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Introduction

Sexual health is influenced by a complex web of factors ranging from sexual behaviour and attitudes and societal factors, to biological risk and genetic predisposition. It encompasses the problems of HIV and STIs/RTIs, unintended pregnancy and abortion, infertility and cancer resulting from STIs, and sexual dysfunction. Sexual health can also be influenced by mental health, acute and chronic illnesses, and violence. Addressing sexual health at the individual, family, community or health system level requires integrated interventions by trained health providers and a functioning referral system. It also requires a legal, policy and regulatory environment where the sexual rights of all people are upheld.

Addressing sexual health also requires understanding and appreciation of sexuality, gender roles and power in designing and providing services. Understanding sexuality and its impact on practices, partners, reproduction and pleasure presents a number of challenges as well as opportunities for improving sexual and reproductive health care services and interventions. Validity of data collection, given researcher bias and difficulties in discussing such a private issue, also remains a problem in some settings that must be overcome if a greater understanding of sexuality in various settings is to be achieved. Sexuality research must go beyond concerns related to behaviour, numbers of partners and practices, to the underlying social, cultural and economic factors that make individuals vulnerable to risks and affect the ways in which sex is sought, desired and/or refused by women, men and young people. Investigating sexuality in this way entails going beyond reproductive health by looking at sexual health holistically and comprehensively. To do this requires adding to the knowledge base gained from the field of STI/HIV prevention and care, gender studies, and family planning, among others.

Sexual health represents a new thematic area of work for the Department of Reproductive Health and Research. While sexual health has been implicitly understood to be part of the reproductive health agenda, the emergence of HIV/AIDS, of sexual and gender-based violence and of the extent of sexual dysfunction (to name just some of the developments over the past two decades), have highlighted the need for the Department to now focus more explicitly on sexuality and the promotion of sexual health.

Working definitions

These working definitions were elaborated as a result of a WHO-convened international technical consultation on sexual health in January 2002, and subsequently revised by a group of experts from different parts of the world.

They are presented here as a contribution to on-going discussions about sexual health, but **do not represent an official WHO position, and should not be used or quoted as WHO definitions.**

[Sex](#)

[Sexuality](#)

[Sexual health](#)

[Sexual health](#) (1975 definition)

[Sexual rights](#)

Sex

Sex refers to the biological characteristics that define humans as female or male. While these sets of biological characteristics are not mutually exclusive, as there are individuals who possess both, they tend to differentiate humans as males and females. In general use in many languages, the term 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.

Sexuality

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,

Progress Newsletter



Sexual health—a new focus for WHO

Issue 67 - 2005

What constitutes sexual health? Promoting sexual health

Integrating sexual health into primary health care services
Gender, sexuality and harmful sexual practices
Violence related to gender and sexuality
[8 pages](#) (pdf 256 kb)

Defining sexual health



Report of a technical consultation on sexual health 28–31 January 2002, Geneva

[More info/full text](#)

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, religious and spiritual factors.

Sexual health

Sexual health is a state of physical, emotional, mental and social well-being in relation 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

Sexual rights embrace human rights that are already recognized in national laws, international human rights documents and other consensus statements. They include the right of all persons, free of coercion, discrimination and violence, to:

- the highest attainable standard of sexual health, including access to sexual and reproductive health care services;
- seek, receive and impart information related to sexuality;
- sexuality education;
- respect for bodily integrity;
- choose their 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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