

Defining Sexual Health and Rights

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WHO and sexual health

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



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Technical Consultation on Sexual Health 28-31 January 2002

- Definitions of Sex, Sexuality, Sexual Health and Sexual Rights
- Guiding Principles for sexual health programming
- Key topics



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SEX

Sex refers to the biological characteristics which define humans as female or male.

[These sets of biological characteristics are not mutually exclusive as there are individuals who possess both, but characteristics tend to differentiate humans as males and females. In general use in many languages, the sex is often used to mean sexual activity, but for technical purposes in the context of sexuality and sexual health discussions, the above definition is preferred.]



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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 respect, protected and fulfilled. (WHO draft definition, 2002).



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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.



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Sexual rights embrace certain human rights that are already recognised 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.



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Sexual health involves and affects:

- Adolescent sexual and reproductive health, development and maturation
- Pregnancy and child birth
- STI/RTIs including HIV
- Unintended pregnancy and unsafe abortion
- Infertility
- Violence related to gender and sexuality
- FGM and other harmful sexual practices
- Mental health
- Sexual function and dysfunction
- Impact of physical disabilities and chronic illness on sexual health



More Definitions

- Sexual identity role or gender role: set of feelings and behaviours patterns that identify a subject as being a boy or a girl, independently from the result indicated by gonads alone (John Money, 1955)
- Difference between sex and gender: the sex is what one sees, the gender is what one feels. Harmony between the two is essential for human beings to be happy. (Harry Benjamin, 1953)
- Gender identity: feeling of belonging to a class of individuals who are the same as oneself and recognised as being the same sex. (Research group, University of California, 1960s)
- Gender Dysphoria: discrepancy between biological gender and psychological gender (Fisk, 1973)
- Gender identity complex: complex system of beliefs about oneself, subjective feeling of masculinity or femininity (Stoller, 1992)



Evolution of Ideas

In DSM fourth version, the term transexualism was broaden into gender identity disorder, less specific, that includes the so-called transgender (individual or transcend culturally defined categories of gender):

- Transsexual
- Cross gender (transvestite)
- Non operative transgender
- Drag Queen/King; "Trans People" etc



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New assumption

- Many adults with gender identity discomfort find comfortable, effective ways of identifying themselves that do not involve all the components of the treatment sequence.
- Options for the management of cross gender feelings are no longer limited to adjustment in either the male or female gender role, but include the possibility of affirming a unique transgender identity.
- For patients who identify a core transgender identity, a transgender "coming out" process can be facilitated, which may or may not include changes in gender role, hormone therapy or sex reassignment surgery.

(Bockting, 1997)



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Typology

Male to Female Transsexual (FtM)

Female to Male Transsexual (MtF)

- According to evolution:
 - Early or Late diagnosis (previously primary or secondary transsexualism)
- According to sexual preferences of sexual partner:
 - ex. homosexual choice according to biological sex or heterosexual choice according to psychological sex or vice-versa
- The best prognostic concern the heterosexual choices in relation to the psychological sex and also those who have not adopted another orientation before. Some transsexuals don't make a sexual choice (asexuals, bisexuals) = negative prognostic factor

(Blanchard R (1985) Typology of MtF Transsexualism. Archives of Sexual Behaviour, 14, 247-261)



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DSM Classification

- The diagnosis of **Transsexualism** was introduced in the DSM-III in 1980 for gender dysphoric individuals who demonstrated at least two years of continuous interest in removing their sexual anatomy and transforming their bodies and social roles
- DSM IV/ 1994: **Gender Identity Disorders (GID)**
- Depending on their age, those with a strong and persistent cross gender identification and persistent discomfort with his or her sex or a sense of inappropriateness in the gender role of that sex were to be diagnosed as **Gender Identity Disorder of Childhood Adolescence or Adulthood**.
- For person who did not meet the criteria, **Gender identity Disorder not otherwise specified (GIDNOS)** was to be used. This category included a variety of individuals -- those who desire only castration or penectomy without concomitant desire to develop breasts; those with a congenital intersex condition: those with transient stress-related cross dressing; those with considerable ambivalence about giving up their gender roles (*WHAT??*).



Programming in sexual health requires respect and attention to key principles



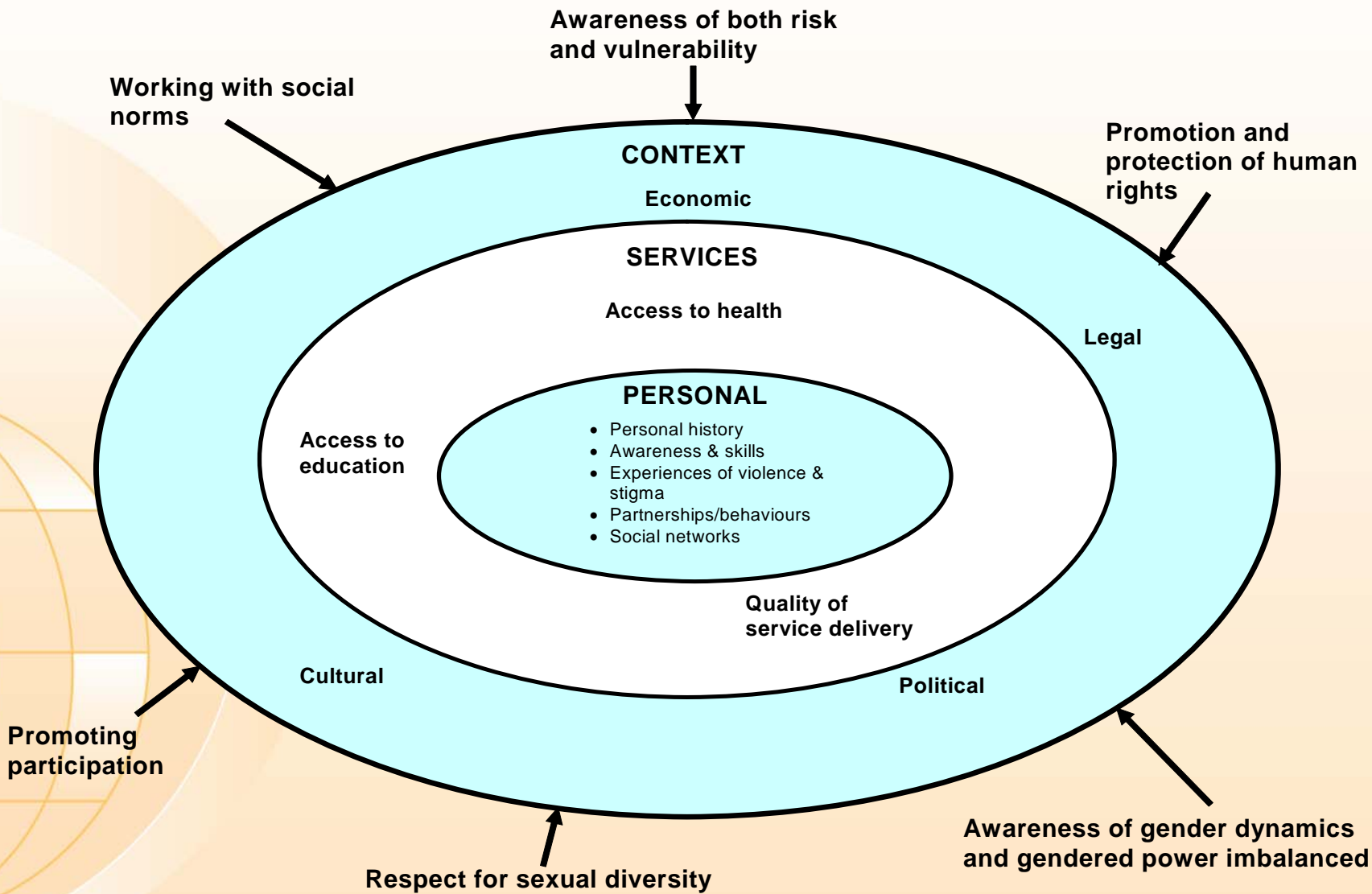
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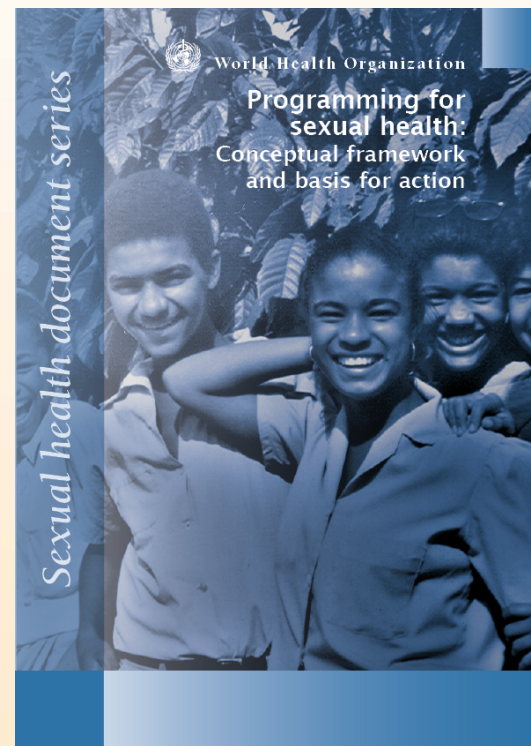
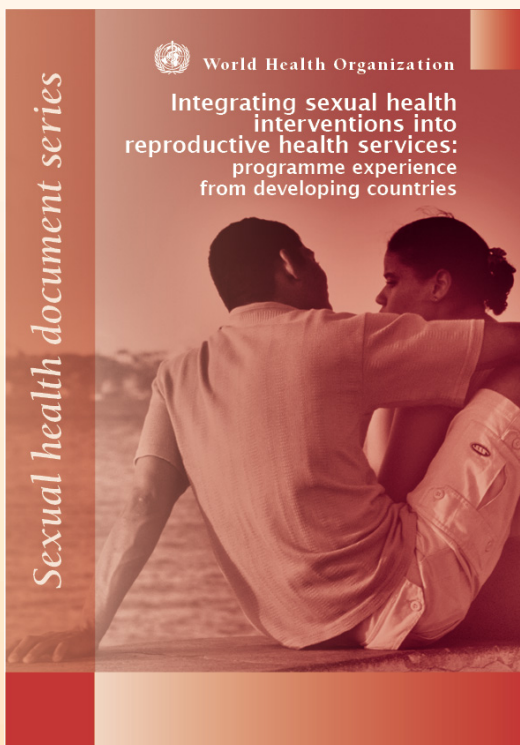
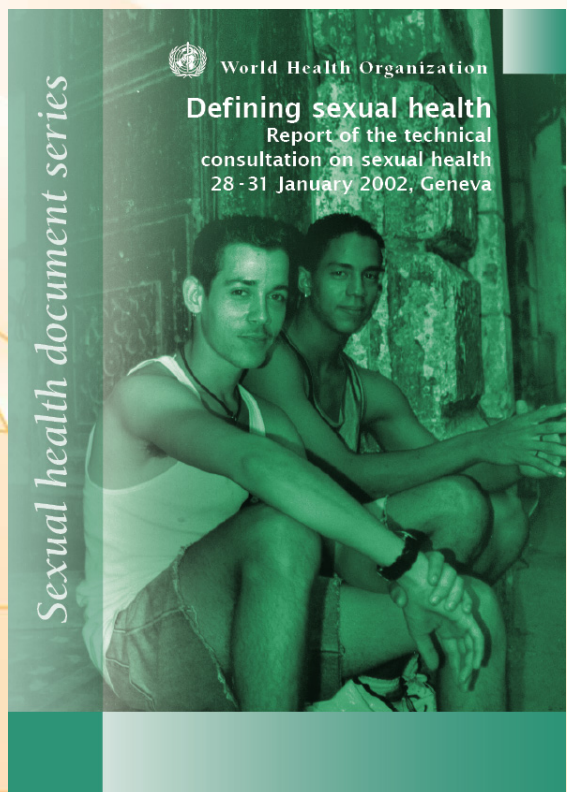


Principles for Successful Programme Interventions

- Affirmative approach to sexuality
- Autonomy and self-determination
- Responsiveness to changing needs
- Comprehensive understanding of sexuality
- Confidentiality and privacy
- Advocacy for the promotion of sexual health and well-being is essential for change.
- Cultural diversity
- Equity
- Address violence, sexual violence and abuse
- Accessible, Non-judgemental services and programmes
- Accountability and responsibility



Sexual health document series



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What WHO is doing to support Transgender people?

- Violence and Injury prevention -- general
- Reproductive health (sexual health) -- mainstreaming
- Gender and Women's health -- ??
- HIV -- Stigma and discrimination; general
- Child and adolescent health -- ??

WHAT SHOULD WHO BE DOING???



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WHAT SHOULD WHO BE DOING TO SUPPORT TRANS PEOPLE???



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