



A National Strategy to Improve Sexual Health

Andrea Swartzendruber; Jonathan M. Zenilman

JAMA. 2010;304(9):1005-1006 (doi:10.1001/jama.2010.1252)

Online article and related content
current as of September 1, 2010.

<http://jama.ama-assn.org/cgi/content/full/304/9/1005>

Correction

[Contact me if this article is corrected.](#)

Citations

[Contact me when this article is cited.](#)

Topic collections

HIV/AIDS; Sexually Transmitted Diseases; Medical Practice; Health Policy; Men's Health; Men's Contraception; Men's Sexual Function; Pediatrics; Adolescent Medicine; Public Health; Public Health, Other; Women's Health; Pregnancy and Breast Feeding; Women's Sexual Function; Infectious Diseases
[Contact me when new articles are published in these topic areas.](#)

Subscribe

<http://jama.com/subscribe>

Email Alerts

<http://jamaarchives.com/alerts>

Permissions

permissions@ama-assn.org
<http://pubs.ama-assn.org/misc/permissions.dtl>

Reprints/E-prints

reprints@ama-assn.org

A National Strategy to Improve Sexual Health

Andrea Swartzendruber, MPH

Jonathan M. Zenilman, MD

SEXUAL HEALTH IS AN INTEGRATED CARE-DELIVERY AND prevention concept that recognizes sexual expression as normative and encompasses preventive and treatment services throughout the life span. However, the United States lacks an integrated approach to sexual health. Public health programs such as sexually transmitted disease (STD)/human immunodeficiency virus (HIV) prevention and family planning are categorically funded and organizationally fragmented, and federal reproductive health programs in the past decade emphasized abstinence. As a result, sexual health indicators are poor. Incidence of HIV has not decreased since the 1990s,¹ and rates of STDs, unintended pregnancy, teen pregnancy, and abortion are higher than in many developed countries.² “Sexual health” does not appear once in the more than 1000 pages of the new health care legislation. Nevertheless, the public is keenly interested in sexual health, as evidenced by the uptake of recent medical advances. For example, there are an estimated 17 million prescriptions for erectile dysfunction annually,³ and 26 million doses of human papillomavirus vaccine have been administered since its licensure in 2006.⁴

Building on the 2001 *Surgeon General’s Call to Action to Promote Sexual Health and Responsible Sexual Behavior*,⁵ we propose that a framework promoting health and responsible behavior can serve as a unifying goal and improve health indicators.

What Is “Sexual Health”?

The World Health Organization’s working definition of 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.”⁶

Sexual health requires basic understanding of anatomy and reproduction, maturity, and communication. It requires social norms that promote healthy behavior and access to services including diagnosis and management of STDs, accurate risk reduction information, contraception, and safe abortion.

Parts of a sexual health agenda already exist. A national HIV/AIDS strategy has recently been developed, there are new initiatives to reduce teen pregnancy, and national programs to prevent infertility and eliminate syphilis exist. However, there is currently no overall strategy to ensure that these services are coordinated to provide comprehensive prevention and care.

Evidence-based national sexual health strategies have been implemented elsewhere. In 2001, after much parliamentary deliberation, the United Kingdom implemented its National Strategy for Sexual Health and HIV, which has been particularly successful in expanding services and setting quality and process benchmarks. The United Kingdom did not have a national HIV strategy prior to its strategy on sexual health and HIV. The recent work to develop a national HIV/AIDS strategy in the United States provides a useful template for developing an overall strategy to improve sexual health.

Consequences of Not Implementing a National Sexual Health Strategy

The consequences of not implementing a national sexual health strategy would be substantial and would affect multiple segments of society. Potential adverse effects might include the following problems.

Perpetuated Stigma. Lack of open discussion is a key determinant to the high teen pregnancy and STD rates. Secrecy and shame prevent sexually active adolescents from acquiring knowledge and guidance from adults and clinicians. Stigma prevents STD-infected persons from disclosing their infected status to partners and adhering to treatment. Comprehensive education focused on improving knowledge and reducing stigma yields lower STD and pregnancy rates.

Fragmented Health Services. Sexual health is traditionally funded through categorical programs with narrow objectives, ensuring fragmented services and parallel programs. A principal aim of the UK strategy was to integrate services around patients’ needs. The 5-year assessment revealed that contraceptive use, HIV and STD testing rates, and hepatitis B vaccination rates increased while teen pregnancies and gonorrhea rates decreased.⁷

Author Affiliations: Johns Hopkins Bloomberg School of Public Health (Ms Swartzendruber) and Johns Hopkins University School of Medicine (Dr Zenilman), Baltimore, Maryland.

Corresponding Author: Jonathan M. Zenilman, MD, Johns Hopkins University School of Medicine, 4940 Eastern Ave, Baltimore, MD 21224 (jzenilma@jhmi.edu).

Poor Health Indicators. Countries with comprehensive sexual health agendas have substantially lower rates of abortion, teen pregnancy, STDs, and adverse reproductive health outcomes.

Disregard for Prevention and Cost-effectiveness Translating Into Increased Costs. Prevention reduces STD incidence, and STD interventions are highly cost-effective. Nevertheless, the 30-year experience correlating prevention funding with subsequent STD rates has been ignored. Accounting for inflation, federal STD prevention investment per capita decreased more than 25% since 1973.⁸

Human Rights. Safe, consensual sex is a human right. Failing to provide comprehensive sex education threatens human rights, as do policies that stigmatize and fail to recognize behaviors accepted and practiced by large segments of society (same-sex relationships, sex before marriage, etc).

Lost Global Competitiveness. Parenthood is a leading cause of school dropout for teenaged girls. Noting that the United States has one of the highest high school dropout rates, President Obama warned that “countries that out-teach us today will out-compete us tomorrow.”⁹

Decreased Productivity. Sexually transmitted diseases including HIV disproportionately affect younger persons, which are among the most economically productive.

Health Care Costs. The direct medical costs of poor sexual health are substantial. Despite potential cost savings, however, budget cuts often selectively reduce prevention services, resulting in higher long-term and total costs.

Reduced Troop Readiness. Unintended pregnancy in the military is high. During the Gulf War, pregnancy was the primary reason for evacuation of female personnel, costing approximately \$10 000 per evacuation.¹⁰

Strategies to Promote Sexual Health

The tools, guidelines, and technology to implement an effective sexual health strategy are available. Experience in other countries provides important implementation lessons. It is time to act in the United States.

Open public discussion is needed to change the stigma surrounding sexual health issues. Community responsibility and participation are critical to achieving a public orientation toward sexual health. A national campaign to promote sexual health and publicize prevention is needed. Messages should provide accurate information, catalyze discussion, reduce stigma, encourage use of health services, and promote responsible sexual behavior.

In addition, a national sexual health strategy should be developed to provide a framework for comprehensive and coordinated services and facilitate local action according to population needs. It should include at least 3 principal components:

Delivering High-Quality Sexual Health Services. Sexual health services should be incorporated into primary care, and integrated services for youth should be expanded. Sexual problems are common among older adults but are often underreported; clinicians should be trained to provide greater

recognition to the importance of sexual health throughout the life span. Health plans should cover comprehensive sexual health services for individuals and their partners.

Providing Comprehensive Sex Education. Reproductive and sexual health are key primary health issues for adolescents and young adults. Abstinence-only sex education is not effective. No one advocates lifelong abstinence; providing accurate and comprehensive information to protect adolescents' health and prepare them for responsible decision making are public health, family, and community responsibilities. Federal and other governmental funding for abstinence-only education should cease.

Ensuring Funding for Access to Contraception and Other Sexual Health Services. Sexually active adolescents should have easy access to contraceptives and condoms at low or no cost via schools, health plans, Title X, Medicaid, and other federally funded programs. Health plans and federally funded services should cover the cost of contraceptives for all women without restriction. Moreover, many other sexual health services are facing major budget stress, including state and local cuts for family planning and STD screening. This is shortsighted. Programs such as chlamydia screening and pregnancy prevention are highly cost-effective.

Summary

Politicization of sexual health results in division, bad policy, ineffective programs, and poor health outcomes. A national strategy to promote sexual health can serve as a unifying goal and provide a framework for building on proven evidence.

Financial Disclosures: None reported.

REFERENCES

- Centers for Disease Control and Prevention. HIV incidence. <http://www.cdc.gov/hiv/topics/surveillance/incidence.htm>. Accessed October 3, 2009.
- Lottes IL. Sexual health policies in other industrialized countries: are there lessons for the United States? *J Sex Res.* 2002;39(1):79-83.
- Berenson A. Sales of impotence drugs fall, defying expectations. *New York Times.* December 4, 2005.
- Centers for Disease Control and Prevention. Frequently asked questions about HPV vaccine safety. http://198.246.98.21/vaccinesafety/Vaccines/HPV/hpv_faqs.html. Accessed November 14, 2009.
- Satcher D. *The Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behavior.* July 9, 2001. <http://www.surgeongeneral.gov/library/sexualhealth/call.pdf>. Accessed June 17, 2010.
- World Health Organization. Gender and human rights. http://www.who.int/reproductivehealth/topics/gender_rights/sexual_health/en/index.html. Accessed October 23, 2009.
- Medical Foundation for AIDS and Sexual Health. *Progress and Priorities—Working Together for High Quality Sexual Health: Review of the National Strategy for Sexual Health and HIV.* London, England: Independent Advisory Group on Sexual Health and HIV; 2008. http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/documents/digitalasset/dh_086741.pdf. Accessed November 18, 2009.
- Douglas J. Challenges and opportunities to STD prevention in the US. Presented at: CDC HRSA Advisory Committee on HIV and STD; May 20, 2009; Atlanta, GA. http://www.advansiv.net/NASTADocs/2009-06-June/Douglas_slides.ppt. Accessed November 20, 2009.
- White House. Remarks of President Barack Obama: address to joint session of Congress. February 24, 2009. http://www.whitehouse.gov/the_press_office/remarks-of-president-barack-obama-address-to-joint-session-of-congress/. Accessed October 25, 2009.
- Albright TS, Gehrich AP, Wright J Jr, Lettieri CF, Dunlow SG, Buller JL. Pregnancy during Operation Iraqi Freedom/Operation Enduring Freedom. *Mil Med.* 2007;172(5):511-514.