Definitions and Debates:
Sexual Health and Sexual Rights

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The term *sexual health* has nominally been part of the broader concept of sexual and reproductive health since the mid-1990s, when it was enshrined by the United Nations in the final document adopted by the 1994 International Conference on Population and Development (ICPD).[1] Sexual health on its own, however, is rarely discussed in the halls of the United Nations or of organizations working on global health; when it is mentioned it is most often linked to sexually transmitted infections (STIs) or HIV/AIDS.[2] Such associations reflect the way that the intersection of health with sex and sexuality is often portrayed in popular media and public health programs: as dangerous and problematic. This discomfort with sex and sexuality, and the concomitant stigma, has plagued even the scientific study of the subject. It is only in recent years that the topic of sexual health, and the question of how to define this term, has received appropriate attention and consideration.

An inclusive, progressive, and widely accepted definition of sexual health is crucial for improving the sexual lives of people around the world. In order to do

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so, it must delineate the importance of sexual health to the physical, emotional, and social well-being of people and legitimize investment in and attention to sexual health research, policy change, and program initiatives. In this paper, we unpack the history of sexual health and the evolution of its proposed definitions. We also explore the integral links between sexual health and sexual rights, and the relevance of these concepts to the Sustainable Development Goals (SDGs) and the post-2015 world. Our inquiry highlights how sexual health operates on multiple levels—individual, relational, familal, and community—as well as in multiple realms—psychological, physical, social, and political. While each level has unique concerns, none can be ignored in the pursuit of good sexual health for all people. Any operational, contemporary definition of sexual health must acknowledge the interrelated ecology of sexuality in society and culture and emphasize the inclusion of all people.

To investigate the evolving definitions of sexual health and the emergence of the concept of sexual rights, we examined the literature on a range of social and medical science databases using the following terms: first, *sexual health* and *definition*; and second, *sexual health* and *sexual rights*. We included peer-reviewed articles and books from 1990 to the present.

The Emergence of Sexual Health: The Importance of Semantics

Elements of sexual and reproductive health and rights have always been a part of the human experience, but not until the mid- to late-1970s were these terms used and defined by major international organizations such as the World Health Organization (WHO).[3] While the exact etymologies of the phrases *reproductive health*, *reproductive rights*, *sexual health*, and *sexual rights* are not clear, it is generally agreed that the concept of sexual and reproductive health and rights emerged from the women's health movement in the 1960s and from institutions such as WHO in the 1980s and 1990s.[4]

The women's health movement, and at least some members of the global health community, viewed women's ability to control and regulate their fertility as essential to protecting women from the health risks of having too many pregnancies and of poor birth spacing. In parallel, the broader women's rights movement promoted fertility regulation as crucial to enabling women to achieve their full potential in the spheres of education, economic opportunity, and politics. The recognition that access to contraception and safe abortion was necessary for women to be able to control their reproductive lives forced the issues of reproductive health and rights into public and political discourse. At the same

time, sexual health and rights began to emerge as a distinct, unique concept, and not just as a component of reproductive health and rights.[5] Efforts by the women's rights movement to address discrimination and violence against women helped to bring the issue of sexual health and rights into the dialogue as early as the 1968 UN Conference on Human Rights.[6] The United Nations Decade for Women (1976–1985) further articulated the view that the right to decide on matters relating to sexuality and reproduction derives from respect for women's freedom and dignity.[7] The emergence of the AIDS pandemic in the mid-1980s further highlighted the need for attention to issues of sexual health apart from reproduction.[8] Throughout the 2000s and 2010s, as the global dialogue on human rights has increasingly focused on the sexual rights of women and of lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) populations, as well as on other aspects of sexual health, the need for more comprehensive, systematic, and applicable definitions of sexual health and rights has grown. The clarification of these terms is critical to helping establish a strong foundation for the coordination of robust policy and effective programs.

As human rights have increasingly focused on the sexual rights of women and LGBTQ populations, the need for more comprehensive and applicable definitions of sexual health and rights has grown.

As early as 1974, at the World Conference on Population in Bucharest, governments from around the world agreed on a concept of reproductive rights: "All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so."[9] This phrasing was reaffirmed at the 1984 International Conference on Population and Development in Mexico City, with the important addition of "without coercion."[10] The 1994 International Conference on Population and Development in Cairo was a key turning point when sexual health was integrated into the concept of reproductive health and rights, with the addition of the phrase "…and the right to attain the highest standard of sexual and reproductive health" to the Programme of Action (PoA), the final document of the ICPD.[11] While the term *sexual health* was used more than two dozen times in the ICPD PoA, it was only defined, loosely, once: "the purpose of which is the enhancement of life and personal relations, and not merely counseling and care related to reproduction and sexually transmitted diseases."[12] This assertion and the acknowledgement of the importance of "a safe and satisfying sex life" and "well-being" in the larger definition of reproductive health marked the start

of a new, more progressive dialogue around sexual health.[13]

However, the development and adoption of the Millennium Development Goals (MDGs) in 2000 marked a significant step backward for sexual and reproductive health and rights. The eight goals adopted by the member states of the United Nations included two goals related to reproduction and gender: MDG 3, defined as "promote gender equality and empower women" and MDG 5, "improve maternal health," which had as its target "reduce maternal mortality."[14] While welcoming the global recognition of maternal mortality as a long-neglected public health crisis, the sexual and reproductive rights (SRHR) community was in uproar over the complete exclusion of the core goal of the ICPD, "provision of universal access to reproductive health services, including family planning and sexual health," from the MDGs.[15] It was not until 2007, after a lengthy and determined campaign by the SRHR community, that an additional target was formally added to MDG 5, target 5B, that addressed reproductive health: "to achieve, by 2015, universal access to reproductive health care."[16]

While reproductive health and rights gradually gained traction on the global stage during the 2000s, as demonstrated by the adoption of a target specific to reproductive health in the MDGs, sexual health, when it was mentioned at all, was almost always subsumed by the category of reproductive health and was usually defined narrowly as the absence of sexually transmitted infections (STIs).[17] Sexual rights were even less frequently defined or acknowledged.[18]

As this paper explores, this failure to address or include issues of sexual health is a consequence of conservative power in a diverse set of social and political institutions. To identify and address key aspects of sexual health in a formal, systematic manner would be seen as accepting, or possibly even condoning, sexual behavior outside of traditional heterosexual marital relationships and for purposes other than reproduction—a step that a number of governments, as well as conservative elements of civil society, have been loath to do.

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In recent years, a more inclusive, if vague, understanding of sexual health has emerged, but a central question persists: how should it be defined?[19] A range of definitions have been generated by major international organizations and scholars in the field, as well as by the U.S. Surgeon General, but none has been widely accepted to date.

Efforts to Define Sexual Health

While the conversation around defining sexual health has progressed over the past decade, consensus has not been easy to achieve. Edwards and Coleman tracked definitions of the term over the course of almost three decades, beginning and concluding with two WHO definitions—the first from 1975 and the last from 2002 (the most recent at the time of the article's publication).[20] In addition, the authors reviewed definitions provided by the Pan American Health Organization (PAHO) and the World Association of Sexology (WAS), the Sexuality Information and Education Council of the United States (SIECUS), the National Strategy for Sexual Health and HIV, the U.S. Surgeon General, and various scholars.[21] This exercise revealed important transitions in the way that sexual health has been conceptualized—most notably, the gradual inclusion of positive concepts of sexual well-being such as pleasure and sexual expression. In addition, various definitions highlight the importance of respect and responsibility, freedom from negative social aspects of sexual experiences such as violence and coercion, and the emergence of sexual rights.

Many of the definitions Edwards and Coleman discuss demonstrate an increasing appreciation for the many facets of sexual health and how these facets function on various levels of the ecological model: the individual, the interpersonal, the organizational, the community, and the societal. For example, the definition provided by SIECUS in 1995 asserts the importance of "the ability to develop and maintain meaningful interpersonal relationships," reflecting a new focus on healthy interpersonal relationships and a shift away from focusing exclusively on individual biological well-being. This same definition also emphasizes the ability to "appreciate one's own body," representing an individual-level concern, but one that moves well beyond an interest in STIs. The SIECUS definition also touches on the societal level by including "to interact with both genders in respectful ways," an addition that gestures to a much larger set of social and cultural issues related to gender equality. The definition from PAHO and WAS in 2001 reinforces these ideas, asserting that sexual health is a "process" of "physical, psychological and social-cultural well-being." Their definition also emphasizes the importance of sexual expression that "foster[s] personal and social wellness." PAHO and WAS also argue in their definition that in order for sexual health to be "attained and maintained it is necessary that the sexual rights of all people to be recognized and upheld." This clear, broadly inclusive statement on the importance of sexual rights to the realization of sexual health is the first to articulate the close relationship between these two concepts.

Other definitions reviewed by Edwards and Coleman include additional aspects that are critical to a full understanding of sexual health. For example, the definition issued by David Satcher, the U.S. surgeon general in 2001, begins by stating that sexual health is "inextricably bound to both physical and mental health." This assertion highlights the critical importance of sexual health to overall well-being and elevates it to a level of concern commensurate with major areas of health. In addition, Satcher's definition highlights the importance of understanding sexual responsibility, which points to the importance of sexuality education and of access to information. His definition also touches on freedom from discrimination and sexual abuse and the integration of sexuality into one's life. These concerns reflect the recognition that sexual health is experienced on all levels and must be addressed accordingly.

The most recent, unofficial definition provided by WHO in 2006 is the most commonly cited in literature on sexual health; notably, this definition is unchanged from the 2002 WHO definition that Edwards and Coleman discuss. It captures many dimensions of sexual health and explicitly states the importance of sexual rights:

> …a state of physical, emotional, mental and social well-being in relation 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.[22]

This definition acknowledges the multidimensional qualities of sexual health including the physiological/biological, emotional/psychological, relational/interpersonal, and societal/cultural. It also lays out the broad reach of sexual health and its effects on the lives of individuals, families, communities, and societies, as well as reinforces how it is influenced by "emotional, mental and social" conditions. Indeed, many elements of sexual health rely on the development of healthy relationships with others and, by implication, societal acceptance of one's sexual preferences and behaviors. Cultural, religious, and political factors can therefore influence or even determine how, and even whether, one is able to realize good sexual health. There are a range of legal provisions and cultural practices that can make the achievement of sexual health impossible for some, including prohibition of selected sexual practices such as homosexuality; early or forced marriage; and prevention of access to sexual and reproductive health information and services for those who are young and unmarried.[23]

While the 2006 WHO definition of sexual health is laudable in many respects, it fails to explicitly include important aspects of sexual health that other definitions successfully address, particularly around inclusivity and social acceptance. While these issues could be seen as implicitly addressed by the concluding statement on sexual rights, they merit further elaboration. Robinson and colleagues' definition from 2002 omits any mention of sexual rights, but nonetheless manages to express their dimensions within the text. The outcome is highly comprehensive:

> Sexual health is defined as an approach to sexuality founded in accurate knowledge, personal awareness, and self-acceptance, where one's behavior, values, and emotions are congruent and integrated within a person's wider personality structure and self-definition. Sexual health involves an ability to be intimate with a partner, to communicate explicitly about sexual needs and desires, to be sexually functional (to have desire, become aroused, and obtain sexual fulfillment), to act intentionally and responsibly, and to set appropriate sexual boundaries. Sexual health has a communal aspect, reflecting not only self-acceptance and respect, but also respect and appreciation for individual differences and diversity, and a feeling of belonging to and involvement in one's sexual culture(s). Sexual health includes a sense of self-esteem, personal attractiveness and competence, as well as freedom from sexual dysfunction, sexually transmitted diseases, and sexual assault/coercion. Sexual health affirms sexuality as a positive force, enhancing other dimensions of one's life.[24]

While this definition outlines many concepts that may be difficult to attain or assess, such as "self-acceptance" and "a feeling of belonging to one's sexual culture(s)," it nonetheless pulls together many of the key elements discussed above and presents an aspirational vision that can be used to guide policies, programs, and research. However, we are still a long way from achieving global consensus around this definition, or anything similar, especially in the context of the United Nations and other international settings. While the 2006 WHO definition cited above is still declared by WHO as "unofficial," in practice, it is cited frequently in academic circles and serves as the global reference; as a result, it should be updated to reflect the additional aspects outlined by Robinson and other colleagues.

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The Emergence of Sexual Rights: Seeking Legal Support to Fulfill Sexual Health

As the notion of sexual health expanded, the emergence of sexual rights soon followed, but not without its own controversy. Many objections to sexual rights arise from the fact that they pronounce sexual health a human right and offer a basis for building a legal foundation for the fulfillment of a comprehensive definition of sexual health. The discourse on sexual rights has been brewing for the past 17 years; Tiefer detailed its evolution in major human rights and UN documents.[25] She notes that the World Association of Sexology (WAS) first published a *Declaration of Sexual Rights* in 1999, and WHO followed up by employing the term in the 2000 publication *Promotion of Sexual Health*. However, while some concepts surrounding the protection of individual rights pertaining to sexuality, especially the right to be free of coercion, were at play earlier at the ICPD in 1994 and other major international conferences, it has proven impossible to achieve a global consensus on a comprehensive definition of sexual rights that is acceptable to governments around the world.[26] Miller sees this failure as the result of the "resistance [that] stems from countries' claims to radically different understandings (and fears) of what 'sexual rights' includes and therefore might bind them to."[27]

Indeed, just as culture, politics, and religion play a central role in shaping sexual health, so, too, do they come into force when addressing sexual rights. The diversity of religious and cultural norms across countries, as expressed by representatives at the United Nations and in a range of global conferences and other fora, has had a huge and often negative influence on the global human rights conversation around sexual health and rights. Corrêa notes that government representatives who have a voice and vote in human rights conversations and documents often find issues explicitly related to "reproduction" and "health" more palatable and easier to agree upon than those relating to "sexuality" and "rights." The latter tend to be seen as more controversial and problematic. Attempts to include a broader understanding of sexual health and rights were stymied at the 1994 ICPD in Cairo and at the 1995 Fourth World Conference on Women in Bejing. The following statement was included in the Beijing Platform of Action:

> Equal relationships between men and women in matters of sexual relations and reproduction, including full respect for the integrity of the person, require mutual respect, consent and shared responsibility for sexual behavior and its consequences.[28]

Tiefer argues that this statement could have been made even more inclusive by addressing issues of sexual identity and bodily autonomy; despite a robust petition for including these elements, the final document of the Beijing Conference ultimately left them out.[29] She asserts that the refusal of the U.S. delegates to support a more inclusive statement in Beijing was due to domestic politics and the vocal opposition of some religious groups in the United States, which led the delegation to be unwilling "to promote this type of affirmative statement."[30] In her 2015 article, Ali describes a similar scenario at the 2013 African Regional Conference on Population and Development at the United Nations Economic Commission for Africa (ECA). In this case, a delegate from the government of Mali took issue with the implicit inclusion of lesbian women and gay men in articles referencing the human rights of all people. His objection prompted representatives of several other African states to refuse the language as well, resulting in a much weaker final conference declaration.[31] These examples, almost 20 years apart, demonstrate what Ali describes as "the current opposition to sexual rights in UN spaces," which she asserts is now focused on excluding "diverse sexual orientations and gender identities" and the rights of adolescents to determine their sexual activities and future.[32] These oppositions are, in part, a consequence of social conservatism and religious fundamentalism in sub-Saharan Africa and the Arab states. Political tensions between the Global South and Europe and the United States also factor into these dynamics, as controversial issues such as sexual rights become a way to challenge existing power structures and imbalances.

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For these reasons, a common definition, or in this case, a set of agreed-upon sexual rights, has yet to be accepted globally. There are, however, some common themes in the most prominent statements of sexual rights.[33] Once again, WHO is widely cited for the unofficial definition included on their website:

> Sexual rights embrace human rights that are already recognized in national laws, international human rights documents and other consensus statements. They include the right of all persons, free of coercion, discrimination and violence, to:
>
> - the highest attainable standard of sexual health, including access to sexual and reproductive health care services

- seek, receive and impart information related to sexuality
- sexuality education
- respect for bodily integrity
- choose their partner
- decide to be sexually active or not
- consensual sexual relations
- consensual marriage
- decide whether or not, and when, to have children
- pursue a satisfying, safe and pleasurable sexual life.[34]

While this WHO definition is not comprehensive (it encompasses neither people's right to express their sexuality freely nor the right to be free of stigma and discrimination based on sexual orientation), it nevertheless provides a framework for both policies and programs and for monitoring fulfillment of these rights.[35]

The World Association of Sexology (WAS), a multidisciplinary group of professionals and organizations studying sexuality, has been at the forefront of raising the profile of sexual health and rights and complements and expands on the WHO definition in important ways. Their most recent iteration of the *Declaration of Sexual Rights* from 2014 is the most comprehensive, including the following points:

- The right to equality and non-discrimination
- The right to life, liberty and security of person
- The right to autonomy and bodily integrity
- The right to be free from torture and cruel, inhumane and degrading treatment or punishment
- The right to be free from all forms of violence and coercion
- The right to privacy
- The right to attain the highest attainable standard of health, including sexual health, with the possibility of pleasurable, satisfying and safe sexual experiences
- The right to enjoy the benefits of scientific progress and its application
- The right to information
- The right to education and the right to comprehensive sexuality education
- The right to enter, form and dissolve marriage and other similar types of relationships based on equality and full and free consent
- The right to have children, the number and spacing of children and

to have the information and means to do so
- The right to the freedom of thought, opinion, and expression
- The right to freedom of association and peaceful assembly
- The right to participation in public and political life
- The right to access justice, remedies and redress.[36]

While some argue that it is impossible, and even inappropriate, to attempt to apply the human rights framework to the promotion of sexual rights, and thereby sexual health, the WAS Declaration proposes an expansive and inclusive understanding of the concept that, like Robinson's definition of sexual health, sets ambitious goals. It remains unclear, however, how sexual rights can or should be applied in practice. In an attempt to address this confusion, Miller and colleagues composed a guide to clarify why sexual rights are, in fact, human rights, as well as to provide the evidence in international law for how and why sexual rights can be maintained.[37] Their guide describes how international treaties and laws, political declarations, and international courts and their statements and rulings influence and assist in the adoption of sexual rights. For example, they detail how the definition of rape in human rights courts has evolved to increasingly protect individuals from sexual violence and describe particular cases that have helped to establish legal protection for those who engage in same-sex sexual conduct, access to safe abortion for girls and women, and equal rights for transgender people.

The achievement of sexual health and the realization of sexual rights are inextricably interlinked.

In another approach to finding practical applications for the concept of sexual health and rights, WHO is proposing a new definition of sexual health in the International Classification of Diseases (ICD), the standard diagnostic tool used to categorize diseases based on signs, symptoms, and causes.[38] Chou and colleagues propose a process for reclassifying and organizing the elements of sexual health—a concrete and notable example of how to change perceptions and attitudes of the medical and technical community. For example, they recommend that "psychological and behavioural disorders associated with sexual development and orientation" be removed from the mental and behavioral disorders, while also proposing that "gender incongruence" and "sexual dysfunction" be defined as new areas of sexual health. This type of progress in official documents such as the ICD reflects the positive shifts in perspective around sexual health and sexual rights and demonstrates that the achievement of sexual health and the

realization of sexual rights are inextricably interlinked.

Policy Implications and Relevance to the SDGs

By specifying the definitions, and thereby the parameters, of sexual health and sexual rights, those working to improve sexual and reproductive health and rights outcomes can share a common understanding and language, which can facilitate the coordination of such efforts. The eight Millennium Development Goals (MDGs) adopted by the United Nations in 2000 established specific goals that were widely accepted and used to rationalize the allocation of funds and other resources for a range of research and programs during the period from 2000 to 2015. While the Sustainable Development Goals (SDGs) framework adopted in 2015 to succeed the MDGs more than doubled the number of goals (to 17), the targets and indicators in the SDG monitoring framework are nevertheless expected to serve a similar function, guiding funding, policy change, and program implementation and setting a global standard for assessing progress.

The SDGs explicitly refer to sexual and reproductive health twice, once under the health goal and once under the gender goal.[39] Goal 3 is the comprehensive goal for addressing all aspects of health; it states: "Ensure healthy lives and promote well-being for all at all ages."[40] Various targets under Goal 3 address maternal mortality, newborn and child mortality, HIV/AIDS, noncommunicable diseases, and other aspects of health. Target 3.7 explicitly addresses sexual and reproductive health, stating, "By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes."[41] Goal 5 is the gender goal; it states, "Achieve gender equality and empower all women and girls."[42] Target 5.6 under Goal 5 aims to "Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform of Action and the outcome documents of their review conferences."[43] The inclusion of two targets in the SDGs directly referencing sexual and reproductive health represents progress over the MDGs, which, as discussed above, did not include any mention of sexual or reproductive health when initially adopted. A closer examination of the SDG targets on sexual and reproductive health, however, reveals their limitations.

Target 3.7, for example, only references one sexual and reproductive health service component—family planning—implicitly prioritizing that intervention

over others; there is no mention anywhere in the SDG document of other key sexual and reproductive health interventions, including abortion. The phrasing of target 5.6, with its clear avoidance of the term *sexual rights*, supports Ali's analysis that government representatives are generally unwilling to support language in formal UN documents that could be interpreted as an acknowledgement of LGBTQ rights or adolescent sexual rights, such as the right to comprehensive sexuality education and to contraception. The monitoring framework for the SDGs is under negotiation and is expected to be finalized in March 2017; four indicators have been proposed for targets 3.7 and 5.6, including:

- 3.7.1 Percentage of women of reproductive age (aged 15–49) who have their need for family planning satisfied with modern methods
- 3.7.2 Adolescent birth rate (aged 10–14; aged 15–19) per 1,000 women in that age group
- 5.6.1 Proportion of women aged 15–49 who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care
- 5.6.2 Number of countries with laws and regulations that guarantee women aged 15–49 access to sexual and reproductive health care, information and education.[44]

These proposed SRH-related indicators reflect several key aspects of sexual and reproductive health and rights: they prioritize access to contraception for the prevention of unintended and adolescent pregnancy and they reflect a commitment to some aspects of sexual rights by specifically mentioning women's rights to make decisions about their sexuality and reproductive health and the obligations of governments to ensure access to SRH interventions. Under other goals, the SDGs also include targets and proposed indicators that address intimate partner violence and sexual violence more generally.

Despite these promising elements, however, the SDGs do not reflect a truly comprehensive definition of sexual and reproductive health and rights—one that accepts sexual diversity and the right to sexual expression and sexual pleasure. The SDGs also omit any reference to comprehensive, age-appropriate sexuality education for children and adolescents, an area where some progress is being made globally and domestically, especially at the policy level, but where implementation remains poor. For example, a recent report by the United Nations Educational, Scientific and Cultural Organization (UNESCO) looked at 48 countries and found that while the majority (80 percent) of them had poli-

cies to provide comprehensive sexuality education (CSE), implementation was generally lacking. [45] Ideally, sexuality education would include information not only on ways to prevent unwanted pregnancy and STIs, but also on the social and cultural dimensions of sexual health. Haberland and Rogow, in their review of the implementation of CSE programs, describe new evidence suggesting that those sexuality education programs that emphasize gender equality, power dynamics, human rights, and participatory methods were more likely to result in positive outcomes than those without these components.[46] Sexuality education can contribute to the wider understanding and acceptance of sexual health and rights by conveying the value of sexual activity independent of reproduction, as well as the value of sexual diversity, sexual pleasure, sexual expression, and healthy relationships.

In addition to truly comprehensive sexuality education, a range of other interventions are needed to successfully realize this broader understanding of sexual health. For example, sexual health services need to be tailored and accessible to vulnerable and underserved groups, including young people, LGBTQ populations, unmarried women, and others. Accepted wisdom about the best fora to provide such care also needs constant reevaluation. For example, a recent study found that youth centers are not an effective place to reach adolescents; instead, making health centers more accessible to adolescent patients may be more helpful in reaching larger numbers of young people.[47] Health care professionals are critical in this equation; they must be educated about sexual rights and sexual health to successfully implement the necessary services, including training that addresses their own values and biases and how these may have an impact on their work helping patients.[48]

Interventions that operate on multiple levels (individual, familal, community, societal) in a coordinated fashion will likely have the best outcomes, as the environment is a critical factor in whether an intervention can translate to lived experience.[49] Similarly, it is crucial to address the underlying social aspects that contribute to sexual and gender-based violence. Programs that address social norms, attitudes, and beliefs around gender equality, power dynamics, and human rights can help individuals challenge problematic cultural norms.[50]

Conclusion

Establishing global definitions for sexual health and sexual rights is a challenging task given the complexity of how sexuality, sexual orientation, gender, gender expression, and sexual activity are historically, culturally, religiously, legally, and

socially positioned in a given country or context. These factors will necessarily influence how sexual health is understood and handled. Moreover, respect for sexual rights is essential to the achievement of sexual health, as well as being a matter of human rights. Programs, policies, and advocacy addressing sexual health must be tailored so that respect for the basic principles of human rights is not compromised or violated.

An ecological approach to sexual health recognizes the ability of individuals to maintain physical health and overall well-being; healthy, equitable interpersonal relationships; institutional provision of comprehensive education; and access to a range of services. Community norms of acceptance and cooperation and progressive policy that serves to enhance, rather than prohibit, improve both measurable and intangible outcomes in the sexual lives of individuals and larger populations. If the relatively recent progress in understanding the wide scope and broad reach of what sexual health entails can translate into consensus at a global level, there may be hope for effectively addressing the panoply of sexual health problems that persist and improving the sexual lives of all people, regardless of gender, age, marital status, sexual preference, or gender identity.

Notes

1. United Nations Population Fund, *Programme of Action Adopted at the International Conference on Population and Development (ICPD), Cairo, 5–13 September 1994* (United Nations Population Fund, 2004), para. 7.3.

2. Kaye Wellings and John Cleland, "Surveys on sexual health: recent developments and future directions," *Sexually Transmitted Infections* 77, no. 4 (2001): 238–341.

3. Sonia Corrêa, "From Reproductive Rights to Sexual Health: Achievements and Future Challenges," *Reproductive Health Matters* 5, no. 10, (1997): 107–16; Alain Giami, "Sexuality, health and human rights: The invention of sexual rights," *Sexologies* 24, no. 3 (2015): e45–e53.

4. Corrêa, "From Reproductive Rights to Sexual Health."

5. Angela Heimburger and Victoria Ward, "Putting the 'S' back into Sexual and Reproductive Health," *International Journal of Sexual Health* 20, no. 1–2 (2008): 63–90; Giami, "Sexuality, health and human rights"; Marianne Haslegrave, "Ensuring the inclusion of sexual and reproductive health and rights under a sustainable development goal on health in the post-2015 human rights framework for development," *Reproductive Health Matters* 21, no. 42 (2013): 61–73.

6. Corrêa, "From Reproductive Rights to Sexual Health"; Giami, "Sexuality, health and human rights."

7. Paul F.A. Van Look, H.K. Heggenhougen, and Stella R. Quah, eds., *Sexual and Reproductive Health: A Public Health Perspective* (San Diego: Academic Press, 2011).

8. Lenore Tiefer, "The Emerging Global Discourse of Sexual Rights," *Journal of Sex and Marital Therapy* 28, no. 5 (2002): 439–44.

9. "World Conference on Population," United Nations Population Fund.

10. United Nations, *Report of the International Conference on Population, 1984* (New York: United Nations, 1984).

11. Full definition of reproductive health from: United Nations Population Fund, *Programme of Action Adopted at the ICPD*, para. 7.2. Reproductive health is 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. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable, and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. Giami, "Sexuality, health and human rights"; Haslegrave, "Ensuring the inclusion of sexual and reproductive health and rights."

12. United Nations Population Fund, *Programme of Action Adopted at the ICPD*, para. 7.2.

13. Corrêa, "From Reproductive Rights to Sexual Health"; Giami, "Sexuality, health and human rights"; Haslegrave, "Ensuring the inclusion of sexual and reproductive health and rights."

14. "Goals," UN Millennium Project.

15. United Nations Population Fund, *Programme of Action Adopted at the ICPD*, para. 7.16.

16. "Goals," UN Millennium Project.

17. Doris Chou et al., "Sexual health in the International Classification of Diseases (ICD): implications for measurement and beyond," *Reproductive Health Matters* 23, no. 46 (2015): 185–92.

18. Heimburger and Ward, "Putting the 'S' back into Sexual and Reproductive Health"; Corrêa, "From Reproductive Rights to Sexual Health"; Haslegrave, "Ensuring the inclusion of sexual and reproductive health and rights."

19. Weston Edwards and Eli Coleman, "Defining Sexual Health: An Overview," *Archives of Sexual Behavior* 33, no. 3, (2004): 189–95**;** Peter Greenhouse "A Definition Of Sexual Health," *BMJ: British Medical Journa*l 310, no. 6992 (1995): 1468–69; Theo Sandfort and Anke Ehrhardt, "Sexual Health: a useful public health paradigm or a moral imperative?," *Archives of Sexual Behavior* 33, no. 3 (2004): 181–7 (2004); Chou et al., "Sexual health in the International Classification of Diseases (ICD)."

20. Edwards and Coleman, "Defining Sexual Health."

21. Ibid.

22. World Health Organization, *Developing sexual health programmes: a framwork for action* (Geneva: WHO, 2006).

23. Venkatraman Chandra-Mouli et al., "Twenty Years After International Conference on Population and Development: Where Are We With Adolescent Sexual and Reproductive Health and Rights?," supplement, *Journal of Adolescent Health* 56, no. 1 (2015): S1–S6.

24. Beatrice 'Bean' E. Robinson et al., "The Sexual Health Model: application of a sexological approach to HIV prevention," *Health Education Research* 17, no. 1 (2002): 43–57.

25. Tiefer, "The Emerging Global Discourse of Sexual Rights."

26. Ibid.

27. Alice M. Miller et al., "Sexual rights as human rights: a guide to authoritative sources and principles for applying human rights to sexuality and sexual health," *Reproductive Health Matters* 23, no. 46 (2015): 16–30.

28. United Nations, *United Nations Fourth World Conference on Women Platform for Action* (Beijing: United Nations, September 1995).

29. Tiefer, "The Emerging Global Discourse of Sexual Rights."

30. Ibid.

31. United Nations Economic Commission for Africa, African Union Commission, and United Nations Population Fund, *Addis Ababa Declaration on Population and Development in Africa beyond 2014*, ECA/ICPD/MIN/2013/4 (Addis Ababa: ICPD, October 4, 2013). Note, however, that this document *does* include the phrase "sexual and reproductive health and rights."

32. Saida Ali, Shannon Kowalski, and Paul Silvac, "Advocating for sexual rights at the UN: the unfinished business of global development," *Reproductive Health Matters* 23, no. 46 (2015): 31–37.

33. Eleanor Maticka-Tyndale and Lisa Smylie, "Sexual Rights: Striking a Balance," *International Journal of Sexual Health* 20, no.1–2 (2008): 7–24.

34. WHO website, www.who.int.

35. Alice M. Miller, "Sexual but Not Reproductive: Exploring the Junction and Disjunction of Sexual and Reproductive Rights," *Health and Human Rights* 4, no. 2 (2000): 69–109.

36. World Association for Sexual Health, *Declaration of Sexual Rights 2014*.

37. Miller et al., "Sexual rights as human rights."

38. Chou et al., "Sexual health in the International Classification of Diseases (ICD)."

39. United Nations, *Transforming Our World: The 2030 Agenda for Sustainable Development*, A/RES/70/01 (New York: United Nations, 2015).

40. Ibid.

41. Ibid.

42. Ibid.

43. Ibid.

44. United Nations Economic and Social Council, Statistical Commission forty-seventh session, *Report of the Inter-Agency and Expert Group on Sustainable Development Goal Indicators*, E/CN.3/2016/2 (United Nations, December 17, 2015).

45. United Nations Educational Scientific and Cultural Organization, *Emerging Evidence, Lessons and Practice in Comprehensive Sexuality Education: A Global Review 2015* (Paris: United Nations Educational Scientific and Cultural Organization, 2015).

46. Nicole Haberland and Deborah Rogow, "Sexuality education: Emerging Trends in Evidence and Practice," supplement, *Journal of Adolescent Health* 56, no. 1 (2015): s15–s21.

47. Donna M. Denno, Andrea J. Hoopes, and Venkatraman Chandra-Mouli, "Effective Strategies to Provide Adolescent Sexual and Reproductive Health Services and to Increase Demand and Community Support," supplement, *Journal of Adolescent Health* 56, no. 1 (2015): s22–241.

48. Tiefer, "The Emerging Global Discourse of Sexual Rights."

49. Joar Svanemy et al., "Creating an Enabling Environment for Adolescent Sexual and Reproductive Health: A Framework and Promising Approaches," supplement, *Journal of Adolescent Health* 56, no.1 (2015): s7–s14.

50. Rebecka Lundgren and Avni Amin, "Addressing Intimate Partner Violence and Sexual Violence among Adolescents: Emerging Evidence of Effectiveness," supplement, *Journal of Adolescent Health* 56, no. 1 (2015): s42–s50.