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Sexual Health: A Useful Public Health Paradigm or a Moral Imperative?

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The past decade has shown an increasing use of the concept of sexual health. This upsurge is especially noticeable not only in the field of health education and promotion but also in academic sources. The concept is typically used self-evidently and with widely diverse connotations. The definition and understanding of sexual health are still evolving and pose various critical questions. For instance, the term sexual health may imply various risks, including a one-sided health perspective on sexuality and a new excuse to control sexual behavior. The recent discourse on sexual health is paralleled by an upsurge in the debate on sexual rights. Both concepts serve different functions but are intricately interwoven. In this introductory paper, we introduce this Special Section and hope to further the debate and scientific exploration of sexual health.

KEY WORDS: sexual health; sexual rights, social hygiene.

INTRODUCTION

This special section of the *Archives of Sexual Behavior* brings together a rich variety of articles about sexual health. First of all, these articles deal with the conceptualization and definition of sexual health. The contributions further address research on sexual health as well as the practice of sexual health promotion. Although these papers do not provide an exhaustive review of all of the issues that are impacted by the concept of sexual health, they were chosen to promote our understanding of sexual health and provide the reader with a selection of conceptual, contextual, methodological, and applied views.

The discussion on sexual health is timely since there has been an upsurge in the use of the sexual health concept over the past decade. There are books with sexual health in the title for adults (e.g., McClosky, 1993) and for children (Harris, 1996), programs to enhance sexual health (Agha, 2002; DiClemente, 2001; Dubois-Arber & Carael, 2002; Rosser et al., 2002), sites on the Internet about sexual health (e.g., www.sexualhealth.org), a sexual health institute (The Medical Institute for Sexual Health, www.medinstitute.org), a National Foundation for Sexual Health Medicine (http://www.nfshm.org/default.asp), sexual health surveys (GMHC, 1999), and national and international sexual health policies (Adler, 2003; Giami, 2002; Lottes, 2002; The national strategy for sexual health and HIV, 2001; Promotion of sexual health. Recommendations for Action, 2000). Even though the concept of sexual health is regularly used in a self-evident way, as if its meaning is patently obvious, the concept is by no means uniformly understood and applied (Barrett, 1991; Coleman, 2002).

For some, the focus is on ill health, such as HIV- and STD-infections. Others attend to sexual health more broadly, including dimensions of well-being and quality of life, whereas for yet others, sexual health incorporates sexual abstinence, at least until marriage, as "in fact it is the best way to stay physically and emotionally healthy" (The Medical Institute for Sexual Health).

Although the concept of sexual health is frequently used in the applied context of sexual education and health promotion, the growing popularity of the term can also be noticed in scholarly publications. This is clearly illustrated

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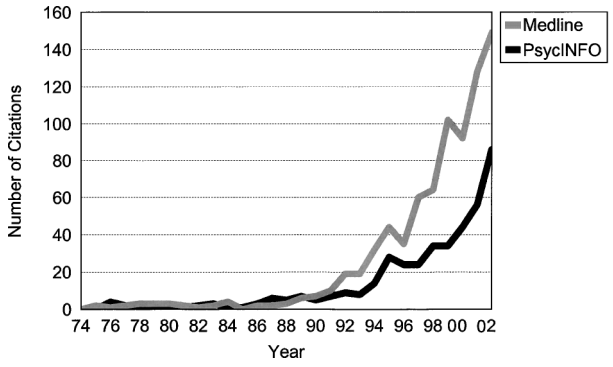

Fig. 1. Number of references to sexual health in Medline and PsycINFO by year (1974–2002).

by the outcomes of an electronic literature search in Medline and PsycINFO with "sexual health" as the search term.[3] This search shows that, especially in the 1990s, the number of references to sexual health have increased substantially (Fig. 1). If we take into account that the overall total number of references included in both databases has significantly increased as well, the rise in references to sexual health might be somewhat less spectacular, but is still noteworthy. Figure 1 also suggests that, although the references in both sources are overlapping, sexual health received more attention in medical journals than in publications dedicated to psychology.

The first reference to sexual health that we found in our search was in a paper in the journal *Veterinarian*, entitled "The history of artificial insemination in Danish cattle breeding with special regard to its influence on improved sexual health control" (Blom, 1965). While this paper obviously dealt with sexual health from the reproductive perspective, further references cover sexual health in a broader sense. The second reference we found was to an article by Calderone (1968), co-founder and first director of the Sexuality Information and Education Council of the United States (SIECUS), and deals with family planning and sexual health. It is evident that the major increase in articles on sexual health over the last 10 years can be attributed to the HIV/AIDS epidemic and the discovery of Viagra. Although the concept of sexual health is rarely defined in these articles, it seems to cover a comparable range of meanings as in the applied sources.

The recent emergence of the concept of sexual health does not mean that a completely new field of practice and research has materialized. From a public health perspective, sexuality has been a concern for a long time and has been addressed in terms of social or sexual hygiene and sexual reform, before "sexual health" became fashionable (Brandt, 1987; Burnham, 1994).[4]

The upsurge of the concept of sexual health raises a variety of questions. One of the first questions is: What does sexual health actually mean? Even though the concept is used self-evidently, an analysis of how it is employed shows that the understanding of the concept diverges, and is dependent on context and purpose, and normative orientations. A subsequent question is whether the concept of sexual health has any practical or scientific relevance. A further question is what are the potential consequences of adopting the concept of sexual health, and whether these consequences can be predicted and defined. Since "health" has been used in the past as a major argument to regulate and control sexual expression, a critical approach is warranted. We will further explore how the concept of sexual health relates to that of sexual rights, which is at the center of a complementary emerging discourse.

HEALTH AND SEXUAL HEALTH: DEFINITIONS

The definition of health typically implies the absence of disease, suggesting that health is an objective quality. History, however, shows that conceptions of health and disease, as well as ideas about their causes and their treatment, change over time. Turner (2000) described how, over time in the Western world, what he calls "sacred" understanding has been replaced by a "profane" understanding of health and disease. In premodern times, illness was seen as resulting from nonnatural causes, such as divine punishment. Sickness was a moral category and people were held responsible for their illness. The development of a scientific discourse has replaced this religious framework. Within the scientific discourse, illness is explained in natural terms, resulting from causal agents such as germs and viruses. Within this profane framework, individuals are no longer held morally responsible for an illness. The modern concept of health and disease, however, does not imply that only one dominant belief system exists. Various conceptions of health and illness coexist. Thus, the diversity of definitions of health and illness should temper our expectations of specifying a clear, unambiguous, and universal definition of sexual health.

[3]The electronic databases Medline and PsycINFO contain references since 1966 and 1872, respectively.

[4]An electronic search in PsycINFO with "sexual hygiene" as search term results in 12 references to articles that were published between 1909 and 1991. Even though it only covers the literature since 1966 Medline offers more references. The 24 references relate to articles published between 1968 and 2002. Interesting about these references is that they either refer to articles written in another language than English or about non-Western countries.

If health is a characteristic of a person's physical or mental condition, one would expect sexual health to be one of its subdomains**.** In terms of physical health, a sexually transmitted infection could then, for instance, be seen as indicative of compromised sexual health. The infection is acquired through sexual behavior and the infection involves the sex organs. Thus, there is an impact on healthy sexual functioning or sexual health. Another impact on sexual health may occur when a person is unable to use their nondiseased sex organs and suffers from a sexual dysfunction, such as erectile or orgasmic difficulties. Sexual health is, however, not only used for conditions that impair sexual functioning. The way in which the concept of sexual health is employed shows that sexual health encompasses a much broader domain than someone's physical or mental condition. The definition of the World Health Organization (WHO; World Health Organization, n.d.-a), revised in 2002, states:

> 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.

This definition of sexual health has some useful, broadly encompassing features. The first of these is that sexual health not only has physical and mental aspects, but is also defined within a social framework. Sexual health is further defined in an affirmative way, stressing well-being and not just stating the absence of negative qualities. This definition is more extensive than the WHO's definition of health in general, which was adopted in 1948 and simply reads: "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (World Health Organization, n.d.-b). In its extension to *sexual* health, the definition is somewhat unclear: Whose approach should be positive and respectful? Who is responsible for creating the possibility of "having pleasurable and safe sexual experiences, free of coercion, discrimination and violence" and fulfilling the sexual rights of persons?

A further question is whose sexual health is being defined. The WHO's description of sexuality makes this clear but also elicits questions. Sexuality is defined by the WHO (World Health Organization, n.d.-a) as:

> Sexuality is 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, ethical, legal, historical and religious and spiritual factors.

This definition of sexuality implies that people with same-sex desires and transgendered people are "included" in WHO's definition of sexual health. Even though the definition of sexuality refers to "a central aspect of being human throughout life," does sexual health indeed include young people and children? If so, does that mean, as the definition of sexual health suggests, that young people and children are entitled to "the possibility of having pleasurable and safe sexual experiences." If not, what would sexual health mean from their perspective?

It may be obvious that the WHO's definition of sexual health is somewhat utopian. Who would be classified as "sexually healthy" according to this definition? Given the worldwide prevalence of sexual prejudice, most, if not all, sexual minorities would fail to meet the criteria. Phenomena such as sexual violence and sex-trafficking, and also more generally the stereotyping of women as sexually passive (e.g., Tolman, 1999), form serious limitations to the sexual health of women (Amaro, Raj, & Reed, 2001). It seems that sexual health as defined by the WHO is more a worthwhile goal to aim for, rather than an adequate representation of most people's current condition. A more restricted definition might conceive sexual health as a prerequisite for people's (sexual) quality of life.

In the WHO's definition, sexual health is defined in terms of a feature of an individual. The definition implies, however, an environment that can either be supportive or impeding of someone's sexual health, suggesting that a macro level structural definition of sexual health would be feasible too. Sexual health would then be a condition of an individual, relationship, or community, that facilitates various positive outcomes of sexual behavior, without resulting in negative personal, relational, or societal consequences.

The WHO definition, as well as other definitions of sexual health, imply psychological and societal norms about the expression of sexuality (cf. Schmidt, 1987). Norms are clearly related to values and thus, such definitions of sexual health evoke the questions and concerns of whose values and beliefs are determining and become regulators. Another issue is the level at which these values are defined. Traditionally, values were defined in terms of actual behavior, such as masturbation or homosexual behavior. Values can also be defined more generally and abstractly in terms of how people interact with one another.

The WHO definition avoids a specification of concrete behaviors, such as heterosexuality or homosexuality. In doing so, the WHO seems to adopt a more global ethical stance or what Seidman (2001) calls a "communicative sexual ethic." Seidman contrasts this ethic with a normalizing ethic that proclaims sexual acts having inherent moral meaning. In a communicative sexual ethic, the focus of the normative evaluation shifts from the sex act to the social exchange.

A global worldwide epidemic, like HIV infection, that is largely caused by sexual behaviors might make it very useful to have a global definition of sexual health as a basis for prevention and care. Given its global stance, the WHO definition seems to be adequate for a worldwide adoption. Of course, this does not imply that the concept has the same relevance everywhere. Local adoption of the concept of sexual health requires knowledge of history and culture of a particular society and will always be strongly determined by specific social conditions, including religious and cultural values, as well as the category of people—in terms of age, gender, ethnicity, orientation, etc., and its intersections—one is dealing with (Aggleton & Campbell, 2000; Amaro, Navarro, Conron, & Raj, 2002; Chng, Wong, Park, Edberg, & Lai, 2003; Cornelson, 1998; Davidson, Fenton, & Mahtani, 2002; Elias & Sherris, 2003; Tolman, Striepe, & Harmon, 2003). As Giami (2002) has demonstrated, the actual operationalization of sexual health in policy documents varies and is affected by a variety of factors, including political and economic circumstances.

In spite of all the caveats of cultural diversity that impact notions of sexual health, a clearly stated concept of sexual health may be useful, because such a concept offers a framework for thinking about goals to be accomplished, and issues to be explored. It can help to organize research and action. It can also offer a framework for evaluating ongoing investigations and policies. Research typically deals with factors that promote, impede, or inhibit sexual health. A variety of factors can be explored, both for the individual and his or her direct environment (World Health Organization, n.d.-a). In terms of action, a definition of sexual health can help to conceptualize and specify goals for health policies, interventions, or advocacy.

POTENTIAL RISKS

A potential danger of promoting a sexual health discourse is that sexual health itself comes to be seen as the ultimate good or the standard for what is sexually legitimate. Health is, however, not the sole reason why people engage in sexual activities. People are sexual for a variety of distinctive reasons. Health, either as a sense of well-being or, negatively, in the form of an STD, is primarily a consequence of engaging in sexual behavior. This limited role of health in people's considerations to be sexual—at least if we exclude procreation as a motive for sexual activity—has consequences for the study of sexuality, as well as for the practice of sexual health promotion. In terms of sexuality research, an exclusive health perspective would unnecessarily narrow our focus and prevent a broader understanding of people's sexual practices and the place of sexuality in their individual lives as well as in society at large. In terms of the practice of effective health promotion, it is imperative to acknowledge that considerations about health do not play the most decisive role in determining people's sexual practices.

Because health is first of all understood as a biomedical category, adopting the concept of sexual health runs the danger of medicalization of sexuality and reinforcing an understanding of sexuality in terms of normal and abnormal (Bancroft, 2002; Bass, 2002; Easton, O'Sullivan, & Parker, 2002; Hart & Wellings, 2002; Tiefer, 1996, 2001; Vance, 1991). A potential consequence of medicalization might be that sexual problems and their solutions are exclusively conceived in biomedical terms, eclipsing the fact that sexuality is a social practice, occurring in specific sociohistorical contexts. On the other hand, physical and mental health, its causes and treatment are, of course, not exclusively understood from a biomedical perspective. Medical sociology, anthropology, history, and health psychology have substantially broadened the perspective on health (Armstrong, 2000; Turner, 2000). These disciplines have significantly contributed to the understanding of sexual health and go far beyond a narrow medical focus (Parker & Ehrhardt, 2001; World Health Organization, n.d.-a).

HEALTHY SUSPICION

There is a "healthy" suspicion against promoting the use of a health perspective in relation to sexuality. "Health" has been the pretext for suppressing or regulating sexual practices in the past (Brandt, 1987, 1988a, 1988b; Rubin, 1984; Vance, 1991). The pathologizing of masturbation and the battles against STDs and prostitution have a long history in public health and medicine. For example, STDs have been a strong metaphor through which the actors of public health express their concern about sexual mores and social change. For instance, Howard Kelly, a famous Johns Hopkins gynecologist, stated in 1910, "If we could in an instant eradicate the diseases, we would also forget at once the moral side of the question, and would then,

in one short generation fall wholly under the domination of the animal passions becoming grossly and universally immoral" (cited in Eisenberg, 1986).

Forty years later, penicillin appeared to be the agent to "in an instant eradicate the diseases." However, John Stokes, from the University of Pennsylvania, restated the essence of Kelly's position: "It is a reasonable question, whether by eliminating disease, without commensurate attention to the development of human idealism, self control, and responsibility in sexual life, we are not bringing mankind to its fall instead of its fulfillments." That was 1950. In 1980, 30 years later, the epidemic of genital herpes elicited similar moral sentiments. From a practicing physician in a letter to the editor to the *New England Journal of Medicine*:

> It is at least possible that free clinics for sexually transmitted diseases actually promote such diseases. I am certain that free care . . . harms patients and equally certain that free clinics have no just claim to public money. Sexually transmitted diseases are exactly that—sexually transmitted—and they are preventable to an enormous extent by careful practices . . .. free care removes one of the few remaining disincentives . . . fire and brimstone being out of fashion. (Eisenberg, 1986).

SEXUAL HEALTH AND SEXUAL RIGHTS

At the same time that the concept of sexual health is gaining popularity, there is another discourse emerging around the concept of sexual rights (Miller, 2000, 2001; Petchesky, 2000; Tiefer, 2002). What is the relation between these two discourses and how does sexual health relate to sexual rights? Similar to the concept of sexual health, the concept of sexual rights is at this stage still diffuse and under debate. The prevalent notion of sexual rights in international declarations or treaties refers to reproductive self-determination (Cook, 1995) or to protection from sexual abuse and discrimination (Petchesky, 2000). Petchesky developed a more affirmative vision of sexual rights, containing a set of ethical principles as well as a range of enabling conditions (see also Corrêa, 1997; Miller, 2000, 2001). Sexual rights include the principle of sexual diversity, the commitment to the principle that diversity of sexual expressions is beneficial to a society, and habitational diversity, which refers to a recognition of a diversity of family arrangements. Other ethical principles that, according to Petchesky, are basic to sexual rights are the right to have a satisfying and safe sexual life, the principle of autonomy or personhood, which implies the right of people to make their own decisions in matters affecting their bodies and health, and finally the principle of gender equality. Realization of these ethical principles requires the establishment of enabling conditions, which, according to Petchesky, include providing access to information about sexuality and preventive and caring services, as well as broader societal changes in the way men and women and sexual minorities are envisioned.[5]

How does such an affirmative vision of sexual rights relate to sexual health? Having sexual rights may certainly be conducive to sexual health, as the lack or violations of such rights seriously interfere with maintaining sexual health. The WHO definition is particularly clear about sexual rights as an essential prerequisite for sexual health (World Health Organization, n.d.-a). Sexual rights do, however, not automatically bring about sexual health. Indeed, one may suggest that some aspect of sexual health is a prerequisite for a person to exert his or her sexual rights. The actual relationship between sexual rights and sexual health is, of course, an empirical question (cf. Burris, Lazzarini, & Loff, 2001).

Some definitions of sexual health suggest it to be a sexual or human right (see Weston and Coleman, this issue). This may expand the concept of rights too far. Sexual health, as well as health in general, are not conditions that can be exclusively bestowed upon a person by external sources, but includes individual choices and goals.

Finally, the sexual rights discourse forms a fruitful framework for evaluating and criticizing sexual health promotion policies, activities, and research. Relevant questions in this context are: Which implicit or explicit images of sexuality are being promoted? Do sexual health promotion activities restrict or reinforce people's sense of sexual self-determination? Do they confine or expand people's sexual options? It seems plausible that the concepts of sexual health and sexual rights are intricately interwoven.

INTRODUCTION TO THE CONTRIBUTIONS

The specific contributions in this special section have been selected to further our understanding of the concept of sexual health as well as its application in research and policy. The first contributions cover the elucidation of the

[5]WHO (World Health Organization, n.d.-a) says about sexual rights that they "embrace human rights that are already recognized in national laws, international human rights documents and other consensus documents. These 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. The responsible exercise of human rights requires that all persons respect the rights of others."

concept of sexual health. Edwards and Coleman present a descriptive overview of the various definitions of sexual health since the World Health Organization first defined it in 1975. They highlight the various issues that make defining the concept complex and show how various authors and organizations deal with these issues. Kalmuss subsequently discusses the ways in which various forms of non-volitional sex threaten sexual health. Kalmuss further identifies comprehensive strategies for ameliorating this problem, including advocacy for sexual rights, prevention, and adequate health services. In analyzing sexual health from the perspective of ethnicity and race, Lewis convincingly shows how for ethnic/racial minorities sexual health is predominantly conceived from a public health perspective. The eudaemonic perspective on sexual health, which he describes as a domain of discourse concerned with attainment of sexual pleasure within a moral context, is missing in research and prevention when dealing with ethnic/racial minorities.

Three contributions deal with the practice of sexual health promotion. In response to the fact that in the United States HIV-related interventions directed toward heterosexuals have focused primarily on women, Seal and Ehrhardt discuss the utility of various HIV prevention messages specifically targeted at heterosexual men. They further stress and explicate the specific concerns of heterosexual men and how these need to be integrated in HIV risk reduction messages. Schaalma, Abraham, Rogers Gillmore, and Kok describe a health promotion approach to sex education. They show how health promotion that is evidence-based, needs driven, subject to evaluation, and ecological in perspective can be achieved in the context of school-based sex education. They also address the policy and cultural constraints that might limit the adoption of programs. Health promoters should acknowledge these challenges and facilitate the implementation of effective sexual health promotion programs by targeting communities and legislators. Palmer discusses her experiences with community-based HIV prevention, and makes clear that even though there is no way around talking about sexual practices and behaviors with clients, people on the street, staff of community-based organizations, and policy makers, the receptivity among the various populations differs, setting limits to what can be accomplished.

We further included two methodological contributions centered on sexual health research. The first one, by Reece and Dodge, illustrates the principles of a community-based participatory approach in a study that examined "cruising for sex" among men on a college campus. They show that these principles provided invaluable guidance in overcoming the various methodological challenges that they encountered. Stressing the need to understand sexual health in a broader context, Ross, Henry, Freeman, Caughy, and Dawson Jr. demonstrate how environmental influences on safer sex in young gay men can be assessed.

The diverse ways in which the term sexual health is used in the included contributions as well as in other academic and policy publications, strongly suggest a need for further critical and interdisciplinary reflection on the conceptualization and the application of the concept. In order to be effective, sexual health promotion needs to be informed by an interdisciplinary understanding of sexuality. Further, theory development and research are unconditional prerequisites for this understanding. We also need a scientific understanding about ways in which sexual health can be effectively promoted as well as the potential role of advocacy (cf. Consortium of Social Science Associations, n.d.). We hope that this special section of the *Archives of Sexual Behavior* will elucidate these issues and will stimulate further investigation and scholarly debate.

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