Sexual Health and Morality
Responsibility and Sexual Rights

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Before Sexual Health

• Public health institutions and moral entrepreneurs were to preserve the best conditions for procreation in the context of marriage, expressed both as a biological function and a moral value for society
  – Preventing childbirth out of marriage
  – Preventing Sexually Transmitted Infections
  – Preventing pre-marital sexual activity per se
  – Protecting children and youth to exposure to sexually explicit material

• Morality more important than Health as an explicit value

• Double standard of moral for women and men
Since the sixties

- Dissociation between erotic and reproductive aspects of sexuality has been legitimized by medicine and legal systems
- Procreation is more considered as an individual choice rather than a natural destiny and a moral duty
- Increasing control of women over reproductive issues (hormonal contraception and abortion right)
- Sex out of marriage more legitimate
- Homosexuality not anymore treated as a mental disease
- Continuation and reinforcement of the protection of minors to exposure to sexual messages

➡️ Sex : part of well being and sexual optimism
Contemporary ideas about sexuality and sexual health

- Sex is good for health and enhance the quality of life
- Good health favors a good sexual health
- Chronic disease decrease the quality of sexual life
- Sexual health is part of well-being
- Consensual sex is only acceptable form of sexual activity
- Sexual health and sexual rights are human rights
The concepts of sexual health & sexual rights
Sexual health is 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. Thus the notion of sexual health implies a positive approach to human sexuality, and the purpose of sexual health care should be the enhancement of life and personal relationships and not merely counseling and care related to procreation or sexuality transmitted diseases.

(WHO, 1975, p 41).
Sexual rights

• Two different approaches
• IPPF : (1996 - 2008)
• WAS : (1999)

1: The Right to Life
2: The Right to Liberty and Security of the Person
3: The Right to Equality, and to be free from all forms of discrimination
4: The Right to Privacy
5: The Right to Freedom of Thought
6: The Right to Information and Education
7: The Right to Choose whether or not to Marry and to Found and Plan a Family
8: The Right to Decide whether or when to have Children
9: The Right to Health Care and Health Protection
10: The Right to the Benefits of Scientific Progress
11: The Right to Freedom of Assembly and Political Participation
12: The Right to be Free from Torture and Ill Treatment
WAS Declaration of Sexual Rights (1999)

1. The right to sexual freedom.
2. The right to sexual autonomy, sexual integrity, and safety of the sexual body.
3. The right to sexual privacy.
4. The right to sexual equity.

5. **The right to sexual pleasure.**

6. **The right to emotional sexual expression.**

7. The right to sexually associate freely.
8. The right to make free and responsible reproductive choices.
9. The right to sexual information based upon scientific inquiry.
10. The right to comprehensive sexuality education.
11. The right to sexual health care. Sexual health care should be available for prevention and treatment of all sexual concerns, problems and disorders.
Sexual health is the experience of the ongoing process of physical, psychological, and socio-cultural well-being related to sexuality. Sexual health is evidenced in the free and responsible expressions of sexual capabilities that foster harmonious personal and social wellness, enriching individual and social life. It is not merely the absence of dysfunction, disease and/or infirmity. For Sexual Health to be attained and maintained it is necessary that the sexual rights of all people be recognized and upheld.

(PAHO/WHO, 2000, p. 6)
Sexual Rights

Human rights are inherent to human beings. Human rights are above cultural values. If a particular culture has a practice that contravenes a human right, the cultural value should be changed, as in the case of the cultural practice of female genital mutilation. The human rights approach to health promotion has been explicitly stated in the case of the promotion of reproductive health. The recognition of sexual rights is evolving. Human rights are those principles that are universally perceived as protecting human dignity while promoting justice, equality, liberty, and life.

(PAHO/WHO, 2000, p. 10)
Responsible sexual behavior
Responsible sexual behavior is expressed at individual, interpersonal and community levels. It is characterized by autonomy, mutuality, honesty, respectfulness, consent, protection, pursuit of pleasure, and wellness.

The person exhibiting responsible sexual behavior does not intend to cause harm, and refrains from exploitation, harassment, manipulation and discrimination.

A community promotes responsible sexual behaviors by providing the knowledge, resources and rights individuals need to engage in these practices."

(PAHO/WHO, 2000, p. 8)
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.
Sexual rights: WHO 2003

- Sexual rights 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:

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• * 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.
As regards adolescent sexual and reproductive health / sexuality education

• 14. Underlines that the sexual and reproductive health of adolescents and their needs with regard to sexuality and reproduction differ from those of adults;
• 15. Points out that active participation of young people (their rights, views and competence) is important in the development, implementation and evaluation of sexuality education programmes in cooperation with other parties, particularly parents; enhancing parenting skills and capacities also has an important part to play in this;
• 16. Stresses that sexuality education should be provided in a gender-sensitive way, i.e. that account must be taken of the particular sensitivities of boys and girls, starting early in life, continuing to adulthood, with a focused approach at different stages of development, and taking into account different lifestyles, whereby due attention should be paid to sexually transmitted diseases (notably HIV/AIDS).
Sexual Health and Sexual rights for whom ?

A positive approach of sexualities regarding many populations :

– Chronic disease including HIV-Aids infection
– Ageing and senior populations
– Individual with special needs (Handicap)
– etc....
What about the youths?

• A controversy between
• Those who consider that sexual education will encourage the youth to have the experience of sexual activity
• Those who consider that sexual education is essential to enable young people to protect themselves from regrettable outcomes

(Ingham, Aggleton, 2006)
Both sexual education and youth sexual activity are still considered as problematic and matter of ideological and political debates in many countries (Irvine, 2002)

Age range differences : up to 18
After 18 : are they the same problems ?
Abstinence oriented sexual education remains an important underlying perspective

- Is sexual health of the youth defined by abstinence or delayed entry in sexual activity?
- Is most youth sexual activity at risk for these individuals?
- Is sexual activity part of sexual health and well-being for the youth?
- Why don't we ask about sexual satisfaction in surveys with young people?
- From which age is youth sexual activity considered as normal and beneficial for them?
- When should it be encouraged as it is for senior citizens?

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