



Chaire UNESCO  
Santé Sexuelle & Droits Humains



# Module 5

## Health system response to sexual health



## Module 5 - Health system response to sexual health

# Upon successful completion of this module you should be able to:

- Know the determinants of sexual health.
- Understand and describe the framework for operationalizing sexual health and its linkages to reproductive health.
- Define the role of health systems in promoting and maintaining sexual health.
- Identify the key sexual health issues that public health systems should address.
- Know the functions of health systems towards a sexually healthy society.
- Know the basic services that the health system of a country should provide.
- Describe the recommended sexual health programmes for health systems.
- Know the strategic actions for change within the health system to ensure sexual health.



## Introduction

Sexual health is essential to the physical and emotional health and well-being of individuals, couples and families, and to the social and economic development of communities and countries.

It encompasses the rights of all persons to have the knowledge and opportunity to pursue a safe and pleasurable sexual life. (WHO, 2010)

The ultimate goal of sexual health is the attainment of physical, emotional, mental and social well-being in relation to sexuality (WHO, 2017).



## Introduction

The ability of individuals to achieve sexual health and well-being depends however on their access to comprehensive information about sexuality, knowledge about the risks they face, their vulnerability to the adverse consequences of sexual activity, their access to good-quality sexual health care, and an environment that affirms and promotes sexual health.

Sexual ill-health arises from a complex interplay of these factors, classified as: “downstream” (individual) and “upstream” (societal) determinants (see next slide).

A multisectoral approach across diverse settings, including reproductive health programmes, primary health care and other sectors, such as education, social welfare and youth programmes is therefore required to improve sexual health.



## Determinants of sexual health

### Individual (“downstream”) determinants:

- sexuality and health-related behaviours of the individual – immune status
- presence or absence of a congenital disability
- self-efficacy, levels of risk and vulnerability, and ability to protect oneself

Family, community, social, legal, and political circumstances influence these factors.

### The “upstream” (societal) determinants:

- education
- economic opportunity
- cultural or religious determinants



## The framework for an operational approach to sexual health

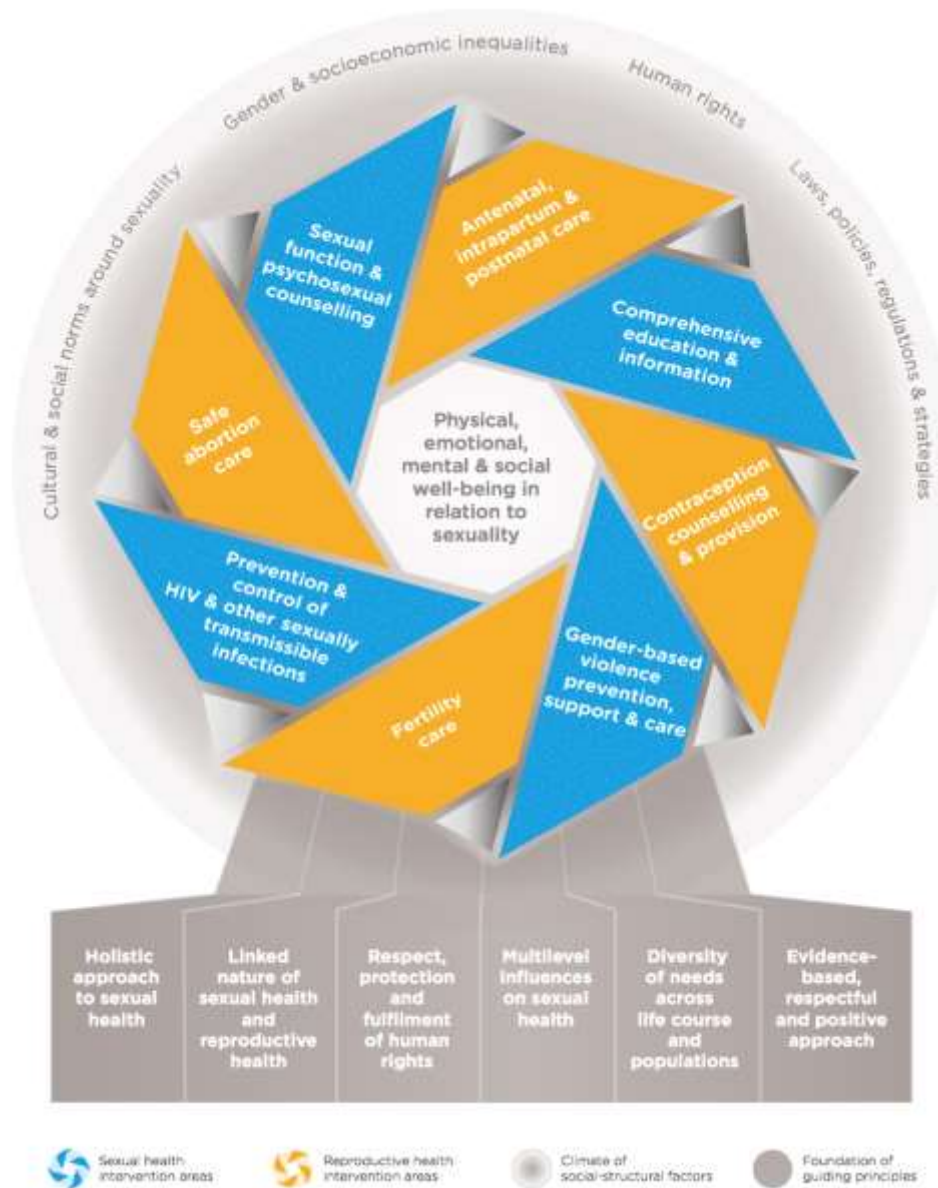
Towards the attainment of the Sustainable Development Goal's (SDG) target 3.7 of ensuring a universal access to sexual and reproductive health-care services by 2030, the World Health Organization (WHO) recently developed a new framework “Sexual health and its linkages to reproductive health: an operational approach”. The framework improves the operational understanding of what sexual health services should compose of, and clarifies the distinctions and links between sexual health and reproductive health.

The framework identifies three interrelated levels for sexual health interventions as follows:

1. The foundation of guiding principles,
2. The rosette of sexual health and reproductive health interventions, and
3. The climate of social-structural factors.

(See graphic framework in next slide).

# The framework for an operational approach to sexual health





## Module 5 - Health system response to sexual health

# 1. The foundation of guiding principles

These are six principles which are crucial and cross-cutting. They must be incorporated into the design of all sexual health (and reproductive health) interventions and can serve as criteria for the evaluation of these interventions.

The six principles are:

1. Holistic approach to sexual health
2. Linked nature of sexual health and reproductive health
3. Respect, protection and fulfilment of human rights
4. Multilevel influences on sexual health
5. Diversity of needs across life course and populations
6. Evidence-based, respectful and positive approach



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# 2. The rosette of sexual health and reproductive health interventions

Sexual health and reproductive health interventions are distinct but inextricably linked. Neither of them subsumes the other. The eight intervention areas for sexual health and reproductive health (four each, shown in blue and orange ribbons respectively in the graphic framework) are of equal weight, each enhancing the impact of the others to strengthen the attainment of sexual health as a whole.

### Sexual health intervention areas:

- Comprehensive education and information
- Gender-based violence prevention, support and care
- Prevention and control of HIV and other sexually transmissible infections
- Sexual function and psychosexual counselling

### Reproductive health intervention areas:

- Antenatal, intrapartum and postnatal care
- Contraception counselling and provision
- Fertility care
- Safe abortion care



## 3. The climate of social-structural factors

The cultural, socioeconomic, geopolitical and legal environment in which sexual health and reproductive health are experienced by individuals and in which the relevant interventions are implemented are determined by the following four dimensions:

1. Cultural and social norms around sexuality,
2. Gender and socioeconomic inequalities,
3. Human rights, and
4. Laws, policies, regulations and strategies.

These factors are interrelated and often overlap. They affect the effectiveness and impact of health interventions. The design and implementation of sexual health interventions should therefore consider these factors, to optimize effectiveness. Long term improvement in sexual health is also dependent on progress in these factors.



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# Health systems and sexual health

- Sexual health is a key public health issue (PAHO, WHO and WAS, 2000).
- Sexual and reproductive ill-health disproportionately affect women and is a major cause of preventable death, disability, and suffering among women of reproductive age, especially in middle- and low-income countries (WHO, 2009).
- Sexuality which comprises sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction is the most important factor in family planning and sexual and reproductive health (WHO, 2006).
- The disease burden from reproduction and sexuality is higher when the health system is weak (WHO, 2009).
- Promotion and maintenance of sexual health is necessary to achieve comprehensive health and well-being (PAHO, WHO and WAS, 2000).



## The role of the health systems in promoting and maintaining sexual health

- Promote sexual well-being
- Promote primary prevention (i.e. – providing information to individuals or communities and encouraging behaviour change)
- Provide sexual health care (WHO, 2010).

From a public health perspective, the health promotion framework should complement and improve (and not aim to replace) existing strategies to prevent and manage public health problems associated with sexual behaviour (Douglas, 2013).



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# The aim of sexual health programmes in the health system

To provide comprehensive sexual healthcare services for individuals throughout their lifecourse.

These services should account for the individual's race, ethnicity, age, lifestyle, income or sexual and gender identity.



## The aim of sexual health programmes in the health system

To meet this aim, sexual health programmes should:

- be horizontal, integrated, comprehensive, and multisectoral.
- adopt a rights-based approach to ensure services for the young and elderly, consider the role of gender inequality, address the needs of couples and families, and respect diversity of sexual orientations.

Comprehensive intervention strategies will contribute to improving primary healthcare, reproductive healthcare, and the prevention, treatment and care of HIV and other sexually transmitted infections (STIs) .



## Module 5 - Health system response to sexual health

### Key sexual health issues that public health systems should address:

- STIs and (reproductive tract infection) RTIs (including HIV)
- Unintended pregnancy and safe abortion
- Sexual dysfunction and infertility
- Violence related to gender and sexuality (including female genital mutilation (FGM))
- Young people's sexual health and sexual health education
- Sexual orientation and gender identity
- Mental health issues related to sexual health
- The impact of physical disabilities and chronic illnesses on sexual well-being
- The promotion of safe and satisfying sexual experiences (WHO, 2010)

To address sexual health issues, specific strategies in specific programs are necessary. However, it is essential for sexual health programmes to be integrated into public health programmes (PAHO, WHO and WAS, 2000).



## **Functions of the health systems for a sexually healthy society**

- Provide services that maintain and ensure sexual health to women and men of all ages, regardless of their marital status.
- Train health-care providers to detect problems and to provide referral when needed.
- Make services accessible to young people and adults.
- Ensure services are confidential, private, and non-discriminating.
- Ensure that the most significant sexual health issues are addressed.
- Ensure that sexual health services are accessible, acceptable, affordable, and of high-quality.



## Why integrate sexual and reproductive health services?

Sexual health and reproductive health are unique but also inherently intertwined, conceptually and at the point of programme or research implementation (WHO, 2017).

Integration of sexual and reproductive health services synthesizes different components of sexual and reproductive health care, and establishes strong connections with other healthcare and related social services.

Integration increases effectiveness and efficiency of the health system.

People's needs for accessible, acceptable, convenient, and client-centred comprehensive care can be met. (WHO, 2010)



## Why integrate sexual and reproductive health services?

### Integration requires that:

- Healthcare providers have the knowledge and skills to provide a range of sexual and reproductive health services and refer patients for other necessary services, within or outside the facility (WHO, 2010).
- Sexual health education and training of healthcare providers should be comprehensive rather than disease-focused (Ford et al., 2013).



## **Why incorporate a lifecourse perspective into sexual health programmes?**

Sexuality, sexual experience, and the maintenance of sexual health are lifelong processes that have important implications extending beyond the reproductive years.

Sexuality is experienced in different ways at different stages of a person's life. Sexual health needs and sexual expression changes, as well.

The average life expectancy of humans has continued to increase, especially in well-to-do communities. Therefore, there should be a focus on the sexuality of older people and their sexual health problems and concerns, some of which are life-threatening.



## Module 5 - Health system response to sexual health

# Why focus on young people in the promotion of sexual health?

The global population is under 25 years of age which is the largest youth generation in history.

In all countries, adolescents and young people are particularly vulnerable to sexual ill-health

- 1/3<sup>rd</sup> of STIs and 50% of all new HIV infections occur in people aged 15-24 years
- 14% of the 20 million unsafe abortions done each year involve girls below the age of 20 who are mostly from developing countries



## **Why focus on young people in the promotion of sexual health?**

Specific strategies are necessary to make services available and accessible to hard-to-reach groups including: adolescents and young people who do not attend school, or who are unemployed, refugees, young sex workers, street children, sexually abused children, lesbian, bisexual and gay young people, and drug users.



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### **Young people are particularly vulnerable to sexual ill health because of social and biological factors including:**

- increased likelihood of STI
- high vulnerability to HIV infection
- high levels of sexual coercion
- high numbers of unwanted pregnancy and unsafe abortions
- poor access to health services and balanced information
- earlier age of sexual debut; gender inequalities
- older partner relationships
- falling age of menarche and puberty
- increasing incidence of premarital relationships
- increase in age at first marriage (WHO, 2010)
- other contributing factors such as: negative attitude of health care workers, legal requirement for parental consent to access services, exorbitant costs and inconvenient opening hours of facilities (WHO Regional Office for Europe, 2017)



## Module 5 - Health system response to sexual health

### Basic sexual health services that health system should provide

- Sexual health education and prevention information for young people, single adults, and couples that offer confidentiality and privacy.
- Sexuality counselling for the client's sexual health concerns or needs, sexual orientation and reproductive or contraceptive preferences.
- Identification and referral for survivors of sexual and other forms of violence.
- Voluntary counselling, testing, treatment, and follow-up for STIs, including HIV.
- Diagnosis, screening, treatment, and follow-up for RTIs, reproductive cancers, and associated infertility.
- Diagnosis and referral for sexual dysfunction.
- Safe abortion to the full extent of the law.
- Post-abortion care, including provision of contraceptive information, counselling, and methods.

Services can be part of reproductive health and other primary health care services or separate.



## Module 5 - Health system response to sexual health

### Recommendations for sexual health programmes for health systems

- Provide good-quality, integrated sexual health services.
- Reach men and vulnerable groups such as sex workers and men who have sex with men (MSM).
- Provide services for adolescents and young people.
- Improve quality of care.
- Integrate a human rights approach to training.
- Manage sexual violence in health services.
- Manage female genital mutilation (FGM) in health services.

To know about the experiences and reviews of programmes from which the recommendations are drawn, please read the main reference book for this module, *Developing sexual health programmes: a framework for action* (WHO, 2010).



## Providing good-quality, integrated sexual health services

- Offer reproductive health services for women that include sexual health services to prevent and manage RTIs and STIs, including HIV.
- Integrate infection prevention and management with family planning and maternal and child health services
- Promote dual protection (to reduce the risk of both pregnancy and infection), counsel on sexuality, and offer voluntary counselling and testing for HIV.
- Integrate other sexual health services for women, such as care for women with sexual dysfunction to promote and sustain behaviour change or partner management.



## Providing good-quality, integrated sexual health services

- Provide effective and feasible screening programmes including:
  - screening of pregnant women for syphilis and HIV
  - screening of women attending reproductive health services for HIV and other STI such as Chlamydia, syphilis, gonorrhoea and trichomoniasis
  - screening of (older) women for cervical cancer
- Provide HIV screening within a framework of voluntary counselling and testing (VCT), supplemented by provider-initiated HIV testing.
- Consider targeted cervical cancer screening in family planning clinics.
- Integrate counselling on sexuality, in all counselling related to sexual and reproductive health, to improve communication with clients and better assess their needs, including dual protection (WHO, 2010).
- Offer couples-based HIV testing and counselling irrespective of sexual orientation (WHO, 2012).



## **Barriers to integrated sexual health services**

- Effective interventions may not be implemented or sustained (e.g. antenatal syphilis screening).
- Additional staff training and supervision needed to implement a broad-based sexual health service that incorporates elements of counselling, screening, and client and partner management.
- Referral services need to be strengthened.
- Laboratory services need additional resources to be able to support integrated screening and management programmes for cervical cancer and STIs.
- Time constraints and lack of privacy in many public health services.
- Many health care staff need proper and intensive training in sexuality.



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### Overcoming barriers to integrated sexual health services

- Integrate sexual health into other primary care services only if there is sufficient capacity to manage the process.
- Increase the capacity of health service providers through training and sustained follow-up.
- Involve health workers in programme design.
- Strengthen collaboration between services and referral systems.
- Provide revised guidelines and aids (e.g. flipcharts).
- Consider other means of providing counselling e.g. telephone hotlines.
- Where feasible, consider clients' preferences with respect to personal and professional characteristics of health providers. For example, married women may prefer to discuss sexuality with married women providers.
- Service providers should be open minded, non-judgemental, respect confidentiality, and stay up-to-date on clinical guidelines regarding sexual health.



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# Reaching men and vulnerable groups

In most parts of the world, maternal and child health and family planning services are mainly targeted to adult married women, and HIV services targeted to individuals considered to have high-risk practices.

Men, in general, and vulnerable and stigmatized groups, such as migrant communities, refugees, and displaced populations, are often not reached by sexual health services.



## **How to reach men and vulnerable groups**

- Involve men in family planning and other reproductive health services, as partners. Interventions, like couples counselling, that improve their understanding of women's reproductive health (e.g. to recognize danger signs in pregnancy) or change their behaviour (e.g. to increase male participation in contraception) benefit female, male, and child health.
- Provide services aimed to meet the sexual and reproductive health needs of all its clients.
- Address women's and men's sexual and reproductive health needs in a gender-equitable way. Examples of such programmes are few and they have not been well evaluated and more of these gender-equitable services are needed.



## Providing services for adolescents and young people

- Improve access to sexual and reproductive health services and information for adolescents.
- Provide primary healthcare services that are more responsive to the needs of young people.
- Strengthen primary care by increasing the capacity of the provider to provide appropriate services to adolescents and young people.
- Provide counselling and services in schools through trained peer educators and community educators.
- Where feasible, provide comprehensive sexuality health education in schools.
- Provide condoms and other services in locations throughout the community and through outreach workers.
- Establish youth centres that integrates sexual health clinics with sports and other extracurricular opportunities.



## Providing services for adolescents and young people

- Use modern technology and mhealth interventions (mobile hotlines, internet sites for sexual health-related information, video games) (PATH, 2013; WHO, 2010).
- Expand services to hard-to-reach groups, like those who do not go to schools, or who are unemployed, refugees, young sex workers, street children, sexually abused children, lesbian, bisexual, and gay young people, and drug users.
- Availability and accessibility of services should be without parental consent.
- Take into account specific needs and barriers related to age, gender and sexuality, as well as the social and cultural situation.
- Adopt a bottom-up approach to involve health care staff in evaluation and decision-making to improve their awareness of adolescent and young people's circumstances and needs.
- To be effective, programmes should be holistic and multisectoral (WHO, 2010).



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# Key elements of a youth-friendly health services

### Service providers should:

- Be specially trained
- Show respect for adolescents and young people
- Consider the best interests of the young people and take into account their evolving capacity
- Ensure privacy and confidentiality
- Allow adequate time for client-provider interaction

### Health facilities should:

- Have separate, adequate space or special times set aside for consultations with adolescents and young people
- Be in easy-to-reach locations and be open at convenient times

### The programme should be designed:

- With involvement of adolescents and young people through design, service outreach, service delivery, and feedback
- So that drop-in clients are welcome and appointments are arranged rapidly
- To welcome both boys and young men and girls and young women
- To provide a wide range of services and referrals, including peer counselling



## Module 5 - Health system response to sexual health

### Improve quality of care

Sexual health and reproductive health interventions must meet standards for quality of care. Interventions should be evidence-based and provided in a respectful and positive manner.

#### Sexual health programmes should:

- maintain an individual's privacy and confidentiality;
- present information clearly, without coercion and in a manner that fosters informed decision-making;
- ensure providers are adequately trained, competent and nonjudgemental in delivering health services; and
- ensure that health services utilize and stock adequate quantities of quality supplies (including commodities and equipment).



## Integrating rights in training

- Integrate concern for human rights and the rights of young people into the training of health workers.
- Involve adolescents and young people in the design, implementation, and evaluation of programmes to improve programme effectiveness.
- Sensitize adults in key positions – community leaders, parents, and teachers – of young people's needs, sexuality, and sexual lives to promote the rights of young people.



## Managing sexual violence in health services

It is necessary to integrate the detection and management of sexual violence in health service because:

- Health care facilities are the first point of contact for many women who have been abused.
- Health service use may put women at risk of violence from their partners, for example, through the covert use of contraceptives, STI partner notification, or positive HIV test result.



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### Health service response to sexual violence should include:

- Medical care for and accurate recording of any injuries and health problems.
- Evaluation for STIs and preventive care.
- Evaluation of risk of pregnancy, provision of emergency contraception, where necessary, and access to abortion as permitted by law.
- Evaluation of risk of HIV infection and provision of post-exposure prophylaxis (PEP).
- Psychological support.
- Follow-up services.
- Collection of forensic evidence.
- Referral of survivors to legal, mental health services as well as community services.



## Module 5 - Health system response to sexual health

# Barriers to the integration of the detection and management of physical and sexual violence into primary care settings

- Difficulty in early identification of the occurrence of violence
- Lack of effective referral systems
- Lack of appropriate health and legal services
- Time and capacity constraints
- Service providers' attitudes:
  - social norms tolerating violence against women
  - belief that sexual violence should be handled within the family
- Health workers' personal experiences of physical and sexual violence
- Health workers' abuse of clients



## Managing female genital mutilation (FGM) in health services

The role of the health sector is important. It can:

- monitor the prevalence of FGM and its sequelae
- treat complication of FGM including psychological distress (WHO, 2010)
- discourage medicalization of FGM (performance of FGM by health-care providers) (WHO, 2016).

**Medicalization of FGM is unacceptable and is a violation of medical ethics.**



## Managing female genital mutilation (FGM) in health services

### Programmes should:

- Use maternal and child health services to manage health problems associated with FGM during antenatal, delivery, and postnatal services.
- Provide health education and counselling to parents of newborn girls to discourage FGM.
- Provide referral for women who need specialized services. (WHO, 2010).
- Educate health workers including non-medical staff about medicalization of FGM and its risks (WHO, 2016).

Further research is needed to understand the scope of a comprehensive programme of health services response to FGM.



## Strategic actions for change within the health system

1. Eliminate barriers to providing comprehensive sexual health.
2. Eliminate barriers to service provision and ensure adequate resources for sexual health services.
3. Promote sexual health in communities and schools.
4. Increase access to sexual health services and resources, especially for the most vulnerable.
5. Improve quality of sexual health care by implementing non-stigmatizing, rights-based approaches to service provision.
6. Encourage religious leaders to challenge harmful HIV- and AIDS-related stigma and social and gender issues in the community.



## Strategic actions for change within the health system

7. Improve communication between providers and clients (e.g. by promoting counselling within sexual health services).
8. Promote greater integration of sexual health services to reproductive and primary care.
9. Reach out to men more actively, using strengths-based and gender appropriate methods.
10. Challenge societal norms that condone violence.
11. Be sensitive to, and work with social, cultural and religious norms to promote sexual health.



## Conclusion

For the attainment of the optimal level of sexual health, governments should promote healthy sexuality throughout an individual's lifespan.

They should offer appropriate, affordable, accessible and good quality sexual health services to everyone.

There should be no stigma or discrimination based on race, ethnic background, age, lifestyle (drug use; sex work involvement), income, marital status, sexual orientation and gender identity or expression. (WHO, 2010)

They should plan, design and implement sexual and reproductive health interventions based on the six guiding principles of the framework for operationalizing sexual health, and within the current climate or existing context in which sexual health and reproductive health are experienced by individuals (WHO, 2017).



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