

SEXUAL HEALTH

Fact sheet 3

What causes sexual health and 'ill-health'?

The underlying causes of sexual health are basically the same as those that determine physical, mental, emotional, and every other form of health and wellbeing.

Health and wellbeing is affected by the start people have in life and their everyday life experiences from pre-birth on (1). Our capacity to make positive health choices and to manage our own health and wellbeing is linked to social factors, including our position on the 'social ladder' (2, 3).

The higher the level of an individual's or a group's power or status in society, the more resources and opportunities they will have to control their sexual and reproductive lives, and enjoy their sexuality.

These social factors, which are the underlying causes of relationship, sexual and reproductive 'ill-health' issues and problems, are all interconnected, and include:

- poverty
- power inequalities (for example, between men and women, adults and children, boss and worker)

Sexual health, like other forms of health, fundamentally is socially determined.



- social/cultural attitudes, beliefs and expectations about relationships, sexuality, pregnancy
- social isolation
- discrimination
- lack of access to information and education
- lack of access to health and other services and support

Sexual and reproductive health outcomes are distributed unequally between and within different population groups, as are other indicators of health (4).

Adverse sexual health experiences and outcomes related to gender and power inequalities include:

- women, young people and children experiencing a higher rate of sexual coercion, assault and abuse than do males
- men not feeling comfortable using sexual health services when needed
- young women experiencing difficulties in negotiating use of contraception
- men being victimised and subjected to discrimination if they do not conform to accepted modes of masculinity
- prevalence of adverse sexual and other health outcomes is higher

for people of diverse sexuality (gay men, bisexuals, lesbians, transgender and so on)

- few (if any) services for people of diverse sexuality
- denial of disabled people's sexuality (regardless of gender)

The best sexual health outcomes are achieved in countries where the sexual rights of all persons are respected and protected (5, 6, 7).

In these countries:

- the effect of social and economic inequalities, discrimination, lack of respect and abuses of power are recognised
- there is equality of educational opportunity and access to lifelong learning and support
- all people have access to comprehensive and accurate information and education about relationships and sexual health
- all people have access to safe, accessible, low-cost or free sexual health services

There are positive social and cultural attitudes in these countries to relationships, sexuality and sexual behaviour, including:

- an emphasis on respect for self and others, mutually respectful relationships, trust and love

- a commitment to promote the rights of all people to be free from discrimination, abuse, violence or coercion
- an affirmation that every individual is equally valued and has a right to pursue a satisfying, safe and pleasurable sex life
- an acceptance of the diversity of beliefs, values and moralities to be found across the community
- a belief that stable, committed relationships based on these values are fundamental for raising children
- an adult acceptance of sexual activity among teenagers combined with the expectation that teenagers will protect themselves and their partners from pregnancy, sexually transmitted infections, sexual coercion, and so on

The stigma and discrimination in Australia associated with sexuality and many sexual and reproductive health issues prevent some people from using sexual health services and support, and result in poorer outcomes for some groups.

These poorer outcomes are the case particularly for people who:

- are Aboriginal
- come from culturally and linguistically diverse backgrounds
- have disabilities

- are teenagers
- are same-sex attracted
- have been sexually abused as children
- are sex workers, and others (see Fact sheets 12–17)

What about risky individuals and risky behaviours?

The primary focus of concern in Australia is on 'risky' individuals and 'risky' behaviours, even though there is wide recognition by many people of the influence of social factors. This focus persists despite the evidence showing that sexual behaviours worldwide not only are strongly shaped by social forces, but that those forces are remarkably similar in different countries and different settings (8).

The resources and opportunities we have as individuals to control our sexual and reproductive lives and enjoy our sexuality fundamentally are determined by the level of our (individual or group) social power or status.

There is strong research evidence to show that individual characteristics, knowledge and risk behaviour explain only a small part of the difference in the incidence of health problems and diseases between and within different population groups (9–12).

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