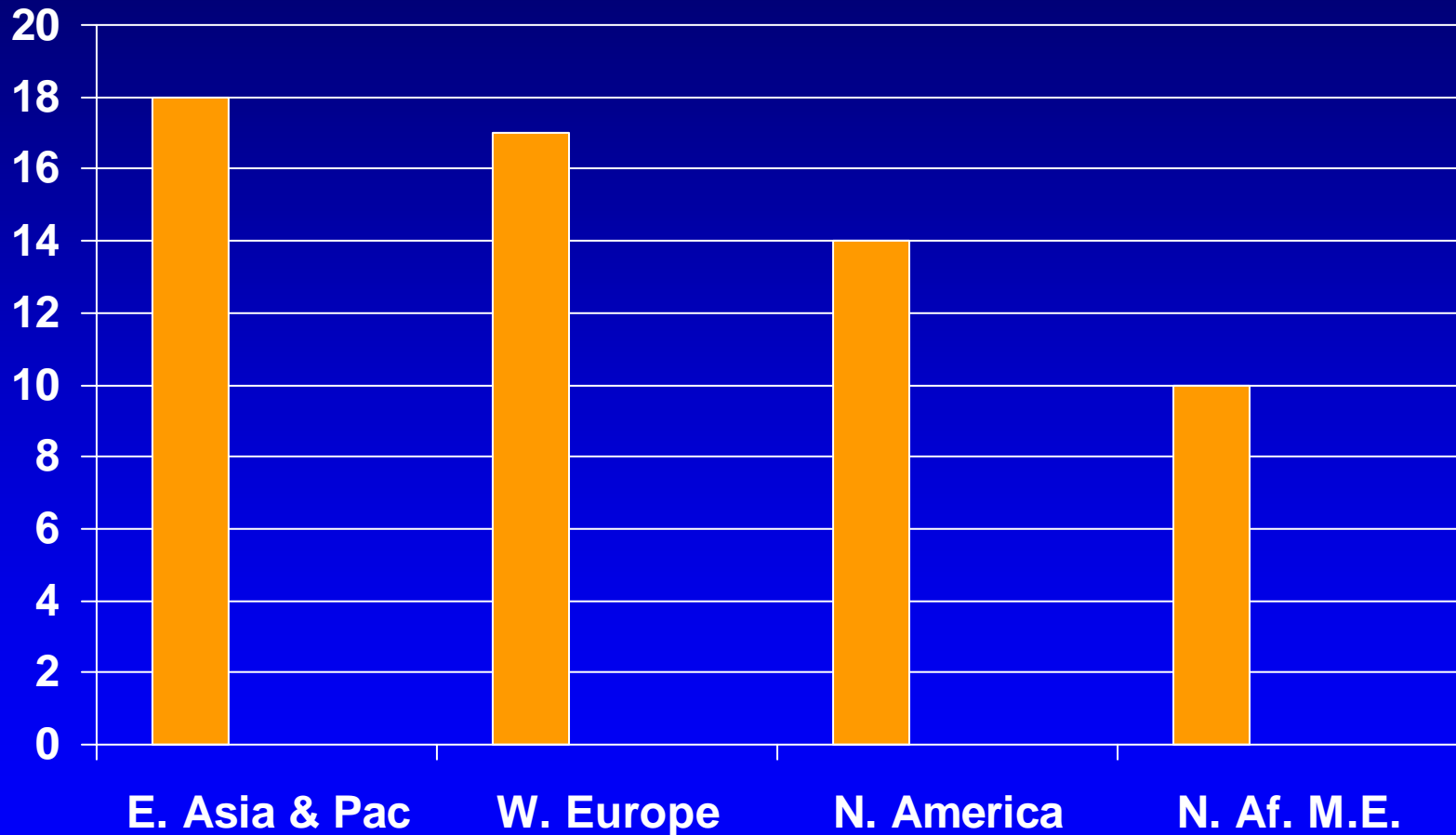
(in millions)





New Cases of STIs

(in millions)



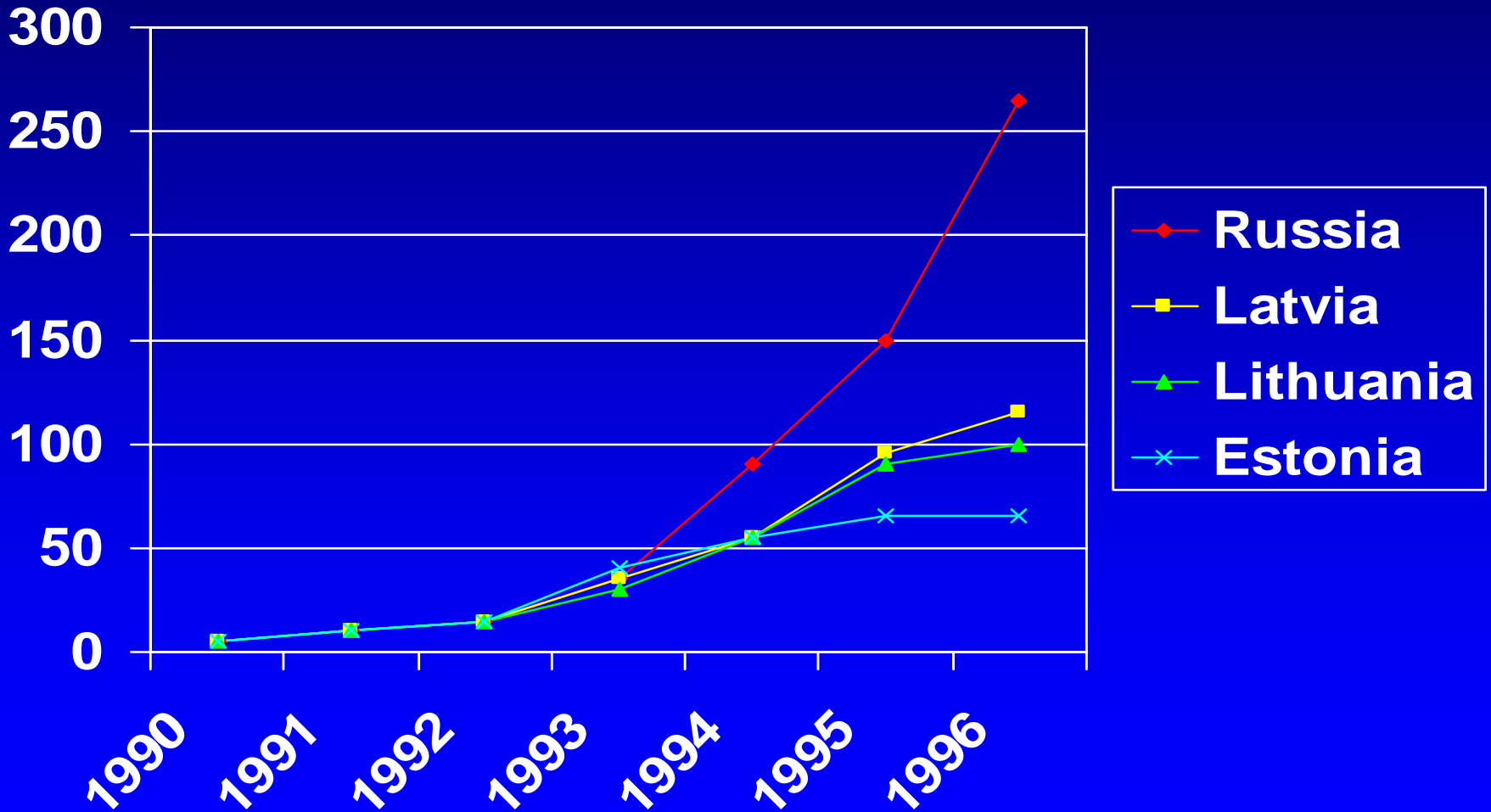
Global Prevalence and Incidence of Selected Curable Sexually Transmitted Infections: Overview and Estimates

World Health Organization Department of Reproductive Health and Research

World Health Organization (2001), p. 8



Syphilis Prevalence Rates (# per 100,000) in the Baltic Countries 1990-96





In developing countries, STIs and their complications rank in the top five disease categories for which adults seek health care.

Global Prevalence and Incidence of Selected Curable Sexually
Transmitted Infections: Overview and Estimates
World Health Organization (2001), p. 6

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Infertility

- Major cause of infertility is STI/RTI infection (especially the sequellae of chlamydia and gonorrhoea infection)
- Also caused by endocrine, metabolic, environmental, immune problems, obstructions of the genital track
- A major health cost for society - but equally important -- its devastating personal costs



Unintended Pregnancy, Early Childbirth and Abortion

- Each year, 15 million women under age 20 give birth (1/5 of all births worldwide); many of these unintended.
- Birth between the ages of 15-17 is more common in the developing world.



Every year, an estimated 515,000
women
die of complications of pregnancy
and childbirth



Risks of Early Childbirth

- Girls aged 15-19 are twice as likely to die in childbirth than women in their 20's -- and so are their children.
- Young mothers are at increased risk of cephalopelvic disproportion because the birth canal does not complete its bone growth until several years after puberty.
- Early childbirth with complications is a major risk factor for obstetric fistula.



Unsafe Abortions

- 5 million of the 20 million women having unsafe abortions are adolescents.
- Unsafe abortion leads to a myriad of health consequences including RTIs, infertility, chronic pelvic pain, pelvic inflammatory disease, and death.



Sexual Dysfunctions

- Low Sexual Desire
- Male Erectile Dysfunction
- Orgasmic Disorder
- Premature Ejaculation
- Dyspareunia
- Vaginismus



Sexual Disorders and Gender Identity Disorder

- Paraphilias
- Non-paraphilic compulsive sexual behavior
- Transsexualism

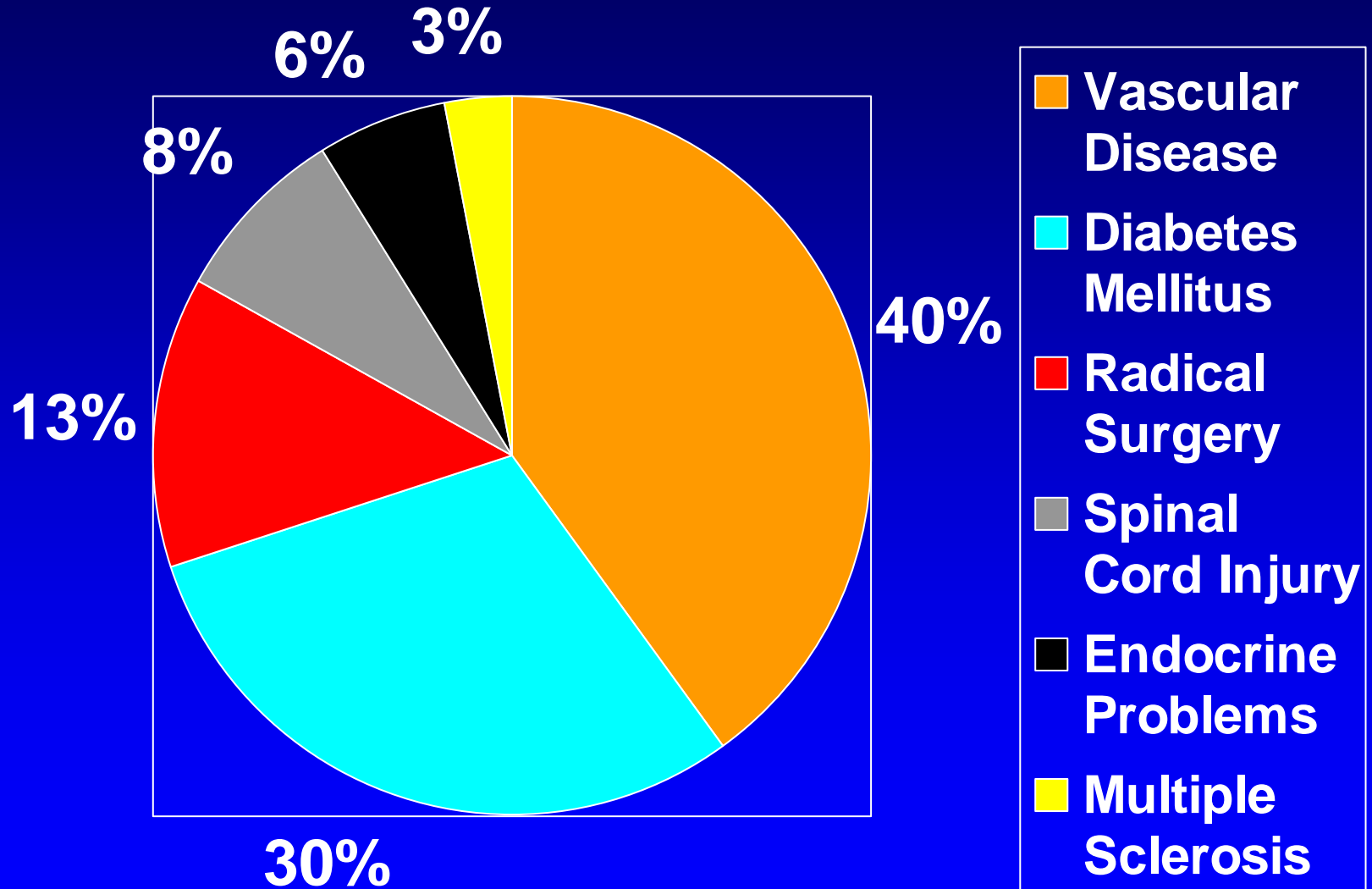


Sexual Concerns & Anxieties

- Semen loss
- Masturbation
- White discharge
- Lack of initiation
- Low frequency of sexual activity
- Small organ size



Major Health Problems which cause Erectile Dysfunction





Sexual Violence

- Rape and domestic violence account for an estimated 5-16% of the healthy years of life lost to women of reproductive age.
- Populations-based studies report between 12 and 25% of women have experienced attempted or completed forced sex by an intimate partner at some time in their lives.

WHO. Violence against women. Fact sheet No 239.

2000



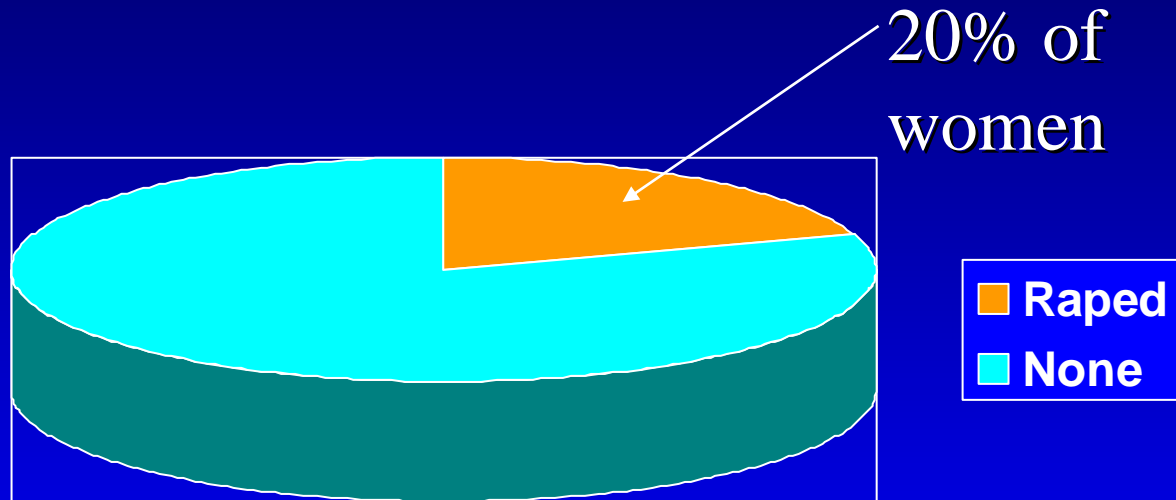
Violence against Women

- Based on 40-population-based populations studies, conducted in 24 countries on four continents, revealed that between 20-50% of women reported that they had suffered physical violence from their male partners.

Elimination of
Violence against
Women, 1997



Rape



Elimination of
Violence against
Women, 1997



Child Sexual Abuse

- 10-25% of women
- 3-13% of men
- In some country studies up to 36% of girls and 29% of boys

WHO Global Burden of Disease. World Health Organization,
World Bank and Harvard Public Health, 1990

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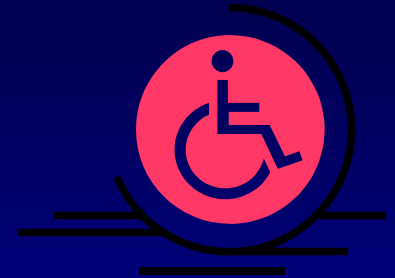


Violence against sexual minorities

- Negative attitudes lead to violence
- Verbal and physical harassment common
- Increased incidence of depression and suicide - particularly among adolescents
- Stigmatization leads to self-hatred, risky sexual behavior and poor health



Physical Disabilities



- Spinal cord injury
 - Stroke
 - Multiple sclerosis
 - Traumatic brain injury
 - Cerebral palsy
- Profound effect on gender identity and role, self esteem, and interpersonal relationships
 - Sexuality needs often ignored, exploited or abused



Acute and Chronic Illnesses

Examples: Cancer, Arthritis, Cardiovascular Disease,
Diabetes Pulmonary Disease

Effects:

- Direct and physiological effects
- Indirect influences on self esteem and interpersonal functioning
- Effect of medications



Mental Health

- Mental health and sexual health closely linked
- Mental and behavioural disorders account for 12% of the burden of disease
- Interference in making informed decisions, observe protective and preventative practices, control aggressive or abuse sexual actions, to seek health, the ability to care or love.



Healthy Sexuality

Includes (for example):

- Healthy sexual functioning
- Capacity to give and receive erotic pleasure
- Self-esteem relating to one's sexuality
- Making voluntary sexual choices
- Being free of sexual coercion and discrimination because of one's sexuality
- Sexual development throughout the life cycle
- Physical and emotional aspects of sexuality
- Forms of sexual expression and preferences



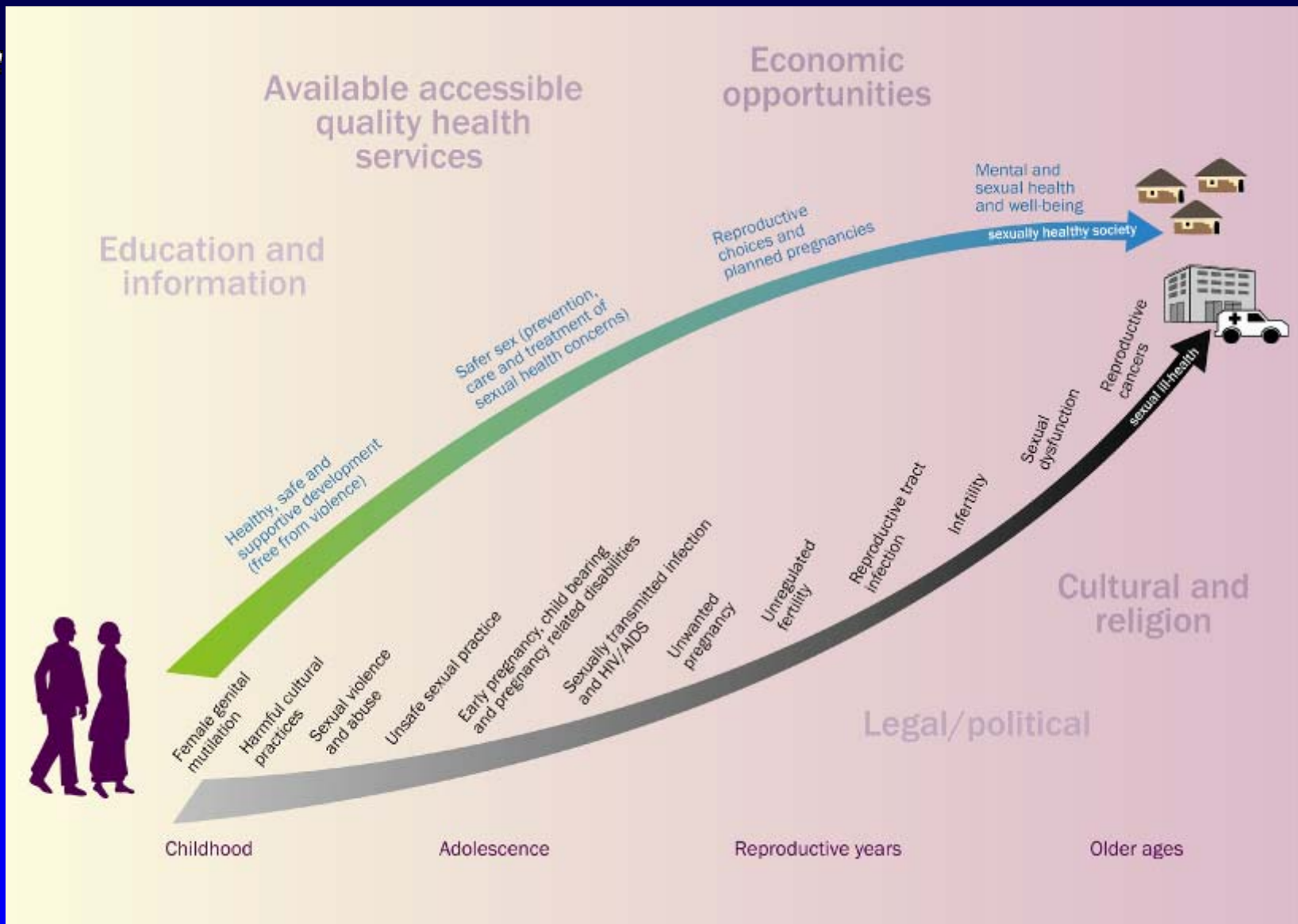
To improve sexual health requires a
understanding sexuality and better
addressing of sexuality in a Sexual
and Reproductive Health



Key conceptual elements in sexual health

Sexual health, viewed holistically and positively, is:

- About well-being, not merely absence of disease
- Involves respect, safety & freedom from discrimination and violence;
- Dependent on the fulfillment 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; and
- To be contextually understood within specific social economic and political contexts.





Reducing risk behaviours and vulnerability

Provide condoms, counselling, STD services

PLACES

Context

Reduce stigma and discrimination, create enabling environment

Sexual ill-health

BEHAVIOURS

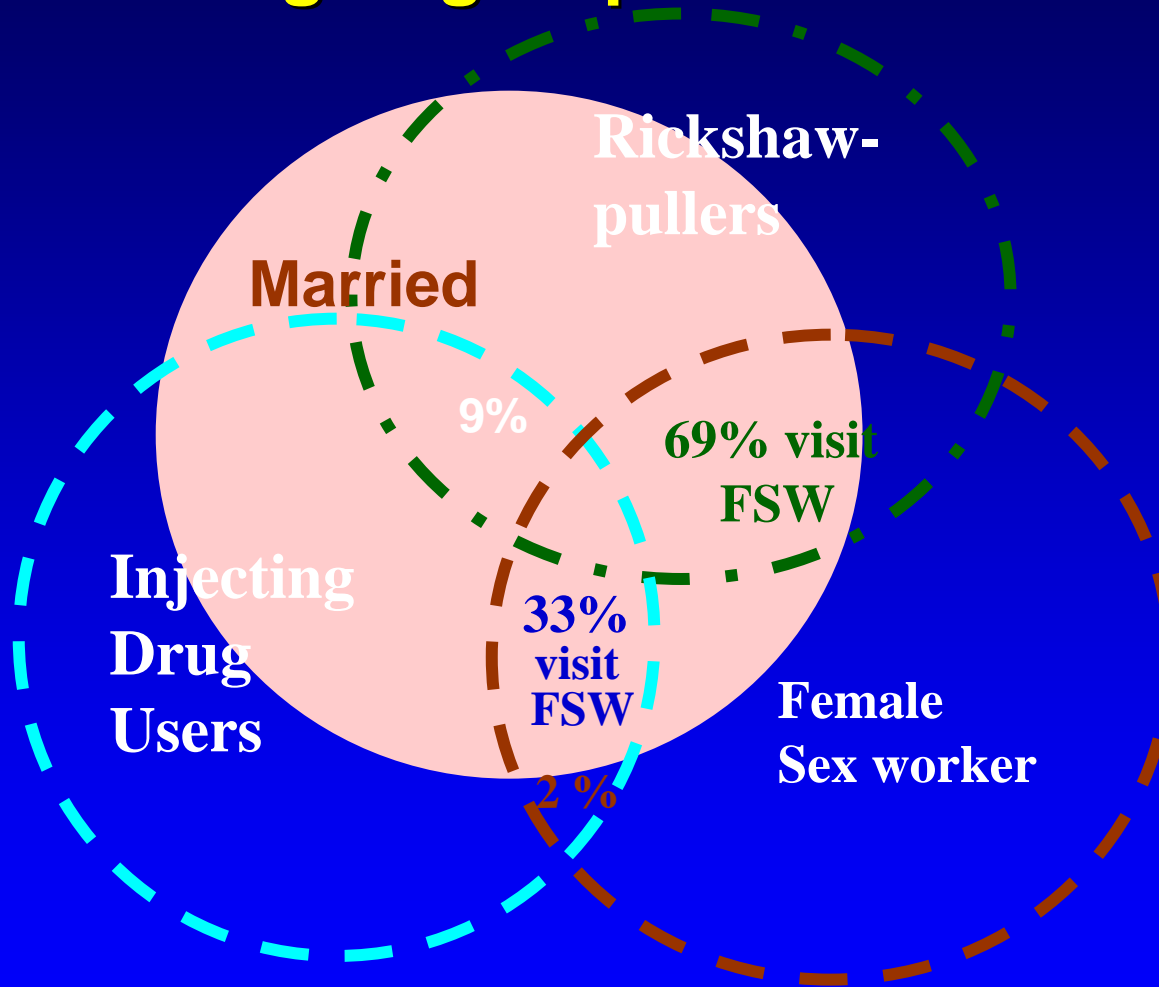
Increase skills, knowledge

PEOPLE

Work with vulnerable groups



Example Bangladesh: Mixing of groups and behaviours





Harmful Sexual Practices

What is the affect of:

- Genital cutting (including FGM)
- Penile Implants
- Frequency of cleansing practices
- Vaginal tightening or "dry sex"

Pleasure or Pain? Who decides?



How should we address sexuality in reproductive health care programmes and services?

Should we integrate sexuality into existing services?

Should we integrate services such as STI prevention and treatment into FP and antenatal care?

What do we have the evidence to recommend?



What we Know

- Integration efforts have focused on STI/HIV prevention and counselling
- Evidence comes from NGOs or small public sector projects largely funded externally
- Evaluation needed of both policy and practice regarding the provision of SH services and community-based interventions that address gender and sexuality
- Targeted involvement and training of health personnel
- SH activities need to be supported by media support with prevention messages and community-based activities



Integrating SH into RH programmes: A Review of the Evidence

Integration needs to include:

- Strengthening health systems
- Ensure basic package includes gender and sexuality issues in RH are addressed
- Monitoring of quality of care for attention to privacy, confidentiality, and discrimination
- Fundamental changes in attitudes and values of health workers around gender norms and sexuality
- Programming that is based on situational analysis
- Priorities that are set for specific contexts.
- Assessing staff skills and capacities; train accordingly



Research and resource needs to promote integration of sexual health

- Discrimination and stigma associated with HIV and STI status by health workers
- Feasibility and effectiveness of including a sexuality focus in PHC and RH settings
- Best practices for how to reach adolescents
- Guidelines and services for addressing GBV
- Affect of FGM on sexual life
- Affects of harmful practices on STI/HIV susceptibility
- Scaling up of pilot projects



WHO and sexual health

- Adolescent sexuality and behaviour research (RHR)
- Programming and technical support in adolescent sexual (and reproductive) health (CAH)
- Sexuality research
- Family planning
- STI/RTIs
- HIV prevention (HIV/AIDS)
- Men and sexual and reproductive health
- Female genital mutilation and sexuality
- Sexual Violence (GWH)



Dual Protection: Norms and Tools

The Family Planning Decision-making Tool



Protect against STIs / HIV & pregnancy: Your choices

1 Condoms

Male condoms OR Female condoms

2 Condoms AND Another family planning method

For example: Male condoms AND [calendar]

3 Any family planning method AND Both partners stay faithful

4 Other safe forms of intimacy

5 Abstinence (no sex)

Which do you choose?

Promotion of Dual Protection



Sexual health document series

