

SEXUAL HEALTH

Fact sheet 4

Different approaches to sexual health and wellbeing

Approaches to sexual health in Australia typically have taken a biomedical stance, combined with a limited behavioural approach that emphasises 'risky people and risky behaviours'; such a view has limited the insights about and work around the truth that a person's sexual health is socially determined.

Table 1 outlines three approaches to the problems and potential of sexual health.

The boundaries between these three approaches often overlap in practice, and different approaches are combined or implemented at the same time.

All three approaches can be combined effectively in a population health approach to improve sexual health and wellbeing.

Strong evidence suggests that sexual health can be achieved only with a comprehensive primary health care approach.



Table 1: Approaches to improving sexual health and wellbeing

	Bio-medical	Behavioural	Social determinants or comprehensive primary health care
What's the 'problem'?	Incidence and prevalence of particular problems and diseases Physiological and psychological risk and protective factors	Behavioural risk and protective factors Poor health 'choices'	Sexual ideology and unequal social relations Political, socioeconomic, and environmental risk conditions Unequal and unfair access to information, education, services and opportunities for sexual health
Examples of 'problem' focus	Focus on birth and childbearing without death or disease Contraception Infertility Child protection Incidence/prevalence of sexually transmitted infections (STIs)	Unsafe sexual practices Sexual violence Sex and relationship knowledge and skills Antenatal attendance Contraception choice	Access to information and education about relationships and sexual health Inequities in access to health services and outcomes School retention Social isolation and exclusion Gendered and homophobic violence Unsafe, impoverished environments
Level of intervention	Disease intervention Tertiary prevention (screening risk populations, preventing illness) Secondary prevention (improving health behaviours)	Secondary prevention (improving health behaviours) Primary prevention (creating healthy ways of living)	Secondary prevention (improving health behaviours) Primary prevention (creating healthy ways of living) Health promotion (creating 'healthful' living conditions)
Strategy/program development	Professionally managed	Community-based approach ¹	Community development/empowerment approach ²
Examples of criteria for success	Decreased morbidity and mortality Decrease in prevalence of physiological or psychological risk factors	Knowledge/behaviour change Intervention earlier in the life-course Healthy public policy and practices (for example, standard school curriculum, condom access)	Personal empowerment Increased social connection Group or community action to achieve more equitable social distribution of resources and opportunities for health

¹ 'Community-based' programming is when service providers or agencies define the problem, develop strategies to address the problem and involve community members and groups in their implementation. The goal is generally 'building the capacity' of community members and groups to take responsibility for ongoing program and health improvement. (Labonte, R., Community Health and Empowerment: Notes on the new health promotion practice, 1992; Health Promotion Centre, University of Toronto.)

² 'Community development' or 'empowerment' programming refers to the process by which service providers and agencies support individuals and community groups to identify their concerns, issues and aspirations and to plan and implement strategies to act on them.

Evidence-based action to improve sexual health and wellbeing

There is evidence for effective interventions from all three of the approaches typified in Table 1, but there is strong evidence that sustained improvements in sexual health can be achieved only with a comprehensive primary health care approach (Column 3); that is, 'sexual health' is conceived as a human right and a fundamental resource for everyday living, and there is action to change the social determinants of persistent and unequal patterns of health and wellbeing (2).

There is growing evidence that efforts to change individual or group behaviours are not effective when carried out in isolation from these fundamental societal determinants (1, 3–6).

The evidence when viewed as a whole points to four priority areas for action. Action in these four areas

will achieve sustained improvements in both the sexual health and wellbeing of individuals of all ages and the population groups to which they belong.

1. Improve all people's access to primary-level sexual health services and support.
2. Increase all people's access to comprehensive information and education about relationships and sexual health.
3. Focus on and reduce unfair inequalities in general health/sexual health and wellbeing outcomes between population groups.
4. Positively influence the cultural and social factors that affect sexual health and wellbeing.

The biomedical and behavioural approaches outlined in Table 1 can contribute effectively to achieving improved sexual health and wellbeing outcomes within a comprehensive primary health care approach.

References

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