



Why Pleasure Matters: Its Global Relevance for Sexual Health, Sexual Rights and Wellbeing

Jessie V. Ford, Esther Corona Vargas, Itor Finotelli Jr., J. Dennis Fortenberry, Eszter Kismödi, Anne Philpott, Eusebio Rubio-Aurioles & Eli Coleman


To cite this article: Jessie V. Ford, Esther Corona Vargas, Itor Finotelli Jr., J. Dennis Fortenberry, Eszter Kismödi, Anne Philpott, Eusebio Rubio-Aurioles & Eli Coleman (2019) Why Pleasure Matters: Its Global Relevance for Sexual Health, Sexual Rights and Wellbeing, International Journal of Sexual Health, 31:3, 217-230, DOI: [10.1080/19317611.2019.1654587](https://doi.org/10.1080/19317611.2019.1654587)

To link to this article: <https://doi.org/10.1080/19317611.2019.1654587>



Published online: 30 Aug 2019.



Submit your article to this journal 



Article views: 151



View related articles 



View Crossmark data 



Why Pleasure Matters: Its Global Relevance for Sexual Health, Sexual Rights and Wellbeing

Jessie V. Ford^a, Esther Corona Vargas^b, Itor Finotelli Jr.^c, J. Dennis Fortenberry^d, Eszter Kismödi^e, Anne Philpott^f, Eusebio Rubio-Aurioles^g and Eli Coleman^c

^aSchool of Sociomedical Sciences, Mailman School of Public Health, Columbia University, New York, New York, USA; ^bMexican Association for Sex Education, Mexico City, Mexico; ^cProgram in Human Sexuality, Department of Family Medicine and Community Health, University of Minnesota Medical School, Minneapolis, Minnesota, USA; ^dAdolescent Medicine, Division of Adolescent Medicine, Department of Pediatrics, Indiana University School of Medicine, Indianapolis, Indiana, USA; ^eSexual and Reproductive Health Matters, London, United Kingdom; ^fThe Pleasure Project, London, United Kingdom; ^gAsociación Mexicana Para la Salud Sexual, A.C. Profesor de Posgrado, Departamento de Psiquiatría y Salud Mental, Facultad de Medicina, Universidad Nacional Autónoma de México, Mexico City, Mexico

ABSTRACT

Much work on sexual health has emphasized adverse outcomes such as sexually transmitted infections/HIV, unintended pregnancy, and sexual violence. Although these objectives are of continued importance, they reflect a global tendency to focus on negative sexual health outcomes. Far less prominent in health promotion, policy, and programing is a sustained recognition that sexual pleasure is an important aspect of sexuality. This commentary centers sexual pleasure within the contexts of sexual rights and sexual health. Our larger objective is to provide a framework for addressing sexual pleasure in law, policy, advocacy, public health, and clinical practice which might reduce the burden of disease.

ARTICLE HISTORY

Received 6 August 2019
Accepted 7 August 2019

KEYWORDS

Sexual health policy; sexual health promotion; sexual rights; sexual politics

Introduction

The purpose of this commentary is to center sexual pleasure within the contexts of sexual rights and sexual health, ultimately requiring explicit inclusion in public health policy, program implementation, and sexual and reproductive health services delivery.¹ Our larger objective is to provide a framework for addressing sexual pleasure in law, policy, advocacy, public health, and clinical practice, which might reduce the burden of disease associated with sexual and reproductive health problems.

Although some countries have made great strides to promote sexual health, statistics show persistently high rates of sexuality-related morbidities worldwide. The global burden of these sexual health outcomes is staggering and the challenges of addressing them are enormous. Although there is progress with declines in maternal mortality and HIV-related mortality, there are still 1.7 million new infections every

year (UNAIDS, 2019a). Data today show more than one billion people have a sexually transmitted infection (STI), with an estimated 357 million new infections every year of four STIs: chlamydia, gonorrhea, syphilis, and trichomoniasis (World Health Organization [WHO], 2014, 2015a). More than half of all women of reproductive age in developing regions want to avoid pregnancy. However, one-fourth of these women, 225 million, are not using an effective contraceptive method (Singh, Darroch, & Ashford, 2014). Sexual minorities continue to experience higher rates of sexual violence worldwide. A recent study of transgender adults in Mexico found one-third had used hormones without medical supervision (Robles et al., 2016). All of these outcomes relate directly to sexual health. In the worst affected countries, adolescent girls are eight times more likely to be living with HIV than adolescent boys (UNAIDS, 2019b). This is coupled with the fact that the world's population is increasingly

young; 42% of people globally are under 25 (and Sub-Saharan Africa and South Asia hold half of the global youth population; World Bank, 2018). We need to re-align our approaches to sexual and reproductive health to better reflect these changing demographics.

Given that sexual pleasure is inarguably a central driver of sexual behavior, and an element of overall wellbeing (Edwards & Coleman, 2004; Hull, 2008; World Association for Sexual Health (WAS), 2008), integrating sexual pleasure into health education, health promotion, public health policies, and programs is essential to a broader public health imperative. Currently sexual pleasure is insufficiently addressed in these efforts in most areas of the world (Allen & Carmody, 2012; Arrington-Sanders et al., 2015; Boyce et al., 2007; Fine & McClelland, 2006).

Furthermore, it is also imperative to recognize that sexual rights, as fundamental human rights, are an essential component for human development (WAS, 2008, 2014). Explicit inclusion of sexual pleasure as a necessary corollary of sexual rights and sexual health strengthens human rights protections and expands public health programming to address sexuality as a personal and social asset rather than simply a health challenge to be prevented or resolved (Gruskin, Yadav, Castellanos-Usigli, Khizanishvili, & Kismödi, 2019). Improved sexual health and wellbeing are the expected outcomes of this focus on sexual pleasure. This article summarizes key issues in systematic efforts to achieve those goals.

Defining sexual pleasure

The term *sexual pleasure* has been defined in different ways. The working definition proposed for sexual pleasure by the Global Advisory Board for Sexual Health and Wellbeing (GAB) may be a good starting point to promote clarity (GAB, 2016), because it links pleasure to the globally accepted definition of sexuality, sexual health, and sexual rights:

Sexual pleasure is the physical and/or psychological satisfaction and enjoyment derived from solitary or shared erotic experiences, including thoughts, dreams and autoeroticism. Self-determination, consent, safety, privacy, confidence and the ability to communicate

and negotiate sexual relations are key enabling factors for pleasure to contribute to sexual health and wellbeing. Sexual pleasure should be exercised within the context of sexual rights, particularly the rights to equality and nondiscrimination, autonomy and bodily integrity, the right to the highest attainable standard of health and freedom of expression. The experiences of human sexual pleasure are diverse and sexual rights ensure that pleasure is a positive experience for all concerned and not obtained by violating other people's human rights and wellbeing. (GAB, 2016)

This definition explicitly links pleasure to sexual rights and sexual health based in self-determination, consent, safety, privacy, confidence, communication, and the ability to negotiate with partners (Gruskin et al., 2019). Although this definition encompasses many important constructs, authors have also emphasized that sexual pleasure can be experienced differently in each person's context (Escoffier, 2017; Giami, 2015; Moser & Kleinplatz, 2006; Stoller, 2018). Thus, sexual pleasure experiences likely differ in meaning and importance over the lifespan, in ways related to age, gender, sexual identity, sexual desires, sexual capacities, health status, and trauma experiences. Although there is no one perfect definition of pleasure, it is important that any definition used to describe sexual pleasure recognizes that the possibility (and diversity) of pleasurable experiences is based on the existence of sexual human rights that allow for heterogeneity in sexual pleasure (Carpentier, Fortenberry, Ott, Brame, & Einhorn, 2011; Fortenberry, 2013).

Reorienting sexual and reproductive health approaches to include sexual pleasure

A substantial body of evidence shows that sexual rights, sexual health, and sexual pleasure—as a whole—are fundamental to individual health and wellbeing (Gruskin et al., 2019; Starrs et al., 2018). However, inclusion in programming and sexuality education of positive aspects of sexuality such as pleasure is infrequent (Allen & Carmody, 2012; Cameron-Lewis, 2016; Cameron-Lewis & Allen, 2013; Ingham, 2005), and adverse outcomes—with emphasis on fear, danger, disease, and death associated with sexual behavior—remain the focus of much sexual and reproductive health programming (Ingham, 2005; Philpott,

Knerr, & Boydell, 2006; Singhal & Rogers, 2003). Continued high rates of sexual and reproductive health morbidity and mortality supports reorientation of our approaches in ways that prioritize the reasons sex and sexuality are important in the first place (Ford et al., 2017; Satcher, Hook, & Coleman, 2015; Swartzendruber & Zenilman, 2010). It is important to note as well that little evidence consistently shows that risk-focused approaches that exclude pleasure and other positive aspects of sex lead to sustained safer sexual behaviors or to improved overall wellbeing (Fine, 1988; Higgins & Hirsch, 2007; Knerr & Philpott, 2011). In fact, risk-focused, sex-negative programming often produces effects opposite from those intended (Higgins & Hirsch, 2007; Hull, 2008; Ingham, Woodcock, & Stenner, 1992; Levinson, Jaccard, & Beamer, 1995; Ott, Millstein, Ofner, & Halpern Felsher, 2006).

A broader, more holistic approach and understanding of safer sex and sexuality education is needed, incorporating physical and psychological satisfaction, self-determination, consent, safety, privacy, confidence, and communication/negotiation into consideration (GAB, 2016). People seek sex that feels close, natural, and uninterrupted—so that sexual pleasure is prioritized over both contraceptive and infection risk reduction (Higgins, Hirsch, & Trussell, 2008). In addition, biological, neurological, and cognitive studies show that pleasure is an effective communication vector because sexual, pleasure-inclusive messages attract more attention, are more easily remembered, and less likely to induce counterarguments than non-sexual messages (Reichert, 2002; Reichert, Heckler, & Jackson, 2001). Health programs that incorporate sexual pleasure consistently produce improved attitudes and knowledge about sexual health, partner communication, condom use, and safer sex behaviors (Beasley, 2008; Becasen, Ford, & Hogben, 2015; Hogben, Ford, Becasen, & Brown, 2015; Mustanski, Greene, Ryan, & Whitton, 2015; Philpott et al., 2006; Schalet, 2011; Scott-Sheldon & Johnson, 2006). Moreover, incorporating pleasure into health promotion programs has been shown to successfully increase safer sex through a variety of approaches such as eroticizing condoms, use of erotic images and films, promoting lubricants, and introduction

of a “pleasure dialogue” as part of each person’s sexual repertoire (Arrington-Sanders et al., 2015; Hoppe, 2011; Peterson et al., 1992; Philpott et al., 2006; Robinson, Bockting, Rosser, Miner, & Coleman, 2002; Wysocki, 1998).

Addressing sexual pleasure based in sexual rights

Although decades of work by international organizations, UN entities, global, regional, and national NGOs—such as WAS, International Planned Parenthood Federation, WHO, Creating Resources for Empowerment in Action (CREA), Sexual Rights Initiative, and the Pleasure Project, among many others—has helped sexual rights become less stigmatized, more work is still needed to fully recognize sexual rights as fundamental human rights.

The first political recognition of human rights in relation to sexuality in the global context took place during the 1994 Platform of Action of the International Conference in Population and Development and 1995 Beijing Declaration and Platform for Action from the Fourth World Conference on Women (DeJong, 2000; Gruskin et al., 2019; Starrs et al., 2018). Both Declarations have relevance 25 years later, with particular attention to the Beijing Declaration, which states that “the human rights of women include their right to decide freely and responsibly on all matters related to their sexuality, free of coercion, discrimination and violence.” This articulation was crucial for mandating international attention to and investment in women’s reproductive and sexual health beyond the need to control fertility as part of a broader demographic agenda (Gruskin et al., 2019). This declaration inspired the incorporation of rights into sexual and reproductive health and rights (SRHR) politics and programmatic work, with particular emphasis on freedom from harm, discrimination, stigma, and violence. Although global attention to sexual rights has grown, today most programmatic efforts and service delivery, as well as law and policy, has omitted the issue of sexual pleasure within a broader rights framework; although some civil society organizations and scholarly initiatives have pushed for its inclusion in local

sexual health and sexual rights agendas (Gruskin et al., 2019).

With its international focus, WAS has been perhaps the most forward-looking organization in recognizing linkages between sexual pleasure, sexual health, and sexual rights. As a professional association with global relevance, as far back as 1999 WAS encouraged governments and other state actors, organizations, and civil society actors to endorse, respect, ensure, and protect human rights and fundamental freedoms related to sexuality and sexual health, including sexual pleasure (WAS, 2008, 2014). In 2014, WAS revised its Sexual Rights Declaration (2014) to highlight links between sexuality, sexual health, and sexual rights. In particular, this declaration acknowledged the growing trend whereby formally recognized human rights standards were being applied to sexual health by human rights bodies at the international, regional, and national level. WAS's Sexual Rights Declaration (WAS, 2014) built upon progress made to highlight the central role that human rights recognition plays to support sexual health, including sexual pleasure. Among other things, this Declaration (WAS, 2014) has served as a tool for WAS and its partners to implement sexual rights into sexual health policies and programs with a focus on sexual pleasure, without going into significant details on how to do that (Gruskin et al., 2019).

Although significant progress and opportunities to take SRHR work with strong focus on pleasure forward need to be acknowledged, we also need to recognize new challenges. Using human rights frameworks to support work on sexual health has often been attacked as an affront to morality or culture. Today, attacks from the opposition do not reject human rights, so much as they strategically use the language of rights, including attention to treaty interpretation, universalism, and the need to protect certain rights to promote their agendas (while limiting others) (Miller, Gruskin, Cottingham, & Kismödi, 2015; Pan American Health Organization, 2010).

At present, more attention is needed to document linkages between sexual health and the respect, protection, and fulfillment of human rights, as well as the importance of evidence-based research that engages with sexual pleasure.

This type of work requires a clear understanding of what an interconnection of these concepts means on the ground and how to address the harms inflicted on people's lives when these interactions are not taken into account (Gruskin et al., 2019). Although financial investments are needed to improve per capita sexual rights, work is also needed to shift social norms (Galati, 2015; Gruskin et al., 2019; Starrs et al., 2018).

Moving forward, entry points for pleasure-inclusive work with political, programmatic, and service delivery relevance need to be explored and used. For example, the Guttmacher-Lancet Commission Report (Starrs et al., 2018) exemplifies a crowning achievement in demanding accessible sexual health and rights information and services for all. This report argues that everyone should have the right to make decisions about their bodies, free from violence, stigma, and discrimination, and that these decisions are related to the achievement of sexual pleasure. The current implementation of the Lancet-Guttmacher Commission's vision provides a great opportunity to explore how the inclusion of sexual pleasure, as a basic human right, is an essential requirement for a healthy, happy, and productive life (Gruskin et al., 2019; Starrs et al., 2018). Similar exploration may also be needed to develop clear arguments as to how to best fold sexual pleasure into decriminalization efforts, beyond specific focuses on morbidity and mortality (Corréa & Parker, 2004; Parker et al., 2004; WHO, 2011).

Sexual pleasure, public health, and sustainable development goals

Sexual pleasure is mostly unaddressed in public health and development approaches to sexual health, perhaps because of assumptions that pleasure is idiosyncratic to each person's experience, either without direct relevance to public health objectives or because sexual pleasure is seen as a potentially uncontrollable motivation for behaviors associated with risk of STIs and pregnancy (Philpott et al., 2006). Public health and sex education campaigns mirror cultural norms, producing an almost exclusive focus on proscriptive rather than prescriptive models of sexuality and sexual

health (Foucault, 1978; Knerr & Philpott, 2011; Rubin, 1984; Vance, 1984).

A conceptual linkage of sexual pleasure and health can be drawn from the aforementioned Guttmacher-Lancet Commission integrated definition of sexual health and sexual rights:

a state of physical, emotional, mental, and social wellbeing in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity. Therefore, a positive approach to sexuality and reproduction should recognise the part played by pleasurable sexual relationships, trust, and communication in the promotion of self-esteem and overall wellbeing.

In the literature, wellbeing is often used synonymously with terms such as “satisfaction,” “happiness,” and “quality of life” (Greaves et al., 2017; Holmberg, Blair, & Phillips, 2010; Lee, Vanhoutte, Nazroo, & Pendleton, 2016). Wellbeing is increasingly seen as a relevant and achievable public health objective (Dooris, Farrier, & Froggett, 2018; Mitchell et al., 2013). Sexual pleasure has been shown to be an important element of overall subjective wellbeing (Hooghe, 2012); although empirically informed approaches to a population-health focus on wellbeing are still developing (Murphy, 2013). An important current approach to wellbeing allows public health professionals to develop and tailor concepts to local contexts and to consider wider determinants of wellbeing within communities (Dooris et al., 2018; La Placa & Knight, 2014; Phillips & Green, 2015).

With the linkages of sexual pleasure, sexual health, wellbeing, development, and public health in mind, we now consider how sexual pleasure contributes to programs for population-focused prevention of ill health and promotion of wellbeing (Wellings & Johnson, 2013). Again, the Guttmacher-Lancet Commission provides key language through addressing wellbeing as an essential package of sexual and reproductive health services: “Information, counseling and services for sexual health and well-being” (Starrs et al., 2018). Of course, this perspective focused on individual health is insufficient, but allows us to propose inclusion of sexual pleasure into sustainable development goals (SDG) as an element of the “perfect triangle” of sexual rights, sexual

health, and sexual pleasure described by Gruskin et al. (2019).

Key goals and targets for pleasure-integrated SDG—in addition to those already focused on sexual and reproductive health—are currently incompletely defined (Barot et al., 2015; Galati, 2015; Starrs et al., 2018). From 2014–2015, the Guttmacher Institute linked sexual and reproductive health and rights with SDG indicators: health (Goal 3), education (Goal 4), and gender equality (Goal 5). In turn, nine topic areas were linked to these three indicators: contraception, sexual and reproductive health service availability, knowledge about SRHR, adolescent fertility, quality of care (including respect for rights), prevention of STIs, abortion, comprehensive sex education, and gender equality in SRHR (Barot et al., 2015).

This same type of rigorous engagement with the SDGs could be done for sexual pleasure. One way to do this would be to give emphasis to the public health perspective: the reason to emphasize sexual pleasure is because it helps protect people better than current approaches. If sexual health programs support people in ways that incorporate sexual pleasure, it is more likely that they will meet real needs and realities, ultimately reaching their objectives and, therefore, contributing the most impact to the SDGs (Galati, 2015; Hull, 2008; WAS, 2008).

Addressing sexual pleasure: enabling factors and barriers

The mounting evidence that sexual pleasure is an enabling factor influencing well-being indicates the need to more seriously engage with sexual pleasure as a central feature of sexual health and sexual rights (Scott-Sheldon & Johnson, 2006; Scott-Sheldon, Marsh, Johnson, & Glasford, 2006). Yet, there are significant barriers to incorporating pleasure into international health efforts (Allen & Carmody, 2012; Boyce et al., 2007; Centers for Disease Control and Prevention [CDC], 2010; Gruskin et al., 2019; Hirst, 2008).

One of the most important barriers to the incorporation of sexual pleasure into health and SRH programming is the societal view and control of sexuality, sexual desire, passion, and

pleasure—which have been historically viewed as threats to society (Foucault, 1990; Gagnon & Simon, 1973). We see remnants and renewed versions of this in present-day politics and social control, particularly in the ways that sexual pleasure remains censored, regulated, controlled, and oppressed under the name of religion, medicine, and protection (Hart & Wellings, 2002; WAS, 2008; Wellings et al., 2013). This includes, in particular, the condemnation of sex outside of marriage, beyond the purpose of procreation, and beyond heteronormative sexual preference and behavior (Coleman & Bockting, 2013; Foucault, 1990; Hawkes, 2004), as well as a clear disregard for the sexuality of disabled persons, of transgender and intersex people, and the legitimacy of certain sexual practices, such as masturbation, sadomasochism, and fetishistic sexual interest (Coleman & Bockting, 2013; Karkazis, 2008; Tepper, 2000; Vida, 2019). Moving forward, it will be important for advocates and researchers to better demonstrate how a respect for sexual diversity can lead to better health and well-being outcomes. For instance, research shows that masturbation is a critical part of sexual health development—one that is common and linked to health and well-being (Coleman & Bockting, 2013).

Another important barrier that needs examination is the way that sexual pleasure is profoundly structured and influenced by gender inequality. Despite calls that there was “a missing discourse of desire” among young women over three decades ago, this lack of attention to pleasure is still documented and experienced by women, especially girls and young women who lack the information, tools, or agency to discuss, let alone negotiate, their own pleasure (Allen & Carmody, 2012; Armstrong, England, & Fogarty, 2012; Fine, 1988; Fine & McClelland, 2006). In many areas and cultures, there remains a ubiquitous sexual double standard where women are judged more harshly for various sexual behaviors and desires than men (Allison & Risman, 2013; Hamilton & Armstrong, 2009). On the other hand, there is an urgent need to guarantee security, bodily integrity, and equality in relation to certain harmful practices, such as female genital mutilation, child marriages, sexual exploitation,

honor killings, sexual harassment, and all forms of gender-based violence (Starrs et al., 2018; UN, 1992). As another example, gender identity recognition and gender expression are often linked to forced interventions, including forced sterilization, forced gender affirming surgery, castration, and so on, which jeopardize experiences of pleasure (Gruskin et al., 2019; Starrs et al., 2018). Similarly, people with intersex conditions are often subjected to forced interventions in childhood that endanger their health and wellbeing, including their ability to experience sexual pleasure (WHO, 2015b). Although women and girls need the respect of their sexual freedoms and protections against violence, research on masculinity has also demonstrated a lack of positive, nonthreatening models of male sexuality through which men might imagine more gender-equal forms of sexual pleasure (Jewkes, Fulu, Roselli, & Garcia-Moreno, 2013; Messerschmidt, 2018). Transgender and intersex people are also in need of visible and affirming models of sexual pleasure, which support the diverse ways that gender and bodily diversity are experienced and owned (Deutsch, Bowers, Radix, & Carmel, 2019; Karkazis, 2008).

Other barriers to sexual pleasure include systems of power, oppression, and social inequality. Research consistently documents ways that sexual pleasure serves to reproduce and maintain structures of status and power. From the lack of sex education, to the weaponization of rape in conflict situations, and the targeted harassment of certain bodies and people, these practices all impact sexual pleasure (Fortenberry, 2013; Lewis, 2004; Volk, Dane, & Marini, 2014; Vu et al., 2014). Moving forward, investigation of the intersectionality of race, class, gender, and sexuality also needs special attention. For example, research from the United States shows women with low socioeconomic status, and especially women of color, are more likely than wealthy women to have been inappropriately matched with contraceptive methods leading to severe side effects. These women are more accustomed to sexual discomfort and to ill health in general, all of which have implications for sexual well-being and experiencing a pleasurable sexual life (Higgins et al., 2008). Therefore, as we imagine

how to promote diverse forms of sexual pleasure for all people, our work will require continued engagement with the influencing factors and barriers that make sexual pleasure, health, and rights more easily attainable for some and not others.

In terms of enabling factors, there is limited but growing evidence to show the effectiveness of sex-positive or pleasure-focused education in terms of improved attitudes and health outcomes, such as condom use and other safer sexual behaviors (Hanbury & Eastham, 2016; Schalet, 2009). A meta-analysis by Scott-Sheldon and Johnson of quasi-experimental and experimental studies shows that interventions that include pleasure lead to reduced risky sexual behaviors and improved condoms-use intentions (Scott-Sheldon & Johnson, 2006). Other examples of a range of interventions that increase people's safer sex behavior include using erotic images and videos (Becasen et al., 2015; Hogben et al., 2015; Schalet, 2011; Wysocki, 1998). Research to date has been focused largely on eroticizing safer sex in the West with male populations, and there is a need to ensure a more holistic approach with at-risk populations in low-income countries.

Another potentially enabling factor, and source of sex education, that is often missing is public health discussions is the effect of more widespread access to the internet. By the end of 2015, 3.2 billion people were estimated to be internet users, an eightfold increase from the year 2000 when only 400 million had access (World Bank, 2016). The World Bank estimates that over 50% of the world's population has access to a mobile phone and by 2017, the number of mobile phone users reached 4.77 billion. Using common search engines to gain sexual health education, alongside access to sexually explicit media, makes the need for pleasure-inclusive relevant sex education more prescient and urgent. Sexually explicit media is one of the key channels, if not *the* key channel for sex education globally. The public health world, those responsible for sex education, academia, and the porn industry need to understand and respect the potential advantages they bring to each other's work. There is also a need for sex education organizations and academic research that is open to the hypothesis that sexually explicit media (SEM) can cause both negative

and positive impacts on public health, given the current methodological bias towards conclusions that SEM causes harm (Philpott, Singh, & Gamlin, 2017).

Accountability and monitoring

Accountability for ensuring sexual and reproductive health and rights (SRHR) is increasingly receiving global attention. Less attention has been paid, however, to accountability mechanisms for SRHR at national and subnational levels, and almost no attention has been given to accountability for sexual wellbeing, including pleasure. However, existing frameworks on accountability for SRHR do provide some clear guidance on how to apply effective accountability and monitoring to sexual pleasure, as it relates to health, wellbeing, development, and human rights.

Accountability represents programmatic actions that emphasize stakeholder engagement, program monitoring, transparent reporting, and independent review (WHO, 2016). Such guidance includes the assessment of accountability opportunities and gaps within and beyond the health sector, in situational analysis, through planning and budgeting, as well as in programing and implementation in practice, monitoring, and evaluation (Dooris et al., 2018; Phillips & Green, 2015; Starrs et al., 2018; Van Belle, Boyde, George, Brinkerhof, & Khosla, 2018). Accountability requires transparency and meaningful participation by affected populations and civil society groups in policy, program development, and implementation. It requires the identification of duty bearers within a context of a multistakeholder approach, including the consideration of government and nongovernmental actors. It also requires the consideration of health and development actors within the health sector, educational sector, and gender-related sectors of governments, as well as private actors (e.g., pharmaceutical companies, private sectors of healthcare systems).

As recent work on SRHR accountability has acknowledged, a complex "accountability ecosystem" with multiple actors with a range of roles, responsibilities, and interactions across levels—ranging from the transnational to the local—

needs to be developed. Whether and how this corresponds to sexual pleasure and wellbeing requires even more nuanced work, including the integration of sexual wellbeing and pleasure into ongoing work to improve service delivery (e.g., for maternal, neonatal, and child health), legal activism, and policy efforts aimed at addressing accountability for HIV, gender based violence, and LGBT concerns (Barot et al., 2015). This includes developing specific frameworks for monitoring and evaluation—with available, reliable, comparable, longitudinal indicators.

To date, the scope and content by which public health indicators of sexual pleasure would be identified and prioritized has not been defined, nor have indicators for wellbeing for that matter (Hull, 2008; Ivankovich, Fenton, & Douglas, 2013; Kottke et al., 2016). For example, a public health approach to “sexual health” has been used to measure and address sexually transmitted infections (Dunbar, Hughes, & Fenton, 2017). Perhaps the same could be done for sexual pleasure, whereby indirect assessments of sexual pleasure could be used as a marker for sexual wellbeing and as a component of overall subjective wellbeing. Some of these measures are currently available, although the specificity of measures may be insufficient to guide assessments based on them (Ivankovich, Leichter, & Douglas, 2013; Starrs et al., 2018). Likewise, The Pleasure Project has conducted a pleasure audit for development programs (Knerr, Philpott, & Sims, 2008). Therefore, two suggested approaches to monitoring might be to (1) integrate sexual wellbeing and pleasure into existing mechanisms of evaluation (e.g., HIV/STIs prevention) and (2) develop more pleasure focused monitoring mechanisms for programs (e.g., audits similar to those conducted by The Pleasure Project).

Building social and political consensus for the importance of sexual pleasure in global health

Overall, addressing the importance of sexual pleasure as a key component of sexual health and rights is an obvious, but admittedly challenging, next step in global public health work. That is to say, pleasure is the word that receives the most debate when deliberating about definitions of

sexual health (CDC, 2010). Sexual pleasure currently has a place in the revised WHO definition of sexual health (2006), thanks in part to the efforts of WAS. This definition, however, remains a “working definition,” which could be altered.

Although we have tried to anticipate some of challenges that we will face in endorsing, measuring, and promoting sexual pleasure in this article, opposition to these ideas will consistently arise. For instance, we have outlined a vision where embracing the concept of sexual pleasure could lead more people to seek and receive more comprehensive sexual health services (Ford et al., 2017; Hogben et al., 2005). Yet, an interpretation of this argument is that integrating pleasure will increase the need for services, not decrease it. This would be counter to any government’s objective of spending fewer dollars on population health services. Prevention efforts are ultimately supposed to save money. Therefore, continued work will be needed to find a way to “sell” the idea of integrating sexual pleasure without suggesting it will “cost” more in services.

Sexual pleasure as a public health focus raises a number of challenging ethical and sexual justice issues for individuals, communities, and public health authorities. To be sure, these issues may be common to a broader range of public health topics related to privacy, surveillance, and public health authority. Some of these issues are directly connected to sexual rights. For example, autonomous choice of sexual partners, choice of sexual expressions, and associated pleasure-seeking, personal safety, and bodily integrity are all potential sources of inequity based on engrained structures of gender, race/ethnicity, religion, economic status, and education (Dixon-Mueller, Germain, Fredrick, & Bourne, 2009; McClelland, 2010; Oriel, 2005). Therefore, public health engagement with sexual pleasure will require social sexual justice—that is, systems for inclusion, effective voice, redistributive interventions, and social transformation—that could redress rights related to sexual pleasure (Miller, Gruskin, Cottingham, & Kismödi, 2015; Miller, Kismödi, Cottingham, & Gruskin, 2015).

Another challenging issue related to the promotion of sexual pleasure relates to the notion of “healthism” or the “overmedicalization” of

sexuality in general, and pleasure specifically (Epstein & Mamo, 2017; Tiefer, 1996). Benefits of such “healthism” include the legitimization of sexual pleasure in the context of larger, sex-positive perspectives on the importance of sexuality and sex in each person’s life (e.g., inclusion of sexual health in the international classification of diseases can improve health service provision, promotion, and research). Problems associated with the overmedicalization of sexual pleasure stem from what has been called “oppressive healthism” (Carter, Entwistle, McCaffery, & Rychetnik, 2011). This includes expectations to view sexuality and pleasure from a normative perspective and/or a disease-oriented perspective, as well as the imposition of normalization practices on sexual preference, sexual orientation, bodily diversity, and so on. It may also include imposed public health surveillance of sexual practices without securing privacy, confidentiality, and/or data security thereby jeopardizing individuals and partners safety and security (Fairchild & Bayer, 2016). Perhaps one way to combat these potential issues would be to ground efforts in sexual rights. In other words, it is through the protection of sexual rights—including security and bodily integrity—that achievement of sexual pleasure becomes possible.

Conclusion

Sexual health is more than the absence of disease. Sexual pleasure and satisfaction are integral components of wellbeing and require universal recognition and promotion. To date, much work on sexual health has continued to prioritize adverse outcomes such as STI/HIV, unintended pregnancy, and sexual violence. Although these issues are of continued importance, they reflect the tendency of sexual health efforts to focus on negative sexual and reproductive health outcomes. Far less prominent in health policy, promotion, and practice is a sustained recognition that sexual pleasure is an elemental aspect of human sexuality (Edwards & Coleman, 2004; Hull, 2008; WAS, 2008). In an effort to bring renewed attention to the topic of sexual pleasure, this article has explored the importance of promoting sexual

pleasure as a means of promoting sexual health and sexual rights.

Although often disregarded or stigmatized, we argue that sexual pleasure cannot be an afterthought in global sexual health work (Higgins & Hirsch, 2007; Hull, 2008). It is time to make a strong stand regarding the importance of pleasure. Through a collaborative effort, we have gathered evidence to support our case. To make meaningful contributions to health and well-being, efforts must be made to engage with sexuality as an aspect of a whole person (Hull, 2008; Ivankovich et al., 2013). Sexual pleasure is a very important motivation for engaging in sexual activity, a motivation that is often more important than the preservation of health. We believe this reality needs to be better understood and included in sexual health promotion messages and practice. To ignore sexual pleasure in global health efforts is to present a conceptualization of sexual health that is unrealistic and disconnected from people’s experiences, aspirations, and concerns.

We have tried to outline a daring vision for advancing sexual pleasure beyond the bounds imposed by history, social norms, funding mechanisms, and program structures. Drawing upon inspiration from successful programs that have emphasized the possibility of sexual pleasure and engaging with recent consensus on the need for sexual rights as fundamental human rights, we argue that now is the time to incorporate sexual pleasure into this vision. Our agenda here remains unfinished. Moving forward, amidst public health priorities, renewal goals of international development, and vast technological change, we must strive to address the importance of pleasure as a key component of sexual health and sexual rights. It is our hope that this commentary will inspire dialog and collaboration that will help us ignite and continue efforts to promote sexual pleasure as a means of promoting sexual health and sexual rights.

Funding

This project was funded through the Program in Human Sexuality, University of Minnesota Medical School.

Disclosure statement

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the paper.

Note

1. This commentary paper was commissioned by the World Association for Sexual Health's Task Force on Sexual Pleasure, Sexual Health and Sexual Rights for consideration at an Expert Consultation on this topic on May, 28–29, 2019 in New York City. Based upon a preliminary background paper, this commentary was further developed by the authors with input from a group of experts from around the world. This consultation was convened to provide input on developing a WAS Declaration to promote sexual pleasure as a means of promoting sexual health and sexual rights, which will be presented at the World Congress of Sexual Health in Mexico in October, 2019.

References

- Allen, L., & Carmody, M. (2012). Pleasure has no passport': Re-visiting the potential of pleasure in sexuality education. *Sex Education*, 12(4), 455–468. doi:10.1080/14681811.2012.677208
- Allison, R., & Risman, B. J. (2013). A double standard for "Hooking Up": How far have we come toward gender equality? *Social Science Research*, 42(5), 1191–1206. doi:10.1016/j.ssresearch.2013.04.006
- Armstrong, E. A., England, P., & Fogarty, A. C. K. (2012). Accounting for women's orgasm and sexual enjoyment in college hookups and relationships. *American Sociological Review*, 77(3), 435–462. doi:10.1177/0003122412445802
- Arrington-Sanders, R., Harper, G. W., Morgan, A., Ogunbajo, A., Trent, M., & Fortenberry, J. D. (2015). The role of sexually explicit material in the sexual development of same-sex-attracted Black adolescent males. *Archives of Sexual Behavior*, 44(3), 597–608. doi:10.1007/s10508-014-0416-x
- Barot, S., Cohen, S., Darroch, J., Galati, A. J., Polis, C., Singh, S., & Starrs, A. M. (2015). *Sexual and reproductive health and rights indicators for the SDGs. Recommendations for inclusion in the sustainable development goals and the post-2015 development process*. New York, NY: Guttmacher Institute.
- Beasley, C. (2008). The challenge of pleasure: Re-imagining sexuality and sexual health. *Health Sociology Review*, 17(2), 151–163. doi:10.5172/hesr.451.17.2.151
- Becasen, J. S., Ford, J., & Hogben, M. (2015). Sexual health interventions: A meta-analysis. *The Journal of Sex Research*, 52(4), 433–443. doi:10.1080/00224499.2014.947399
- Boyce, P., Huang Soo Lee, M., Jenkins, C., Mohamed, S., Overs, C., Paiva, V., ... Aggleton, P. (2007). Putting sexuality (back) into HIV/AIDS: Issues, theory and practice. *Global Public Health*, 2(1), 1–34. doi:10.1080/17441690600899362
- Cameron-Lewis, V. (2016). Escaping oppositional thinking in the teaching of pleasure and danger in sexuality education. *Gender and Education*, 28(4), 491–509. doi:10.1080/09540253.2016.1171297
- Cameron-Lewis, V., & Allen, L. (2013). Teaching pleasure and danger in sexuality education. *Sex Education*, 13(2), 121–132. doi:10.1080/14681811.2012.697440
- Carpentier, M. Y., Fortenberry, J. D., Ott, M. A., Brames, M. J., & Einhorn, L. H. (2011). Perceptions of masculinity and self-image in adolescent and young adult testicular cancer survivors: Implications for romantic and sexual relationships. *Psycho-Oncology*, 20(7), 738–745. doi:10.1002/pon.1772
- Carter, S. M., Entwistle, V. A., McCaffery, K., & Rychetnik, L. (2011). Shared health governance: The potential danger of oppressive "healthism. *The American Journal of Bioethics*, 11(7), 57–59. doi:10.1080/15265161.2011.566668
- Centers for Disease Control and Prevention. (2010). *A public health approach for advancing sexual health in the United States: Rationale and options for implementation, meeting report of an external consultation*. Atlanta, GA: Centers for Disease Control and Prevention.
- Coleman, E. J., & Bockting, W. O. (2013). *Masturbation as a means of achieving sexual health*. New York, NY: Routledge.
- Corréa, S., & Parker, R. (2004). Sexuality, human rights, and demographic thinking: Connections and disjunctions in a changing world. *Sexuality Research and Social Policy*, 1(1), 15–38. doi:10.1525/srsp.2004.1.1.15
- DeJong, J. (2000). The role and limitations of the Cairo International Conference on Population and Development. *Social Science & Medicine*, 51(6), 941–953. doi:10.1016/S0277-9536(00)00073-3
- Deutsch, M. B., Bowers, M. L., Radix, A., & Carmel, T. C. (2019). Transgender medical care in the United States: A historical perspective. In J. S. Schneider, V. M. B. Silenzio, and L. Erickson-Schroth (Eds.), *The GLMA handbook on LGBT health* (pp. 83–132). Santa Barbara, CA: Praeger.
- Dixon-Mueller, R., Germain, A., Fredrick, B., & Bourne, K. (2009). Towards a sexual ethics of rights and responsibilities. *Reproductive Health Matters*, 17(33), 111–119. doi:10.1016/S0968-8080(09)33435-7
- Dooris, M., Farrier, A., & Froggett, L. (2018). Wellbeing: The challenge of 'operationalising' an holistic concept within a reductionist public health programme. *Perspectives in Public Health*, 138(2), 93–99. doi:10.1177/1757913917711204
- Dunbar, J. K., Hughes, G., & Fenton, K. (2017). In a challenging environment, intelligent use of surveillance data can help guide sexual health commissioners' choices to maximise public health benefit. *Sexually Transmitted*

- Infections*, 93(3), 151–152. doi:10.1136/sextrans-2016-052696
- Edwards, W. M., & Coleman, E. (2004). Defining sexual health: A descriptive overview. *Archives of Sexual Behavior*, 33(3), 189–195. doi:10.1023/B:ASEB.0000026619.95734.d5
- Epstein, S., & Mamo, L. (2017). The proliferation of sexual health: Diverse social problems and the legitimation of sexuality. *Social Science & Medicine*, 188, 176–190. doi:10.1016/j.socscimed.2017.06.033
- Escoffier, J. (2017). Sex in the seventies: Gay porn cinema as an archive for the history of American sexuality. *Journal of the History of Sexuality*, 26(1), 88–113. doi:10.7560/JHS26104
- Fairchild, A. L., & Bayer, R. (2016). In the name of population well-being: The case for public health surveillance. *Journal of Health Politics, Policy and Law*, 41(1), 119–128. doi:10.1215/03616878-3445650
- Fine, M. (1988). Sexuality, schooling, and adolescent females: The missing discourse of desire. *Harvard Educational Review*, 58(1), 29–54. doi:10.17763/haer.58.1.u0468k1v2n2n8242
- Fine, M., & McClelland, S. (2006). Sexuality education and desire: Still missing after all these years. *Harvard Educational Review*, 76(3), 297–338. doi:10.17763/haer.76.3.w5042g23122n6703
- Ford, J. V., Ivankovich, M. B., Douglas, J. M., Hook, E. W., Barclay, L., Elders, J., ... Coleman, E. (2017). The need to promote sexual health in America: A new vision for public health action. *Sexually Transmitted Diseases*, 44(10), 579–585. doi:10.1097/OLQ.0000000000000660
- Fortenberry, J. D. (2013). The evolving sexual health paradigm: Transforming definitions into sexual health practices. *Aids*, 27(Suppl 1), S127–S133. doi:10.1097/QAD.0000000000000048
- Foucault, M. (1978). *The History of Sexuality, vol. 1, An Introduction* (R. Hurley, Trans.). New York, NY: Pantheon. doi:10.1086/ahr/84.4.1020
- Foucault, M. (1990). *The history of sexuality: An introduction*. New York, NY: Vintage.
- Gagnon, J. H., & Simon, W. (1973). *Sexual conduct: The social origins of human sexuality*. New York, NY: Routledge.
- Galati, A. J. (2015). Onward to 2030: Sexual and reproductive health and rights in the context of the Sustainable Development Goals. *Guttmacher Policy Review*, 18(4), 77–84.
- Giami, A. (2015). Between DSM and ICD: Paraphilias and the transformation of sexual norms. *Archives of Sexual Behavior*, 44(5), 1127–1138. doi:10.1007/s10508-015-0549-6
- Global Advisory Board for Sexual Health and Wellbeing. (2016). Working definition of sexual pleasure. Retrieved from <http://www.gab-shw.org/our-work/working-definition-of-sexual-pleasure/>
- Greaves, L. M., Barlow, F. K., Huang, Y., Stronge, S., Fraser, G., & Sibley, C. G. (2017). Asexual identity in a New Zealand national sample: Demographics, well-being, and health. *Archives of Sexual Behavior*, 46(8), 2417–2427. doi:10.1007/s10508-017-0977-6
- Gruskin, S., Yadav, V., Castellanos-Usigli, A., Khizanishvili, G., & Kismödi, E. (2019). Sexual health, sexual rights and sexual pleasure: Meaningfully engaging the perfect triangle. *Sexual and Reproductive Health Matters*, 27(1), 1593787. doi:10.1080/26410397.2019.1593787
- Hamilton, L., & Armstrong, E. A. (2009). Gendered sexuality in young adulthood: Double binds and flawed options. *Gender & Society*, 23(5), 589–616. doi:10.1177/0891243209345829
- Hanbury, A., & Eastham, R. (2016). Keep calm and contracept! Addressing young women's pleasure in sexual health and contraception consultations. *Sex Education*, 16(3), 255–265. doi:10.1080/14681811.2015.1093925
- Hart, G., & Wellings, K. (2002). Sexual behaviour and its medicalisation: In sickness and in health. *BMJ*, 324(7342), 896–900. doi:10.1136/bmj.324.7342.896
- Hawkes, G. (2004). *Sex and pleasure in western culture*. Cambridge, UK: Polity.
- Higgins, J. A., & Hirsch, J. S. (2007). The pleasure deficit: Revisiting the “sexuality connection” in reproductive health. *Perspectives on Sexual and Reproductive Health*, 39(4), 240–247. doi:10.1363/3924007
- Higgins, J. A., Hirsch, J. S., & Trussell, J. (2008). Pleasure, prophylaxis and procreation: A qualitative analysis of intermittent contraceptive use and unintended pregnancy. *Perspectives on Sexual and Reproductive Health*, 40(3), 130–137. doi:10.1363/4013008
- Hirst, J. (2008). Developing sexual competence? Exploring strategies for the provision of effective sexualities and relationships education. *Sex Education*, 8(4), 399–413. doi:10.1080/14681810802433929
- Hogben, M., Ford, J., Becasen, J. S., & Brown, K. F. (2015). A systematic review of sexual health interventions for adults: Narrative evidence. *The Journal of Sex Research*, 52(4), 444–469. doi:10.1080/00224499.2014.973100
- Hogben, M., Paffel, J., Broussard, D., Wolf, W., Kenney, K., Rubin, S., ... Samoff, E. (2005). Syphilis partner notification with men who have sex with men: A review and commentary. *Sexually Transmitted Diseases*, 32(supplement), S43–S47. doi:10.1097/01.olq.0000180565.54023.bf
- Holmberg, D., Blair, K. L., & Phillips, M. (2010). Women's sexual satisfaction as a predictor of well-being in same-sex versus mixed-sex relationships. *Journal of Sex Research*, 47(1), 1–11. doi:10.1080/00224490902898710
- Hooghe, M. (2012). Is sexual well-being part of subjective well-being? An empirical analysis of Belgian (Flemish) survey data using an Extended Well-Being Scale. *Journal of Sex Research*, 49(2–3), 264–273. doi:10.1080/00224499.2010.551791
- Hoppe, T. (2011). Circuits of power, circuits of pleasure: Sexual scripting in gay men's bottom narratives. *Sexualities*, 14(2), 193–217. doi:10.1177/1363460711399033

- Hull, T. H. (2008). Sexual pleasure and wellbeing. *International Journal of Sexual Health*, 20(1–2), 133–145. doi:10.1080/19317610802157234
- Ingham, R. (2005). We didn't cover that at school': Education *against* pleasure or education *for* pleasure? *Sex Education*, 5(4), 375–388. doi:10.1080/14681810500278451
- Ingham, R., Woodcock, A., & Stenner, K. (1992). The limitations of rational decision-making models as applied to young people's sexual behaviour. In P. Aggleton, P. Davies, & G. Hart (Eds.), *AIDS: Rights, risk, and reason* (pp. 163–173). London, UK: Taylor & Francis.
- Ivankovich, M. B., Fenton, K. A., & Douglas, J. M. (2013). Considerations for national public health leadership in advancing sexual health. *Public Health Reports*, 128(2_suppl1), 102–110. doi:10.1177/00333549131282S112
- Ivankovich, M. B., Leichliter, J. S., & Douglas, J. M. (2013). Measurement of sexual health in the US: An inventory of nationally representative surveys and surveillance systems. *Public Health Reports*, 128(2_suppl1), 62–72. doi:10.1177/00333549131282S107
- Jewkes, R., Fulu, E., Roselli, T., & Garcia-Moreno, C. (2013). Prevalence of and factors associated with non-partner rape perpetration: Findings from the UN Multi-country Cross-sectional Study on Men and Violence in Asia and the Pacific. *The Lancet Global Health*, 1(4), e208–e218. doi:10.1016/S2214-109X(13)70069-X
- Joint United Nations Programme on HIV/AIDS (UNAIDS). (2019a). *Global HIV & AIDS statistics — 2019 fact sheet*. Retrieved from <https://www.unaids.org/en/resources/fact-sheet>
- Joint United Nations Programme on HIV/AIDS (UNAIDS). (2019b). *Women and HIV - A Spotlight on adolescent girls and young women*. Retrieved from <https://www.unaids.org/en/resources/documents/2019/women-and-hiv>
- Karkazis, K. (2008). *Fixing sex: Intersex, medical authority, and lived experience*. Durham, NC: Duke University Press.
- Knerr, W., & Philpott, A. (2011). Strange bedfellows: Bridging the worlds of academia, public health and the sex industry to improve sexual health outcomes. *Health Research Policy and Systems*, 9(S1), S13. doi:10.1186/1478-4505-9-S1-S13
- Knerr, W., Philpott, A., & Sims, M. (2008). *The Global Mapping of Pleasure: A directory of organizations, programmes, media and people who eroticize safer sex*. Oxford, UK; Delhi, India: The Pleasure Project.
- Kottke, T. E., Gallagher, J. M., Rauri, S., Tillema, J. O., Pronk, N. P., & Knudson, S. M. (2016). New summary measures of population health and well-being for implementation by health plans and accountable care organizations. *Preventing Chronic Disease*, 13, E89. doi:10.5888/pcd13.160224
- La Placa, V., & Knight, A. (2014). Well-being: Its influence and local impact on public health. *Public Health*, 128(1), 38–42. doi:10.1016/j.puhe.2013.09.017
- Lee, D. M., Vanhoutte, B., Nazroo, J., & Pendleton, N. (2016). Sexual health and positive subjective well-being in partnered older men and women. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 71(4), 698–710. doi:10.1093/geronb/gbw018
- Levinson, R. A., Jaccard, J., & Beamer, L. A. (1995). Older adolescents' engagement in casual sex: Impact of risk perception and psychosocial motivations. *Journal of Youth and Adolescence*, 24(3), 349–364. doi:10.1007/BF01537601
- Lewis, L. J. (2004). Examining sexual health discourses in a racial/ethnic context. *Archives of Sexual Behavior*, 33(3), 223–234. doi:10.1023/B:ASEB.0000026622.31380.b4
- McClelland, S. I. (2010). Intimate justice: A critical analysis of sexual satisfaction. *Social and Personality Psychology Compass*, 4(9), 663–680. doi:10.1111/j.1751-9004.2010.00293.x
- Messerschmidt, J. W. (2018). *Hegemonic masculinity: Formulation, reformulation, and amplification*. Lanham, MD: Rowman & Littlefield.
- Miller, A. M., Gruskin, S., Cottingham, J., & Kismödi, E. (2015). Sound and Fury – engaging with the politics and the law of sexual rights. *Reproductive Health Matters*, 23(46), 7–15. doi:10.1016/j.rhm.2015.11.006
- Miller, A. M., Kismödi, E., Cottingham, J., & Gruskin, S. (2015). 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(46), 16–30. doi:10.1016/j.rhm.2015.11.007
- Mitchell, K. R., Mercer, C. H., Ploubidis, G. B., Jones, K. G., Datta, J., Field, N., ... Wellings, K. (2013). Sexual function in Britain: Findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3). *The Lancet*, 382(9907), 1817–1829. doi:10.1016/S0140-6736(13)62366-1
- Moser, C., & Kleinplatz, P. J. (2006). DSM-IV-TR and the paraphilias: An argument for removal. *Journal of Psychology & Human Sexuality*, 17(3–4), 91–109. doi:10.1300/J056v17n03_05
- Murphy, P. (2013). Public health and health and wellbeing boards: Antecedents, theory and development. *Perspectives in Public Health*, 133(5), 248–253. doi:10.1177/1757913913490086
- Mustanski, B., Greene, G. J., Ryan, D., & Whitton, S. W. (2015). Feasibility, acceptability, and initial efficacy of an online sexual health promotion program for LGBT youth: The Queer Sex Ed Intervention. *The Journal of Sex Research*, 52(2), 220–230. doi:10.1080/00224499.2013.867924
- Oriel, J. (2005). Sexual pleasure as a human right: Harmful or helpful to women in the context of HIV/AIDS? *Women's Studies International Forum*, 28(5), 392–404. doi:10.1016/j.wsif.2005.05.002
- Ott, M. A., Millstein, S. G., Ofner, S., & Halpern Felsher, B. L. (2006). Greater expectations: Adolescents' positive motivations for sex. *Perspectives on Sexual and Reproductive Health*, 38(2), 84–89. doi:10.1363/3808406
- Pan American Health Organization. (2010). Linking sexual and reproductive health and gender programs and services with prevention of HIV/STI. Retrieved from http://new.paho.org/hq/index.php?option=com_content&task=view&id=3280&Itemid=259

- Parker, R., di Mauro, D., Filiano, B., Garcia, J., Munoz-Laboy, M., & Sember, R. (2004). Global transformations and intimate relations in the 21st century: Social science research on sexuality and the emergence of *sexual health* and *sexual rights* frameworks. *Annual Review of Sex Research*, 15(1), 362–398.
- Peterson, J. L., Coates, T. J., Catania, J. A., Middleton, L., Hilliard, B., & Hearst, N. (1992). High-risk sexual behavior and condom use among gay and bisexual African-American men. *American Journal of Public Health*, 82(11), 1490. doi:10.2105/AJPH.82.11.1490
- Phillips, G., & Green, J. (2015). Working for the public health: Politics, localism and epistemologies of practice. *Sociology of Health & Illness*, 37(4), 491–505. doi:10.1111/1467-9566.12214
- Philpott, A., Knerr, W., & Boydell, V. (2006). Pleasure and prevention: When good sex is safer sex. *Reproductive Health Matters*, 14(28), 23–31. doi:10.1016/S0968-8080(06)28254-5
- Philpott, A., Singh, A., & Gamlin, J. (2017). *Blurring the boundaries of public health: It's time to make safer sex porn and erotic sex education*. Retrieved from <https://opendocs.ids.ac.uk/opendocs/handle/123456789/12810>
- Reichert, T. (2002). Sex in advertising research: A review of content, effects, and functions of sexual information in consumer advertising. *Annual Review of Sex Research*, 13, 241–273. doi:10.1080/10532528.2002.10559806
- Reichert, T., Heckler, S. E., & Jackson, S. (2001). The effects of sexual social marketing appeals on cognitive processing and persuasion. *Journal of Advertising*, 30(1), 13–27. doi:10.1080/00913367.2001.10673628
- Robinson, B. B. E., Bockting, W. O., Rosser, B. R. S., Miner, M., & Coleman, E. (2002). The Sexual Health Model: Application of a sexological approach to HIV prevention. *Health Education Research*, 17(1), 43–57. doi:10.1093/her/17.1.43
- Robles, R., Fresán, A., Vega-Ramírez, H., Cruz-Islas, J., Rodríguez-Pérez, V., Domínguez-Martínez, T., & Reed, G. M. (2016). Removing transgender identity from the classification of mental disorders: A Mexican field study for ICD-11. *The Lancet Psychiatry*, 3(9), 850–859. doi:10.1016/S2215-0366(16)30165-1
- Rubin, G. (1984). Thinking sex: Notes for a radical theory of the politics of sexuality. In P. M. Nardi & B. E. Schneider (Eds.), *Social perspectives in lesbian and gay studies; a reader* (pp. 100–133). London, UK: Routledge.
- Satcher, D., Hook, E. W., & Coleman, E. (2015). Sexual health in America: Improving patient care and public health. *JAMA*, 314(8), 765–766. doi:10.1001/jama.2015.6831
- Schalet, A. (2009). Subjectivity, intimacy, and the empowerment paradigm of adolescent sexuality: The unexplored room. *Feminist Studies*, 35(1), 133–160.
- Schalet, A. T. (2011). Beyond abstinence and risk: A new paradigm for adolescent sexual health. *Women's Health Issues*, 21(3), S5–S7. doi:10.1016/j.whi.2011.01.007
- Scott-Sheldon, L. A., & Johnson, B. T. (2006). Eroticizing creates safer sex: A research synthesis. *The Journal of Primary Prevention*, 27(6), 619–640. doi:10.1007/s10935-006-0059-3
- Scott-Sheldon, L. A. J., Marsh, K. L., Johnson, B. T., & Glasford, D. E. (2006). Condoms+pleasure=safesex? A missing addend in the safer sex message. *AIDS Care*, 18(7), 750–754. doi:10.1080/09540120500411073
- Singh, S., Darroch, J. E., & Ashford, L. S. (2014). *Adding it up: The costs and benefits of investing in sexual and reproductive health 2014*. Retrieved from <http://www.popline.org/node/637887>
- Singhal, A., & Rogers, E. M. (2003). *Combating AIDS: Communication strategies in action*. New Delhi, India: Sage.
- Starrs, A. M., Ezech, A. C., Barker, G., Basu, A., Bertrand, J. T., Blum, R., ... Ashford, L. S. (2018). Accelerate progress—sexual and reproductive health and rights for all: Report of the Guttmacher–Lancet Commission. *The Lancet Commissions*, 391(10140), 2642–2692. doi:10.1016/S0140-6736(18)30293-9
- Stoller, R. J. (2018). *Sexual excitement: Dynamics of erotic life*. London, UK: Routledge.
- Swartzendruber, A., & Zenilman, J. M. (2010). A national strategy to improve sexual health. *JAMA*, 304(9), 1005–1006. doi:10.1001/jama.2010.1252
- Tepper, M. S. (2000). Sexuality and disability: The missing discourse of pleasure. *Sexuality and Disability*, 18(4), 283–290. doi:10.1023/A:1005698311392
- Tiefer, L. (1996). The medicalization of sexuality: Conceptual, normative, and professional issues. *Annual Review of Sex Research*, 7(1), 252–282. doi:10.1080/10532528.1996.10559915
- United Nations Entity for Gender Equality and the Empowerment of Women. (1992). *Convention on the elimination of discrimination against women. general recommendations, no. 19. Violence against women*. Retrieved from <https://www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm>
- Van Belle, S., Boydell, V., George, A. S., Brinkerhof, D. W., & Khosla, R. (2018). Broadening understanding of accountability ecosystems in sexual and reproductive health and rights: A systematic review. *PLoS One*, 13(5), e0196788. doi:10.1371/journal.pone.0196788
- Vance, C. S. (1984). Pleasure and danger: Toward a politics of sexuality. In C. S. Vance (Ed.), *Pleasure and danger: Exploring female sexuality* (pp. 1–27). Boston, MA: Routledge.
- Vida, B. (2019). New waves of anti-sexual and reproductive health and rights strategies in the European Union: The anti-gender discourse in Hungary. *Sexual and Reproductive Health Matters*, 27(2), 1610281. doi:10.1080/26410397.2019.1610281
- Volk, A. A., Dane, A. V., & Marini, Z. A. (2014). What is bullying? A theoretical redefinition. *Developmental Review*, 34(4), 327–343. doi:10.1016/j.dr.2014.09.001

- Vu, A., Adam, A., Wirtz, A., Pham, K., Rubenstein, L., Glass, N. E., ... Singh, S. (2014). The prevalence of sexual violence among female refugees in complex humanitarian emergencies: A systematic review and meta-analysis. *PLoS Currents*, 6, 1-21. doi:10.1371/currents.dis.835f10778fd80ae031aac12d3b533ca7
- Wellings, K., & Johnson, A. M. (2013). Framing sexual health research: Adopting a broader perspective. *The Lancet*, 382(9907), 1759-1762. doi:10.1016/S0140-6736(13)62378-8
- Wellings, K., Jones, K. G., Mercer, C. H., Tanton, C., Clifton, S., Datta, J., ... Johnson, A. M. (2013). The prevalence of unplanned pregnancy and associated factors in Britain: Findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3). *The Lancet*, 382(9907), 1807-1816. doi:10.1016/S0140-6736(13)62071-1
- World Association for Sexual Health (WAS). (2008). Achieve recognition of sexual pleasure as a component of well-being. In World Association for Sexual Health (Ed.), *Millennium declaration*. Oaxaca Mexico. Retrieved from <http://176.32.230.27/worldsexology.org/wp-content/uploads/2013/08/millennium-chapter8.pdf>
- World Association for Sexual Health (WAS) (2014). World Association for Sexual Health. Declaration of Sexual Rights. Retrieved from <http://www.worldsexology.org/resources/declaration-of-sexual-rights/>
- World Bank. (2016). *The World Bank Annual Report 2016*. Retrieved from <https://ideas.repec.org/b/wbk/wbpubs/24985.html>.
- World Bank. (2018). *Atlas of sustainable development goals 2018: World development indicators*. Retrieved from <http://documents.worldbank.org/curated/en/590681527864542864/Atlas-of-Sustainable-Development-Goals-2018-World-Development-Indicators>
- World Health Organization (WHO) (2006). *Defining sexual health: Report of a technical consultation on sexual health, 28-31 January 2002, Geneva*. Geneva, Switzerland: World Health Organization.
- World Health Organization (WHO) (2011). Sexual and reproductive health core competencies in primary care: Attitudes, knowledge, ethics, human rights, leadership, management, teamwork, community work, education, counseling, clinical settings, service, provision. Retrieved from http://whqlibdoc.who.int/publications/2011/9789241501002_eng.pdf
- World Health Organization (WHO) (2014). Global Health Estimates 2014 Summary Tables: Deaths by cause, age and sex, 2000-2012. Retrieved from http://www.who.int/healthinfo/global_burden_disease/GHE_DthMDG_2000_2012.xls?us=1
- World Health Organization (WHO) (2015a). Global estimates shed light on toll of sexually transmitted infections. Retrieved from <https://www.who.int/reproductivehealth/news/stis-estimates-2015/en/>
- World Health Organization (WHO) (2015b). Sexual health, human rights and the law. Retrieved from https://www.who.int/reproductivehealth/publications/sexual_health/sexual-health-human-rights-law/en/
- World Health Organization (WHO) (2016). Global strategy for women's, children's and adolescents' health (2016-2030). Retrieved from <https://www.who.int/life-course/partners/global-strategy/en/>
- Wysocki, D. K. (1998). Let your fingers do the talking: Sex on an adult chat-line. *Sexualities*, 1(4), 425. doi:10.1177/136346098001004003