



# Approach to Sexual Health in Primary Care

## Birinci Basamakta Cinsel Sağlığa Yaklaşım

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### ABSTRACT

Most of the beliefs regarding sexuality are exaggerated, subjective and wrong. Like other human activities sexuality is subjected to social and cultural effects. Personal tendencies, beliefs and wrongly structured concepts of thought are known to play an important role on formation and continuation of sexual function disorders. Sexual health, which is defined as the ability of expressing sexuality free from the risks of sexually transmitted diseases, unwanted pregnancies, sexual coercion, violence and discrimination, not limited with medical care and consultancy limited to reproduction and sexually transmitted diseases but also aims enhancement of personality and, interpersonal relationships and life. This article is intended to initiate change and a progress on points of views about sexual health along with the discussion of the approach to sexual health in primary care.

**Key words:** Sexuality, sexual health, sexual function disorder

### ÖZET

Cinsellikle ilgili inanışların birçoğu abartılı, yanlı ve yanlıştır. Cinsel yaşam da diğer insani etkinlikler gibi toplumsal ve kültürel etkilere açıktır. Kişinin eğilimlerinin, inanışlarının, düşüncesinde yanlış oluşmuş kavramların, cinsel işlev bozukluğunun oluşumunda ve devamında etkili olduğu bilinmektedir. Cinsel yolla bulaşan hastalıklar, istenmeyen gebelikler, zorlama, şiddet ve ayrımcılık riskinden bağımsız olarak cinselliği ifade etme yeteneği olan cinsel sağlığın amacı, sadece üreme ve cinsel yolla bulaşan hastalıklarla sınırlandırılmış tıbbi bakım ve danışmanlık değil, aynı zamanda kişilik, kişisel ilişkiler ve yaşamın güçlendirilmesidir. Cinsel sağlığa birinci basamak yaklaşımı anlatan bu yazıda, cinsel sağlık hakkında sahip olunan düşünce biçiminde değişim ve gelişim yaratılması amaçlanmıştır.

**Anahtar kelimeler:** cinsellik, cinsel sağlık, cinsel işlev bozukluğu

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## INTRODUCTION

Sexuality, which starts before birth and continues lifelong, emerges through values, attitudes, behaviors, physical appearance, beliefs, personality, likes, dislikes of an individual and the community he/she lives in. It is affected by cultural and moral factors and aims to reproduce, and to take and to give pleasure.<sup>1</sup> In addition; sexuality is a complex entity which has psychologic, biologic, social, cultural, habitual, ethical, religious, anthropologic, politic and economic components. Therefore, approach and evaluation of patients with sexual problems should contain various viewpoints<sup>2</sup>.

According to World Health Organization (WHO); sexuality consists of composition of enriching effects of physical, emotional, entellectual and social aspects on communication and love. It is a state of healthiness that promotes not only physical but also emotional, spiritual, and social integrity of a person and also enriching the communication and love on a positive manner.<sup>3-4</sup>

Sexual experiences enhance the feeling of being loved and at the same time is a confirmation of manhood or womanhood of the individual. Still most of the beliefs related to sexuality are exaggerated, subjective and wrong. Many authors have identified that personal tendencies, beliefs and wrongly structured concepts of thought, play an important role in formation and continuation of Sexual Function Disorders (SFD)<sup>2</sup>. At first glance; association of sexuality with health may look weird. Sexual health needs to refer to free choices not to compulsions. Recent studies show that sexual problems are among the top of the list of things that make people unhappy and sexual health is important both for communal and for individual basis. It is in fact much more than a healthy reproduction. Detoriation of sexual health does not only end up with impairment of physical health but also continue to detoriate mental health at first, then family health and social health in a circular manner for both genders. Protection of sexual health has been identified as a fundamental human right by WHO. Achieving and maintaining lifelong safety in sexual behavior, which appears to be a survival instinct, is a basic personal responsibility.<sup>2-5-6</sup>

## Sexual Health and Reproductive Health

Sexual health was defined as part of reproductive health in the Programme of Action of the International Conference on Population and Development (ICPD) in 1994 in Cairo. Definition of concept of sexual health also involves concepts of “enrichment” and that “enhancement of personality, communication and love”. Reproductive Health has been also identified as a fundamental right for all individuals.<sup>7</sup>

Definitions of Reproductive Health and Sexual Health have common aspects. Most caregivers and planners use the term Sexual Health and Reproductive Health (SH/RH) synonymously.<sup>8</sup> SH/RH is a concept that aims to raise the level of awareness about individual’s needs, reproductive behaviors and his/her own sexuality. It unites concepts like reproduction, women health, and family planning.<sup>7-9</sup>

Sexual health primarily refers that individual’s realization of his/her sexuality and developing awareness for his/her attitudes towards it<sup>10</sup>. It means maintaining a sexual life without coercion and in a happy and an unharmed manner. It is also a status of living sexuality without the risks of Sexually Transmitted Diseases, unwanted pregnancies, violence and any discrimination<sup>11</sup>. It is an ability of an individual to express his/her sexuality freely, which means an enjoyable and safe sex life based on mutual respect. It is life-enhancing, involves pleasure and develops relationships and communication. Sexual health is also considered as a positive aspect of personal health<sup>8-10</sup>.

WHO describes sexual health as follows: ‘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 individuals must be respected, protected and fulfilled.<sup>1-6-8-10</sup>

Within the framework of WHO's definition of health as a state of complete physical, mental and

social well-being, and not merely the absence of disease or infirmity, reproductive health addresses the reproductive processes, functions and system at all stages of life. Reproductive health, therefore, implies that people are able to have a liable, satisfying and a safe sex life and that they have the capability to have children and the freedom to decide when and how many.<sup>8-12</sup>

### Sexual Life and Sexual Function

Sexual developmental problems and the SFD are important health issues in terms of the society's health and well-being. Studies have shown that sexual life style is closely associated with health and well-being. Problems in sexual life wears down the individual and also his/her relations and due to disruptions in his responsibilities to community wears down the community as well. Sexual health calls for a positive and a respectful approach. This is achieved by respecting, and protecting everybody's sexual rights. For a healthy and a happy sexual life one should get rid of any prejudice and myth about sexuality and also get to know him/herself and his/her partner well.<sup>13</sup>

The occurrence of sexual problems and disorders may have their source from the individual's physical and psychological features or arise by the interaction between the couple. To date, the place and importance of exaggerated or wrong sexual beliefs (myths) in occurrence and persistence SFD are known clearly. The studies show that psychological problems, the quality of a couple's relationship, important life events and daily stresses are associated with different sexual problems. Besides it is known that SFD are common in those with chronic conditions they are also frequent in anxiety and together with reduction in life quality. Studies on different societies and cultures yield similar results on frequency of SFD (table3). However, there are some differences as a result of cultural and communal effects. For instance; in conservative societies, the banning of sexuality absence of primary sexual education, conceptualization of sexuality as a taboo, and importance attributed to chastity cause men to have SFD in the form of premature ejaculation and women to have vaginismus and sexual aversion more than western societies.<sup>14-15-16-17</sup>

| <b>ISSUE</b>                                  | <b>Estimated</b> |
|---|------------------|
| Couple with unmet family planning requirement | 120 million      |
| Infertile couple                              | 60-80 million    |
| Maternal deaths / year                        | 585,000          |
| Serious maternal disease / year               | 20 million       |
| Perinatal death / year                        | 7.2 million      |
| Adult with HIV / AIDS                         | 20,1 million     |
| New HIV enfection / year                      | 2,75 million     |
| Abortus under unhygenic conditions            | 20 million       |
| Curable Sexually Transmitted Disease / year   | 333 million      |
| Women with invasive servix ca                 | 2 million        |
| New cases of cervical ca / year               | 450,000          |
| Women with genital mutilation                 | 85-110 million   |

Quality of sexual life has come into prominence in the last 20 years. The increase in the life span of humanity has determined the protection and maintenance of sexual health as an important component of quality of life. It is a reality that human sexuality, which proceeds as a life instinct, does not

fit into one single framework. People are different in terms of sexual instinct, power and satiety. The predictors of these differences are the relations of the individual with society, culture, gender, age, and sexual experiences developed through lifetime.

**Table 2\*. SH/RH Services which must be supplied in primary care**

- Reproductive health problems and services must be addressed in continuity and integrity.
- Information, education and communication for responsible reproduction, sexual behavior and parenthood.
- Widespread family planning services, disclosure, communication and education.
- Effective maternal health services and safe motherhood, prepartum care, healthy delivery, postpartum care and supervision
- Prevention of Sexually Transmitted Diseases (STD) and challenges against HIV
- Effective control of genital tract infections
- Prevention and treatment of infertility
- Prevention of insecure abortion
- Prevention and treatment of malignancies of reproductive organs.
- Nutrition
- Infant and child health
- Adolescent health and sexuality
- Healthy living style
- Correction and regulation of environmental factors
- Correction and regulation of social, cultural and behavioral factors.

\*These services must be supported by secondary and tertiary care units when needed.

**Table 3. The frequency of some SFD<sup>4</sup>**

|       | SFD                        | Life-long Prevalence % |
|-------|----------------------------|------------------------|
| WOMEN | Hypoactive Sexual Desire   | 27-33                  |
|       | Arousal Disorder           | 10-18                  |
|       | Sexual Orgasm Disorder     | 5-25                   |
|       | Dyspareunia and Vaginismus | 3-11                   |
| MEN   | Hypoactive Sexual Desire   | 16                     |
|       | Erectile Dysfunction       | 5-50                   |
|       | Premature Ejaculation      | 21-35                  |
|       | Other Orgasmic Disorders   | 3-4                    |

A study conducted in United Kingdom has revealed SFD in 49% of men 39% of women with only 4-6% seeking for help.<sup>18</sup> Similarly in a metacentric study conducted in 29 countries on 27,000 cases between 40-80 years of age; 49% of women and 43% of men have at least one SFD but only 18% of them were under care<sup>19</sup>. Studies conducted in United Kingdom and United States revealed that particularly elderly people cannot express their sexual problems<sup>18-20</sup>.

SFD can be prevented with education. This is a curable condition but cannot be resolved due to social barriers, hence, is an important public health issue. Therefore, caregivers and individuals need to have sufficient knowledge and health institutions need to have sufficient tools to deal with sexual health. Family Practitioners (FP) may have a perfect position to bring their patients' sexual problems to daylight and carry more responsibility. In a patient centered, community-oriented and biopsychosocial frame; preserving patients' sexual health, developing the ability to express sexuality and supervising the patient are the responsibilities of the FP.

Nevertheless, it is known that physicians don't ask questions about sexuality during their routine consultations. On the other hand, according to the researches, the patients don't feel disturbed while being questioned about this issue and they don't express any problems unless being questioned. Studies also show that physicians define many barriers for sexual history taking. One important reason is that such issues are perceived as issues of other branches like obstetrics, urology and psychiatry. Besides; factors like fear of disturbing the patient, age difference between the patient and the physician, fear of malpractice, fear of harassment all prevent physicians from talking their patients about their sexual health. Factors related to the physician are personality of the physician and his/her own sexual experiences, lack of knowledge and competence to handle sex related matters, not knowing what to do on the next step. FP must be familiar with sexual history taking technique and must be able to differentiate etiologic factors. FP must also see sexual health as a component of

general health and must create suitable settings for patients to express related problems<sup>21-22-23-24</sup>

Sexual health can commonly be used as a determinative of general health. However, promoting effect of sex on general health is often underestimated. Many physicians have concerns about sex on stroke, heart attack and STD. Recent studies show that orgasm disorders may cause lack

of rage control and elevation in level of stress. A sexuality fulfilled with pleasure is associated with healthy sexual wishes and needs whereas dysfunctional and tasteless sexuality is associated with depression, anxiety and dreams. In future; sexual urge stimulants are planned to be used for treatment of depression and obsessive compulsive disorders<sup>25-26-27</sup>.

**Table 4. Critical Rights for Realization of Sexual Health**

“The fulfilment of sexual health is tied to the extent to which human rights are respected, protected and fulfilled. Sexual rights embrace certain human rights that are already recognized in international and regional human rights documents and other consensus documents and in national laws”.

- the rights to equality and non-discrimination
- the right to be free from torture or to cruel, inhumane or degrading treatment or punishment
- the right to privacy
- the rights to the highest attainable standard of health (including sexual health) and social security
- the right to marry and to found a family and enter into marriage with the free and full consent of the intending spouses, and to equality in and at the dissolution of marriage
- the right to decide the number and spacing of one's children
- the rights to information, as well as education
- the rights to freedom of opinion and expression, and
- the right to an effective remedy for violations of fundamental rights.

“The application of existing human rights to sexuality and sexual health constitute sexual rights. Sexual rights protect all people's rights to fulfil and express their sexuality and enjoy sexual health, with due regard for the rights of others and within a framework of protection against discrimination.” (WHO, 2006a, updated 2010)

Evidence shows that respect, preservation and complying with the human rights help obtain and protect reproductive and sexual health<sup>28</sup>. The report published by Health and Human Resources in 2004 in USA informed that primary care needed to play an important role for the prevention of STD and unwanted pregnancies<sup>29</sup>. The Critical Rights for Sexual Health. is shown in table 4.

Corchia et. al., have denoted that women need a new and a spesific environment to promote SH/RH<sup>30</sup>.Dagdeviren et. al., have shown that primary care physicians can easily diagnose and effectively treat most of those patients.<sup>31</sup>

For solving problems related to sexual life; neither a single medical approach nor a psychologic

and a sociocultural approach will be enough. Modern treatment modalities accepted all over the world have described human as a biopsychosocial being and build all treatment strategies on this basic assumption. This approach is also valid for human sexuality and sexual life related problems.<sup>14</sup>

## CONCLUSION

The aim of establishing sexual health is not only medical care or supervision limited to STD but also strengthening of personality, interpersonal relations and life. Preserving general sexual health of the community helps children and adolescents to move adulthood with ease and therefore is gaining importanceeveryday.<sup>23</sup>

In Turkey, number of sexual therapy centers, outpatient clinics and experts is raising rapidly whereas patient administration is increasing more than this. Most sexual problems can be treated in primary care by FP. 80% of SFD can be resolved in primary care only 8% need to be referred<sup>19,32</sup>. Hence especially primary care physicians must be familiar with sexual problems and related treatment and also be able to supervise or refer the patient.

The patient should be questioned in order to identify SFD. FP are just in the ideal position for this and sexual history taking must be a routine of the standard history taking in primary care. By patient centered, community-oriented and biopsychosocial approaches that are performed by family physicians, patients' awareness and quality of life will increase.<sup>32-33</sup>

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