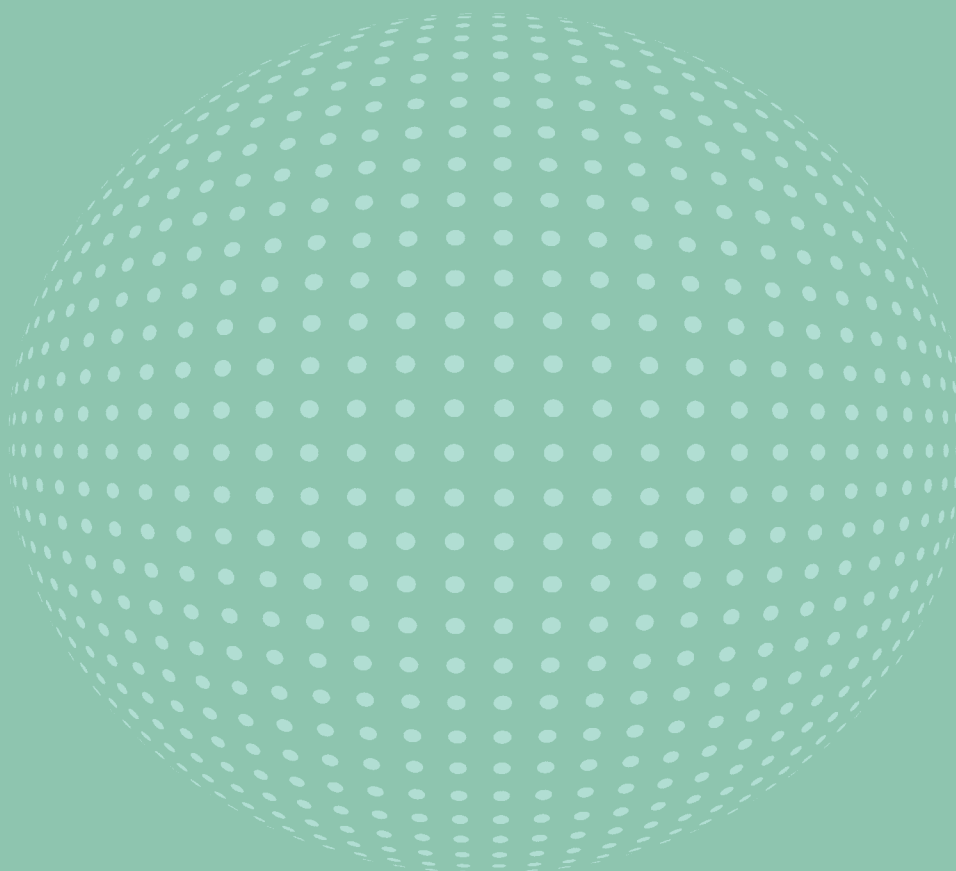




# Measuring sexual health: **Conceptual and practical considerations and related indicators**

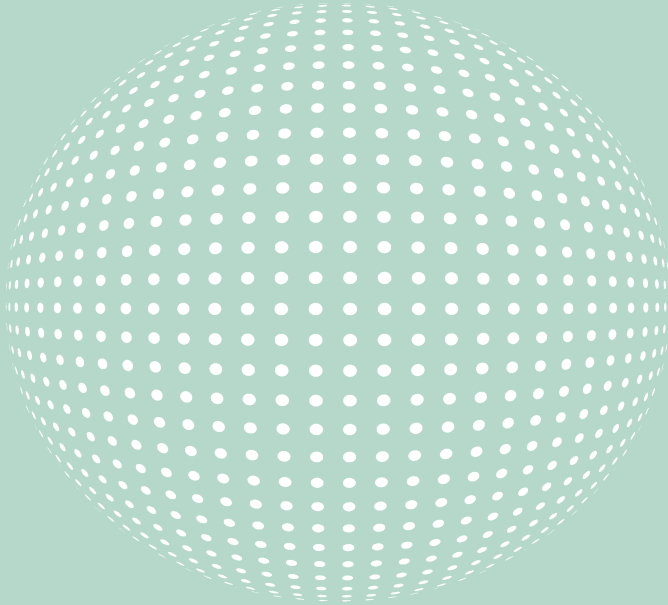


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## **Measuring sexual health: conceptual and practical considerations and related indicators**

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## Background to the meeting



Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality and not merely the absence of disease, dysfunction or infirmity (WHO, 2006). Human sexuality is constructed through interactions between the individual and wider society, and its development depends on the expression of basic human needs, including intimacy, emotional expression and love (World Association for Sexual Health, 1999). Sexual health is influenced by a complex web of biological and social factors. It requires a positive, responsible approach to sexuality and sexual relationships as well as pleasurable, safe sexual experiences that are free from coercion, discrimination or violence.

In 1974, an international expert meeting was organized by the World Health Organization (WHO) so that participants could share knowledge and experience in teaching, research and clinical practice in human sexuality and make recommendations for the training of health professionals. Sexual health was defined as “the integration of the somatic, emotional, intellectual and social aspects of sexual being, in ways that are positively enriching and that enhance personality, communication and love” (WHO, 1975). Since then, there have been important developments in how human sexuality and sexual behaviour are understood, particularly in relation to sexually transmitted infections (including HIV), unsafe abortion, gender-based violence and other health and social factors that affect sexual and reproductive health and well-being and how sexual health is defined and promoted.

The Programme of Action of the International Conference on Population and Development in 1994 subsumed sexual health into reproductive health. The Programme defined reproductive health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to

the reproductive system and to its functions and processes” (United Nations, 1994). The Programme defined reproductive health care as including care for 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”. (Paragraph 7.2)

In the past few decades, there has been more research and programme and policy attention to factors that influence sexual health, such as sexuality, sexual violence, female genital mutilation and human rights related to sexuality and sexual health. Various technical meetings and consultations have sought to draw attention to sexual health at global and country level. For example, in 2000, a regional consultation was convened in Guatemala by the Pan American Health Organization (PAHO), in collaboration with the World Association for Sexology. The consultation drew up a conceptual framework for sexual health and identified actions and strategies for promoting sexual health in the Americas (PAHO, 2000).

Building on the outcomes of that meeting, WHO convened a technical consultation in Geneva, Switzerland, in 2002, in collaboration with PAHO and the World Association for Sexology. Its objectives were to discuss the concepts of sexual health, to examine barriers to the promotion of sexual health for adolescents and adults and to propose appropriate, effective strategies for promoting sexual health. The working definitions derived from that meeting are listed in Annex 1.

After the International Conference on Population and Development, a number of international agencies agreed on a list of 17 indicators for global monitoring of reproductive health goals and targets. Some of the indicators are measures of health status (outcome or impact indi-



cators), while others are intended to capture ‘processes’. After the adoption in 2004 by the World Health Assembly of the Global Reproductive Health Strategy (WHO, 2004) and subsequent adoption of the goal of the International Conference on Population and Development of “achieving universal access to reproductive health by 2015” as a target to monitor Millennium Development Goal 5, further attention was paid to assessing and defining a full range of indicators to measure “universal access to reproductive health”.

A joint WHO/UNFPA technical consultation was held in March 2007 to recommend indicators for monitoring progress towards the goal of universal access to sexual and reproductive health at country level (WHO, 2008). These indicators were intended to complement the previous 17 reproductive health indicators by including the concept of access. The indicators proposed were grouped under the five core elements of reproductive health listed in the Global Reproductive Health Strategy: improving antenatal, delivery, postpartum and newborn care; providing high-quality services for family planning, including infertility services; eliminating unsafe abortion; combating sexually transmitted infections, including HIV, reproductive tract infections, cervical cancer and other gynaecological morbidities; and promoting sexual health. The indicators were also classified into the following categories:

- policy and social indicators;
- access to services: availability, information and demand, quality;
- use of services; and
- indicators of output and impact.

This document summarizes the discussions of the working group and includes a list of the indicators proposed. This document should be considered an annex to the document National-level monitoring of the achievement of universal access to reproductive health. Conceptual and practical considerations and related indicators (WHO, 2008).

## Aim and objectives

The aim of the meeting was to elaborate and refine the indicators for sexual health proposed by the joint WHO/UNFPA technical consultation on national-level monitoring of the achievement of universal access to reproductive health, held in March 2007.

The specific objectives were to

- review the definition of sexual health;
- elaborate indicators related to sexual health; and
- make recommendations for further work in the area.

The opening of the meeting was followed by a plenary discussion on measuring sexual and reproductive health and related conceptual and technical issues. Working groups were organized on:

- healthy sexuality;
- sexual dysfunction and vulnerability;
- sexual violence; and
- female genital mutilation.

The tasks of the working groups were to define indicators in each area, define potential sources and means

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