

Achieve Recognition of Sexual Pleasure as a Component of Well-being

*Sexual health is more than the absence of disease. Sexual pleasure and satisfaction are integral components of well-being and require universal recognition and promotion.**

Introduction

Most of the previous seven chapters in Sexual Health for the Millennium document the ability for sexual health promotion programming to contribute to the Millennium Development Goals (MDGs) by halting and reversing negative outcomes such as STI/HIV, sexual violence, and sexual dysfunction. While these objectives are no doubt of primary importance, they reflect the tendency of the sexual health promotion field as well as policy makers to focus on negative sexual and reproductive health outcomes.

Far less prominent in health promotion policy and programming is a sustained recognition that sexual pleasure is an elemental aspect of human sexuality. That sexual pleasure is the final statement does not reflect a hierarchy of importance with pleasure coming last. Although often ignored or stigmatized, sexual pleasure cannot be an afterthought in sexual health promotion.

*This chapter was informed by the WAS Expert Consultation in Oaxaca, Mexico, a thorough review of the literature, and the background paper written by Terence Hull (see Appendix IV and V).

To be effective and meaningful in making its contribution to development and human well-being, sexual health promotion cannot segment the essence of human sexuality into parts and address some and pretend that others do not exist. Sexual health promotion programming must recognize and engage the whole of a person's sexuality. Pleasure is arguably, if not definitively the single most powerful motivating factor for sexual behavior. To ignore the role of sexual pleasure in contributing to human fulfillment and happiness would be a serious mistake. To ignore pleasure in any aspect of sexual health promotion programming is to present a conceptualization of sexuality and sexual health that is not real and will not connect with people in a way that meaningfully addresses their needs, aspirations, desires and concerns.

That the positive, enriching and pleasure aspects of sexuality are essential to sexual health was recognized within the original internationally accepted definitions of sexual health that were articulated by the World Health Organization (WHO, 1975): "Sexual health is the integration of the somatic, emotional, intellectual and social aspects of sexual being, in ways that are positively enriching and that enhance personality, communication and love." It was also noted that "Fundamental to this concept are the right to sexual information and the right to pleasure." Pleasure was seen as a fundamental human right. The WHO document concluded, "Thus the notion of sexual health implies a positive approach to human sexuality, and the purpose of sexual health care should be the enhancement of life and personal relationships and not merely counseling and care related to procreation or sexuality transmitted diseases."

The link between sexual health and overall health was clearly articulated in the U.S. Surgeon General's (2001) definition of sexual health and the importance of pleasure was also clearly articulated.

Sexual health is inextricably bound to both physical and mental health.

Just as physical and mental health problems can contribute to sexual dysfunction and diseases, those dysfunctions and diseases can contribute to physical and mental health problems. Sexual health is not limited to the absence of disease or dysfunction, nor is its importance confined to just the reproductive years. It includes the ability to understand and weigh the risks, responsibilities, outcomes and impacts of sexual actions and to practice abstinence when appropriate. It includes freedom from sexual abuse and discrimination and the ability to integrate their sexuality into their lives, derive pleasure from it, and to reproduce if they so choose (U.S. Surgeon General, 2001, p. 1).

Finally, in a revision the 1975 definition of sexual health, the WHO (2002; 2006) reasserted these basic principles but clearly added the notion of pleasure in their recently released working definitions.

Sexual health is a state of physical, emotional, mental and social well-being related 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.

This definition clearly challenged government policies and public health approaches to not just to avoid problems of illness or healthy reproduction, but to promote pleasure as an essential ingredient of well-being (Coleman, 2007). The importance of recognizing and integrating considerations of the role of pleasure in human sexuality does not simply apply to what some might consider the more esoteric aspects of sexual health promotion such as the treatment of sexual dysfunction, it applies in equal measure to programs aimed at STI/HIV prevention, assisting the victims of sexual violence/abuse, sexuality education of youth, fertility control, etc. The preceding chapters of this document make clear the vital role that the promotion of sexual health must play if the MDGs are ultimately to be achieved. This chapter illustrates the often overlooked fact that sexual pleasure is a fundamental component of sexual health and of overall human health and well-being. The more that sexual health promotion programs embody the totality of human sexuality, educate, counsel and assist people in ways that recognize and incorporate pleasure, the more likely these programs will meet people's needs, correspond to the reality of the human experience, ultimately reach their objectives and, therefore, have the most impact in contributing to the MDGs.

Sexual Pleasure in Historical Context

Throughout much of human history, passionate love and sexual desire have been viewed as dangerous, a threat to the social, political and religious order (Hatfield & Rapson, 1993). During the current historical period, religion and medicine have had powerful influences on societal norms for sexual health and sexual behavior (Hart & Wellings, 2002) and in some important respects these institutions have inherited and continued the tradition of viewing sexual desire, and by extension, pleasure with varying degrees of suspicion.

It is not possible to make tidy generalizations about the extent to which the major religions have held either "sex negative" or "sex positive" perspectives toward pleasure and sexuality. However, it may be said that in various historical periods, many religions, including Christianity and Islam have focused on the reproductive aspects and function of sexuality. Consequently, they have sought strict controls on sexual behavior particularly outside of marriage between a man and a woman, behavior that does not lead to reproduction (e.g., masturbation) and viewed sexual pleasure, particularly that of

women and homosexual men and women, with contempt (For extensive documentation and analysis of religious perspectives toward sexuality throughout history see Bullough, 1980, Hawkes, 2004). Numerous scholars have documented the disdain for sexual pleasure expressed by Christian theologians and institutions throughout much of the church's history (e.g., Pagels, 1988).

Masturbation, in particular, has been a contentious topic as its primary purpose is to produce pleasure (Coleman, 2002). Research on masturbation has indicated that contrary to traditional beliefs, masturbation has been found to be a common sexual behavior and linked to indicators of sexual health. While there are no general indicators of ill health associated with masturbation, it can generate powerfully negative or positive emotions for many individuals. It can be powerfully negative or positive, depending on the interaction between the prevailing societal attitudes and individual attitudes and behaviors (Coleman, 2002).

In fact, research has indicated that masturbation begins early and is an important part of healthy sexual development (Langfeldt, 1981). It is often a marker of sexual development (Bancroft, Herbenick, D., & Reynolds, 2002). Many young people learn about their bodies and sexual responsiveness through masturbation (Atwood & Gagnon, 1987). Masturbation also continues throughout the life span. For example, many adults continue to masturbate even though they are married and have ready access to sexual intercourse (Laumann et al., 1994). Masturbation can also help older people who do not have an available partner to maintain sexual functioning and expression (Leiblum & Bachmann, 1988). It is also a safe alternative to behaviors that carry a risk of a sexually transmitted infection, including HIV. The benefits of masturbation are illustrated by its wide acceptance in sex therapy as a means of improving the sexual health of the individual and/or couple (Heiman & LoPiccolo, 1988; Leiblum & Rosen, 1989; Zilbergeld, 1992).

Addressing masturbation within sexual health promotion programming can be controversial. However the available evidence suggests that including masturbation as a topic within comprehensive sexual health promotion is important and necessary. There is a need for more research, including theory development and hypothesis testing, on the impact of masturbation on self-esteem, body image, sexual functioning and sexual satisfaction and the effective incorporation of education about masturbation within sexual health promotion programs.

It must be noted that positive and progressive perspectives toward pleasure and sexuality are emerging from groups from a variety of religious faiths. Nevertheless, it must also be acknowledged that the legacy of a largely negative interpretation of sexual pleasure, particularly if it is experienced in a context contrary to particular religious norms for sexual conduct, by many religious institutions is still with us today and continues to hinder the recognition of pleasure in sexual health promotion efforts in many parts of the world. With respect to international efforts to promote sexual health, the alliance of the United States, the Vatican and conservative Muslim and Catholic

states in opposing the recognition of diverse sexual rights, including those related to pleasure, is testimony to the continued influence of conservative religious forces in shaping policies related to sexual health (Ilkkaracan, 2005).

Since the latter half of the 19th century, medicine and medical science has, particularly in the Western world, exercised considerable authority over sexuality and here too we find that sexual pleasure was often seen as pathology. As Hart and Wellings (2002) suggest “The long tradition of representing illness as a punishment for sin was continued when sexual behavior was medicalized and transformed into morbidity” (p. 896). For example, masturbation, homosexual desire and overt sexual interest, particularly if expressed by women was until quite recently seen by medicine as symptomatic of psychiatric illness and perversion.

Although contemporary medicine and some religious institutions have turned the corner in recognizing the positive and beneficial aspects of sexual expression, many remnants of the propensity to focus on the negative outcomes of sexual expression remains with us. “Today’s public discourse about sexuality is almost exclusively about risks and dangers: abuse, addiction, dysfunction, infection, pedophilia, teen pregnancy, and the struggle of sexual minorities for their civil rights” (Planned Parenthood Federation of America [PPFA], 2003. p. 1).

Although, in most cultures, sexual desire and pleasure receive their widest endorsement within the context of a relationship, sexual desire and pleasure are increasingly coming to be seen as intrinsically positive and rewarding aspects of human experience. While a concern with pleasure is sometimes thought of as a decadent preoccupation of a secular Western culture, it is important to note that many diverse cultures have strong traditions of affirming sexual pleasure. For example, within Brazilian culture the concept of *tudo* or “Everything” refers to the world of erotic experiences and pleasures (de Freitas, de Oliveira, & Rega, 2004). Indeed, a contemporary discourse of pleasure can be found in many non-western cultures. For example, in Turkey, a country not known for its affirmation of women’s sexual pleasure, a grassroots program that emphasized sexual pleasure as a women’s human right was conducted (Ilkkaracan & Seral, 2000). Organizations such as the South and Southeast Asian Resource Centre on Sexuality (Patel, online) are raising the issue of pleasure in the context of sexual health. From their review of historical and cross-cultural perspectives on passionate love and sexual desire, Hatfield and Rapson (1993) conclude that the tide of history is in the direction of “...an increasing acceptance of passionate love and sexual desire as legitimate, expressible feelings” (p. 91).

Sexual Pleasure is Necessary and Contributes to Well-being, Happiness and Health

Romantic love is a primary feature of couple relationships and is expressed through sexuality and sexual passion for the partner (Esch & Stefano, 2005). Although social,

political and economic differences across time and place can markedly impact upon sexual attitudes and behavior, cross-cultural research has found that people in all societies place a high value on being with a partner for whom there is “mutual attraction-love” (Buss et al., 1990). Sexual desire and pleasure are embedded in and a fundamental aspect of the mutual attraction between partners.

The mutual sharing of sexual pleasure has been shown to increase bonding within relationships (Weeks, 2002). As Tepper (2000) writes with respect to the neglected rights of people with disabilities to enjoy their sexuality, “Pleasure is an affirmation of life...It can add a sense of connectedness to the world or to each other. It can heal a sense of emotional isolation so many of us feel even though we are socially integrated” (p. 288).

In sum, the enjoyment of sexual pleasure plays an important role in contributing to the establishment, maintenance and stability of couple relationships and, without doubt, the quality of couple relationships is fundamental to the health and well-being of individuals and families. While sexual pleasure can be seen as an end in-of-itself, for many, if not most people, sexual pleasure is intertwined with feelings of intimacy and affection for their partner. Sexual desire and pleasure not only facilitate reproduction, they function as a mechanism of social attachment for the couple relationship, an essential kinship structure in all cultures of the world (Fisher, 2002).

At the most foundational level, sexual pleasure is rooted in the most basic of human functions as has been recognized by evolutionary psychology.

In the context of adaptive behavior and its necessity in evolution, it would appear that the pleasure generated by sexual stimulation, orgasm or intercourse would be selected-for evolutionarily. Consequently, pleasure can be seen as an effective and important adaptive mechanism, the function of which is to ensure the procreation and survival of the species (Esch & Stefano, 2005, p. 182).

To the extent that a society is concerned with the well-being and stability of families generally, and couples specifically, it is in the interests of policy makers to recognize the importance of sexual pleasure and to implement sexual health promotion programs that address sexual pleasure as fundamental to individual and couple health and well-being.

The recent Global Study of Sexual Attitudes and Behaviors that examined various aspects of sexual health among a sample of 27,500 men and women aged 40 to 80 from 29 culturally diverse countries around the world offers strong evidence of the importance of pleasure and sexual satisfaction for the happiness and well-being of individuals and couples (Laumann et al., 2006; Nicolosi et al., 2004). The survey asked participants, among other things, questions about the degree to which they found their

relationships to be physically pleasurable and how important sex is to their overall happiness. Over three quarters of men (82%) and women (76%) agreed that satisfactory sex is essential to maintain a relationship and the authors concluded from their findings that despite substantial cultural variation in sexual norms and values, subjective sexual well-being was associated with overall happiness in both men and women.

A White Paper published by the Planned Parenthood Federation of America (PPFA, 2003) in cooperation with the Society for the Scientific Study of Sexuality extensively catalogues the scientific evidence demonstrating the health benefits of sexual expression. Taken together, the studies cited suggest that partnered sexual activity and/or masturbation can be associated with improved longevity, immunity, pain management, self-esteem and a reduction in stress.

In sum, sexual pleasure helps to cement the primary kinship structure of the couple relationship, contributes to the overall happiness in life of both men and women (whether they are in partnerships or not) and is associated with various aspects of good health. Seen in this way sexual pleasure is not frivolous or unnecessary: it is essential.

The Ongoing Struggle to Incorporate Positive Sexual Rights in Sexual Health Promotion Programs

It is noted elsewhere in this document in relation to reproductive health that the United Nations (UN, 1995) 4th International Conference on Population and Development (ICPD) was, in some senses, a breakthrough in that paragraph 96 of the document defined reproductive health in a positive way, acknowledging that sexual health involves the “enhancement of life and personal relations” and that “people are able to have a satisfying and safe sex life.” These can be seen as pleasure positive statements. According to Parker et al., (2004) the key distinction in developing a concept of sexual rights to guide sexual promotion is the distinction between negative rights (e.g., freedom from sexual violence and abuse) and positive sexual rights. “Conceptually, positive sexual rights have been described as enabling conditions necessary for the expression of sexual diversity, health, and pleasure” (Parker et al., p. 374). And yet, it is clear that positive sexual rights, including pleasure affirming approaches to sexual and reproductive health, particularly as they relate to public health policy have, and will continue to meet resistance. As Correa (2002) has noted with respect to ICPD,

...to call for sexual rights as a protection against pregnancy, rape, disease and violence, is a different matter from affirming these rights in relation to eroticism, recreation and pleasure. This second interpretation was in

the minds of many of those who struggled for Paragraph 96. But there are political and conceptual obstacles that make it difficult for the discourse on sexual rights to shift towards this “positive concept” interpretation. In the political domain, persistent attacks by conservative forces on sexuality-related issues constantly push them back under the cover of more acceptable (well-behaved) reproductive, health and violence agendas. In addition, within the health field the dominance of biomedical frameworks constantly pressures “sexual subjects” to remain contained in disciplinary domains (particularly epidemiology and behaviorist frames) (p. 5).

Although ICPD did represent a step forward, progress in implementing sexual health promotion programs that embody a positive conception of sexual rights to include a “discourse of pleasure” (Tepper, 2000) will require international organizations and public health agencies, governments and other public institutions to further expand their conceptualizations of sexual health beyond traditional notions of preventing morbidity and mortality. These institutions, in both policy and practice, must explicitly recognize the importance of positive sexual rights to sexual pleasure and expression in conjunction with the emphasis on the right to freedom from disease, dysfunction and abuse.

The Pan American Health Organization (PAHO, 2000) document *Promotion of Sexual Health: Recommendations for Action* provides an example of an expanded vision of sexual health that acknowledges positive sexual rights and addresses sexual health concerns related to eroticism that according to PAHO “...demand actions from governmental and non-governmental agencies and institutions including the health sector” (p. 17). As articulated by PAHO, these concerns are:

- Need for knowledge about the body, as related to sexual response and pleasure
- Need for recognition of the value of sexual pleasure enjoyed throughout life in safe and responsible manners within a values framework respectful of the rights of others
- Need for promotion of sexual relationships practice in safe and responsible manners
- Need to foster the practice and enjoyment of consensual, non-exploitive, honest, mutually pleasurable sexual relationships (p. 17).

The Need for a Discourse of Desire and Pleasure in Sexual Health Education Programs for Youth and People with Disabilities

The gradual acceptance of the rights of youth and people with disabilities to sexual health education has led to the implementation of programs for these audiences in some parts of the world. While some programs have had some success in reaching behavioral targets related to negative outcomes such as STI/HIV infection among youth (e.g. see Kirby, 2005), it is clear that a problem prevention emphasis combined with a near total silence regarding desire and pleasure distorts the reality of human sexuality and may result in programs for youth and the disabled that are irrelevant to their needs (Fine & McClelland, 2006; Nyanzi, 2004; Tepper, 2000).

Sexual health education for young people with physical or developmental disabilities can empower them to enjoy personal sexual fulfillment but few people with disabilities have access to such programs (Di Giulio, 2003; Murphy & Young, 2005). Sexual health education programs for youth in nearly, if not all parts of the world focus primarily on the negative aspects of human sexuality and ignore pleasure and sexuality within relationships.

From her ethnographic research on sexuality in both East and West Africa, Nyanzi (2004) concluded that sexuality education programs for youth that emphasized risks and “disastrous consequences” with a “concomitant denial of pleasure” have the effect of “putting off adolescents rather than capturing their attention” (p.13). Adolescents, just like adults, are motivated by the search for intimacy and sexual pleasure in their pursuit of relationships (Ott, Millstein, Ofner & Halpern-Felsher, 2006). Sexual health promotion programs for youth and people with disabilities require much more emphasis on positive sexual rights that incorporate basic human needs related to sexual pleasure and fulfillment.

Conclusion

From the standpoint of comprehensive and effective sexual health promotion, sexual pleasure is not frivolous; it is not destructive as it has and often is portrayed. In this chapter, it has been demonstrated that sexual pleasure contributes to human happiness and well-being and is a normal part of human development and development of positive identity and powerful glue for the intimate attachment between partners. Within the totality of human development, the experience of sexual pleasure and fulfillment must be recognized for what it truly is; a basic human need on par with

other basic requirements necessary for a healthy and productive life. This reality must be reflected in sexual health promotion policy and programs aimed at contributing to healthy community development.

Necessary Actions

8.1 The international community is increasingly recognizing and endorsing the concept of sexual rights. However, to-date, community, national and international consensus has overwhelmingly focused on negative sexual rights (e.g., freedom from STI/HIV, sexual violence and abuse), often to the exclusion of positive sexual rights (e.g., the right to sexual pleasure and satisfaction). To better reflect human reality and meet the needs of individuals and couples, international agreements and priority setting documents should clearly articulate objectives in terms of both positive and negative sexual rights.

8.2 Sexual health promotion programs for all groups, including youth and people with disabilities, should embody the reality that sexual pleasure and intimacy are strong motivating factors for sexual behavior and that sexual pleasure contributes to happiness and well-being.

8.3 Educators and health care providers have often been conditioned, through their training, to conceptualize sexual health in terms of negative sexual rights. Pre-service and in-service training for sexual health educators and health care providers should place particular emphasis on the promotion of positive sexual rights for people of all ages in order to counter the prevailing over-emphasis on negative sexual rights.

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