

Introduction to the virtual issue on sexual health

Sexual health, according to the World Health Organization, may be defined as a state of physical, emotional, psychological and social well-being related to sexuality, its attainment and maintenance dependent on respect for the sexual rights of all persons. Given the complex array of factors that are constitutive of sexual health, one immediate challenge in compiling this virtual issue on sexual health is that of demarcation. Sexual health encompasses a broad spectrum of public health issues, including (but by no means limited to): HIV/AIDS; sexually transmitted infections and their sequelae; unintended pregnancy, abortion and infertility; sexual dysfunction; and sexual violence and abuse. A virtue issue of *Critical Public Health* devoted to HIV/AIDS is already available (Skordis & Green, 2006), and, to avoid unnecessary repetition, this theme is omitted from this issue (although some duplication of articles is inevitable). Also omitted are articles concerned with acute and chronic medical conditions (such as cancers and cardiovascular disease) that may impact adversely on the sexual body. Furthermore, only articles published in *Critical Public Health* from 2000 onwards are referred to in this introduction, as these are readily available in electronic format (see Evans, 2006).

Public health practice in relation to reproductive sexual health is frequently contentious, as issues related to fertility and its control cannot be abstracted from their broader moral and political context. An example *par excellence* is teenage parenthood, which recently in the UK has been constructed in health and social policy as both a cause and consequence of social exclusion. Austerberry and Wiggins (2007) report the findings of an evaluation of one recent government-sponsored intervention—the Sure Start Plus programme—designed to support pregnant and parenting teenagers in continuing or returning to education, thereby re-integrating them into a skills-based economy. This evaluation reveals a disjunction between government targets, the goals of the staff which provide the programme, and the expressed needs of service users, leading Austerberry and Wiggins to argue that a broader approach to addressing social exclusion associated with teenage pregnancy is required.

A further source of contention in reproductive sexual health is located in the developments in DNA-based technology that have occurred over the last decade, specifically in the area of prenatal diagnosis of genetic disorders. Historically, fertility control and eugenics have at times been closely aligned (and on occasions symbiotic) public health preoccupations. In a discussion of the continuities/discontinuities apparent between the eugenic programmes of old and the contemporary deployment of genetic testing, Lemke (2002) suggests that antenatal testing for genetic disorders (and other prenatal diagnostics) may be viewed as a constituent of the ‘government’ of individual risks, which, he argues, has displaced the previous eugenic preoccupation with the ‘purification of a collective gene pool’ (Lemke, 2002, p. 283). Ettorre (2002) provides

a sociological analysis of what she terms ‘reproductive genetics’, that is, the deployment of DNA-based technologies in the medical supervision of the reproductive process. Ettore’s analysis examines the power that medicine exercises in determining the genetic agenda and indicates how concepts and ideas used in reproductive genetics impose greater restraints and more limitations on women’s bodies than men’s. This is exemplified in a paper by Helén (2002), who examines the ethical issues surrounding selective abortion engendered by the advanced technology of foetal diagnosis. Specifically, Helén considers the situation in which an individual woman is both free and compelled to give her ‘informed consent’ to medical procedures on the basis of a risk assessment. In the context of antenatal screening, Helén indicates how ethical and existential considerations may be obscured by the ‘psychologizing’ of choice through the discourse and practice of anxiety management. Ward (2002) addresses some of the tensions between a commitment to parental choice (often used to sanction the implementation of prenatal screening programmes) and ‘the concerns of the disability movement about the societal values implicit in the assumption that increased prenatal testing to detect impairment, followed by abortion of affected foetuses, is clearly desirable’. Ward also provides details of an innovative initiative to include people with learning difficulties in the debate concerning these issues.

By contrast, Dyson et al. (2007) discuss the practical difficulties and complexities—in part the result of a persisting scientific racism in popular discourse—of introducing a selective antenatal screening programme for sickle cell/thalassaemia based on the implementation of an ethnicity screening question. The barriers to gaining equal access to maternity services created by the inadequate provision of translating services is revealed in a small-scale qualitative case study of Somali women’s experiences of maternity care in west London (Bulman & McCourt, 2002). Bulman and McCourt’s research indicates that as the result of the language barrier, compounded by other factors such as stereotyping and racism, important areas of antenatal care such as options regarding pain control and the management of infibulation during pregnancy and labour were rarely discussed. Female genital surgery performed predominantly for cultural reasons provides the focus of an article by Allotey, Manderson and Grover (2001). Whilst not intending to support practices such as clitoridectomy, excision and infibulation, the authors of this article discuss how legislation designed to make female genital mutilation a criminal offence in Australia (and related health policy) may inadvertently create or increase inequalities in access to reproductive sexual healthcare among some women from displaced migrant and refugee communities.

The medical response to involuntary childlessness is explored by Malin (2002), who analyses how Finnish infertility specialists privilege medical solutions afforded by assisted reproductive technologies over other solutions when talking about children. Malin suggests this is achieved by locating adopted children at the bottom of hierarchy of genetic and social desirability and discursively positioning them as ‘the Other’. By contrast, Morris and Symonds (2004) consider the meanings that women give to the menopause, the effects it has on their family and working lives, and the support currently offered by medicine, health promotion and employers. The authors of this study observe that although all the women they interviewed ‘expressed scepticism and even resentment against the medicalization of the menopause, nevertheless its definition of the menopause as a pathological state and disease of deficiency remained extremely influential’ (Morris & Symonds, 2004, p. 319). The notion of an andropause, or ‘male menopause’, remains highly contested, and in articles published over two decades in Finnish popular magazines, Vainionpää and Topo (2006) trace a shift in the construction of the

andropause from a social problem related to men's working careers, to an illness managed by medical experts and hormone therapy. Given the current debate concerning the involvement of the pharmaceutical industry in the discursive construction of sexual dysfunction, it is noteworthy that in this media-mediated medicalization of mid-life, the professional 'experts' most frequently quoted were those associated with this industry.

As Skordis and Green (2006) have observed, with the emergence of HIV/AIDS it was not only permissible to research sexual attitudes and behaviour but became a public health imperative. One manifestation of this in Britain was the National Survey of Sexual Attitudes and Lifestyles (Natsal) undertaken in 1990 and 2000. However, Northern Ireland was omitted from both these surveys. Schubotz, Rolston and Simpson (2004) report the findings of a survey of young people (aged 14–25 years) in Northern Ireland, which indicate that young people there do not differ significantly from their counterparts in Britain with regard to sexual attitudes and lifestyles. The uncertainties associated with the emergence of HIV/AIDS also motivated policy makers in many countries to consult historians for possible templates for action, based on historical analyses of responses to previous epidemics. In this issue, Yang and Southwell (2004) interrogate the content of advertisements related to sexually transmitted infections that appeared in an influential Chinese newspaper during a tumultuous period of Chinese history (1928–1937). In their analysis, Yang and Southwell consider the discursive and ideological origins of the implicit assumptions in such advertisements, and how these worked to construct women sex workers as a source of danger and societal instability. Whilst a number of studies have addressed the risks to the health of women sex workers posed by physical factors such as sexual infections and violence, less is known about the nature and impact of emotional stressors. A significant contribution towards remedying this situation is made by Jackson, Bennett and Sowinski (2007), who report the findings of research which sought to explore the influence of social relations within both women's work and home lives on their overall health and well-being.

The sexual health of young people is the focus of many articles in this issue. Tucker, Van Teijlingen, Philip, Shucksmith and Penney (2006) describe the approaches taken by a multidisciplinary team to evaluate and capture the complexity of a community-based project in Scotland which was designed to improve teenage sexual health. Drawing on data from two independent qualitative studies of the sexual identities and practices of young Australians, Stewart, Mischewski and Smith (2000) render problematic the assumption (often unexamined in public health practice and policy) that a stable, predictable and causal relationship exists between sexual identity and sexual behaviour. They conclude that as long as identity labels are assumed to produce particular sets of sexual practices, education and prevention efforts risk being misplaced, and may actually be deleterious. Research by Lindsay (2003) redresses the comparative neglect of social context in the discursive construction of risk by indicating how patterns of socializing and consumption may be useful for developing an understanding of young people's health risks, including those related to sexual health. Shoveller and Johnson (2006) suggest that an over-reliance on risk factor epidemiology and psychosocial models of health behaviour has fostered a public health practice which is overly 'psychologized'. In an insightful analysis, they set about 'unpacking' the discursive underpinnings of public health research and practices in relation to the sexual health of young people in Canada.

The sites for Pryce's (2000) research are clinics for the treatment of sexually transmitted infections; his specific focus, the surveillance of clients through processes such as the intimate physical examination and 'confessional' interviews. However, Pryce's findings indicate that the direction of surveillance in such clinics is not just one

way: '[t]he sexual body—whether staff or client—is the object of the gaze, and the individual actor is subject to the incitement to talk' (Pryce, 2000, p. 306). Consequently, the construction, maintenance and policing of professional boundaries becomes a major element in clinical work. Pryce's paper is of particular significance as it furthers understanding of how the sexual identities and desires of those who work to promote and protect sexual health can sometimes become intimately interwoven with their professional narratives and practices.

Ideas derived from the work of Foucault overtly inform Pryce's analysis, and indeed the analyses of many authors whose work is included in this issue. This is perhaps unsurprising given the utility of the Foucauldian concept of 'governmentality' as an analytic tool for interrogating public health practice and theory. However, what emerges from this corpus of articles on sexual health is a critique of the epistemology and practices of public health and health promotion in this field. Therefore, it is to be hoped that the articles contained in this virtue issue further the development of reflexive practice among public health workers and researchers. Furthermore, also discernible in many of these papers is a struggle to retain or reassert a socio-political model of health, in the face of an individualistic paradigm privileged by advances in biomedical technology and a concomitant pervasive discourse of risk. Whilst the diversity of issues addressed in this virtual issue of *Critical Public Health* on sexual health is to be commended, an unpalatable truth remains: for many people the *sine qua non* for sexual health, that is, the possibility of pleasurable sexual relationships, free of discrimination, coercion and violence, remains sadly all too elusive.

References

- Allotey, P., Manderson, L., & Grover, S. (2001). The politics of female genital surgery in displaced communities. *Critical Public Health*, 11(3), 189–201.
- Austerberry, H., & Wiggins, M. (2007). Taking a pro-choice perspective on promoting inclusion of teenage mothers: Lessons from an evaluation of the Sure Start Plus Programme. *Critical Public Health*, 17(1), 3–15.
- Bulman, K. H., & McCourt, C. (2002). Somali refugee women's experiences of maternity care in west London: A case study. *Critical Public Health*, 12(4), 365–380.
- Dyson, S. M., Cochran, F., Culley, L., Dyson, S. E., Kennefick, A., Kirkham, M., et al. (2007). Ethnicity questions and antenatal screening for sickle cell/thalassaemia (EQUANS) in England: Observation and interview study. *Critical Public Health*, 17(1), 31–43.
- Ettorre, E. (2002). A critical look at the new genetics: Conceptualizing the links between reproduction, gender and bodies. *Critical Public Health*, 12(3), 237–250.
- Evans, D. (2006). Critical public health online (Editorial). *Critical Public Health*, 16(4), 277–279.
- Helén, I. (2002). Risk and anxiety: Polyvalence of ethics in high-tech antenatal care. *Critical Public Health*, 12(2), 119–137.
- Jackson, L. A., Bennett, C. G., & Sowinski, B. A. (2007). Stress in the sex trade and beyond: Women working in the sex trade talk about the emotional stressors in their working and home lives. *Critical Public Health*, 17(3), 257–271.
- Lemke, T. (2002). Genetic testing, eugenics and risk. *Critical Public Health*, 12(3), 283–290.
- Lindsay, J. (2003). 'Partying hard', 'partying sometimes' or 'shopping': Young workers' socializing patterns and sexual, alcohol and illicit drug risk taking. *Critical Public Health*, 13(1), 1–14.
- Malin, M. (2002). Made in Finland: Infertility doctors' representations of children. *Critical Public Health*, 12(4), 291–308.
- Morris, M. E., & Symonds, A. (2004). 'We've been trained to put up with it': Real women and the menopause. *Critical Public Health*, 14(3), 311–323.
- Pryce, A. (2000). 'Does your mother know you are heterosexual?': Discretion management and resistance of the erotic in the genitourinary clinic. *Critical Public Health*, 10(3), 295–311.
- Schubotz, D., Rolston, B., & Simpson, A. (2004). Sexual behaviour of young people in North Ireland: First sexual experience. *Critical Public Health*, 14(2), 177–190.
- Shoveller, J. A., & Johnson, J. L. (2006). Risky groups, risky behaviour, and risky persons: Dominating discourses on youth sexual health. *Critical Public Health*, 16(1), 47–60.

- Skordis, J., & Green, J. (2006). Introduction. Virtual issue on HIV/AIDS. *Critical Public Health*, 1–5. DOI: 10.1080/09581590601087784.
- Stewart, F. J., Mischewski, A., & Smith, A. M. A. (2000). 'I want to do what I want to do': Young adults resisting sexual identities. *Critical Public Health*, 10(4), 409–422.
- Tucker, J., Van Teijlingen, E., Philip, K., Shucksmith, J., & Penney, G. (2006). Health demonstration projects: Evaluating a community-based health intervention programme to improve young people's sexual health. *Critical Public Health*, 16(3), 175–189.
- Vainionpää, K., & Topo, P. (2006). The construction of male menopause in Finnish popular magazines. *Critical Public Health*, 16(1), 19–34.
- Ward, L. M. (2002). Whose right to choose? The 'new' genetics, prenatal testing and people with learning difficulties. *Critical Public Health*, 12(2), 187–200.
- Yang, C., & Southwell, B. G. (2004). Dangerous disease, dangerous women: Health, anxiety and advertising in Shanghai from 1928 to 1937. *Critical Public Health*, 14(2), 149–156.

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