

Sexual Health

Definition: Sexual health is a state of well-being in relation to sexuality across the lifespan that involves physical, mental, social, and spiritual dimensions. Sexual health is based on a positive, equitable, and respectful approach to sexuality, relationships, and reproduction, that is free of coercion, fear, discrimination, stigma, shame, and violence.¹ Direct measures of sexual health are limited. This chapter provides Washington State data for one aspect of sexual health: condom use among sexually active individuals with multiple partners.

Summary

Sexual health is an important element of overall health throughout the lifespan and can contribute to a productive and happy life.

The concept of sexual health is evolving, and data measuring overall sexual health have not been fully developed. In Washington State, 2010 Behavioral Risk Factor Surveillance System data indicate that approximately half of sexually active adults with multiple sexual partners in the last year used a condom the last time they had sexual intercourse. Among adolescents in Washington, 2012 survey data indicate about one-third of 10th graders and half of 12th graders reported ever having sexual intercourse. Of those, about two-thirds of 10th and 12th graders reported using a condom the last time they had intercourse.

Comprehensive sexual education in schools promotes adolescent sexual health by reducing risky sexual behavior and framing sexual health as a normal part of life. Other promising approaches to improving sexual health include educating primary healthcare providers on how to approach sexual health comprehensively and positively, and working with the media, community organizations and other partners to help normalize conversations about sexual health.

Introduction

In 2001, *Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behavior* described sexual health as “an integral part of human life. [. . .]. To enjoy the important benefits of sexuality, [. . .], it is necessary for individuals to be sexually healthy, to behave responsibly, and to have a supportive environment” (p.1). This was the first U.S. governmental report to recognize the complexity of sexual health and the importance of

approaching sexual health as a component of overall health. The report discussed the importance of promoting sexual health across the lifespan and protecting sexual health at the individual and community levels.²

Based on the *Call to Action*, the Centers for Disease Control and Prevention (CDC) has begun to develop a Sexual Health Framework that incorporates promotion of sexual health as a complement to their traditional disease control and prevention work.³ By integrating sexual health into overall health, promoting positive aspects of sexual health and normalizing conversations around sexuality, CDC hopes to reduce stigma related to sexuality, and foster sexual health.

Sexual health indicators that encompass all elements of sexual health—physical, mental, emotional and social—have not been fully developed nationally or in Washington.⁴ Therefore, this report characterizes only one aspect of sexual health in Washington State: condom use at last sexual intercourse, defined as vaginal, anal or oral, among those with multiple sexual partners. This indicator serves as a measure of one type of sexual behavior that is a component of overall sexual health.

Time Trends

Data from the Washington [Behavioral Risk Factor Surveillance System](#) (BRFSS) survey and Washington State HIV Knowledge, Attitudes, and Beliefs (KAB) survey indicate that the percentage of individuals, ages 18–49, who reported being sexually active (that is, reported having had sex in the past year) and having more than one sexual partner in the past 12 months remained stable from 1997–2010. In 2010, 11% ($\pm 2\%$) of sexually active adults reported having more than one partner in the past 12 months. Approximately half of sexually active adults with more than one partner reported using a condom the last time they engaged in sexual intercourse. This indicates an ongoing need to promote healthy sexual behaviors in Washington

State. No national data that are consistent with the definitions presented here are available for comparison.

**Sexual Activity and Condom Use with Multiple Partners
Ages 18-49
BRFSS and KAB, 1997-2010**

	BRFSS		KAB		BRFSS	
	WA 1997	WA 1999	WA 2003	WA 2006	WA 2008	WA 2010
Had sex in past year	88% ±1%	89% ±2%	85% ±3%	85% ±3%	85% ±2%	83% ±2%
Sexually active with >1 partner in past year	10% ±3%	14% ±3%	14% ±3%	12% ±3%	12% ±2%	11% ±2%
Sexually active with >1 partner using condom at last intercourse	55% ±10%	52% ±10%	46% ±12%	51% ±12%	55% ±8%	56% ±8%

2010 and 2020 Goals

Responsible sexual behavior was one of 10 national leading health indicators in *Healthy People 2010*.⁵ Specific indicators related to responsible sexual behavior included increasing condom use among sexually active, unmarried men and women ages 18-44 to 54% and 50%, respectively.⁶ *Healthy People* measures this by condom use at last intercourse. Large margins of error due to small numbers of Washington BRFSS respondents for this indicator create uncertainty about our progress toward this goal. Nonetheless, with 56% (±7%) of Washington’s sexually active, unmarried men ages 18-44 reporting condom use during their last intercourse on the 2010 BRFSS, men likely achieved the goal. Women likely did not achieve the goal: 43% (±7%) of sexually active, unmarried women ages 18-44 reported condom use during their most recent intercourse.

The *Healthy People 2020* goals changed indicators to more broadly measure reproductive and sexual health.⁷ One goal is to increase the percentage of women ages 15-44 years who received reproductive health services in the past 12 months to 86.5%. Washington State does not have data to directly measure this indicator. On the 2011 BRFSS, 72% (±3%) of Washington’s sexually active females ages 18-44 years

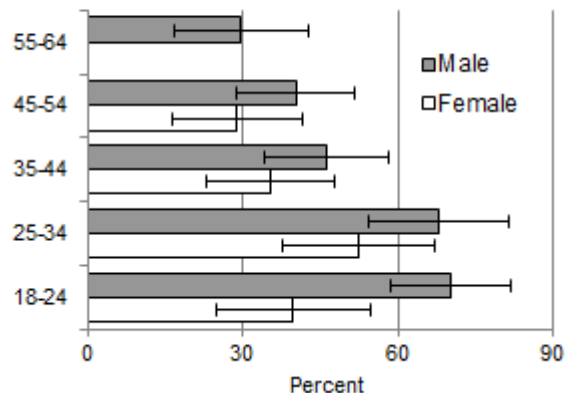
reported either having a Pap smear or visiting a doctor for a routine check-up within the past 12 months. Most of these women likely received reproductive health services.

A second indicator is to increase the percentage of people living with HIV who know their serostatus to 90%. Washington State Department of Health estimates that approximately 86% of all people living with HIV know their status (See *Health of Washington State* chapter on HIV for additional national goals related to HIV/AIDS). Removing continued stigma around HIV and normalizing routine HIV testing are crucial in reaching this goal. CDC recommends routine HIV testing for people ages 13-64 years in all healthcare settings and annual HIV testing for people at high risk for HIV infection.⁸ However, according to the 2011 BRFSS, only 43% (±2%) of Washington adults ages 18-64 have ever been tested for HIV. Among those indicating high HIV risk behaviors, only 24% (±8%) have been tested within the last 12 months.

Age and Gender

The 2008 and 2010 Washington BRFSS surveys combined indicate that 82% (±1%) of adults ages 18-64 had sex in the previous 12 months, and 9% (±1%) of these adults reported having more than one sexual partner in this period. Men with more than one sexual partner were more likely than women with more than one sexual partner to indicate condom use at last intercourse. Men ages 18-34 years reported the highest condom use at last intercourse. Condom use in men and women with multiple partners decreased with increasing age. There were too few sexually active women with multiple partners in the oldest age group to calculate reliable estimates.

**Sexually Active Adults with Two or More Sexual Partners Reporting Condom Use at Last Sexual Intercourse
Age and Gender
BRFSS 2008 & 2010**



Geographic Variation

Most Washington counties have too few sexually active BRFSS respondents who reported more than one partner and also reported not using condoms at last sexual intercourse to present data by county.

Economic Factors and Education

When other factors such as gender, age and marital status are taken into account, Washington State BRFSS combined 2008 and 2010 data indicate that there are no significant differences in condom use related to income or education in Washington State.

Race and Hispanic Origin

Washington State BRFSS 2008 and 2010 data combined indicate no significant differences in condom use among people of different races or Hispanic origin who had sex in the past 12 months and reported more than one sexual partner.

Other Measures of Impact and Burden

Sexually transmitted infections (STIs).

Engaging in risky sexual behavior increases the risk of getting sexually transmitted infections. Sexually transmitted infections can cause acute illness, long-term health problems, and even death. Individuals who have sexually transmitted infections also put their sexual partners at risk of disease. Pregnant women can transmit some sexually transmitted infections to their fetuses and newborn infants, sometimes resulting in stillbirth or miscarriage, low birth weight or prematurity, and infection of the fetus or newborn. (See *Health of Washington State* chapters on [HIV](#) and [Sexually Transmitted Infections](#).)

Unintended and adolescent pregnancy.

Inconsistent or incorrect use of effective contraceptive methods during sex can lead to unintended pregnancy. When people become pregnant unintentionally, there is less opportunity to prepare for optimal support of the health and well-being of the child and parents. (See *Health of Washington State* chapters on [Unintended Pregnancy](#) and [Teen Pregnancy](#).)

Adolescent sexual behaviors. On the 2012 Washington State [Healthy Youth Survey \(HYS\)](#), 32% ($\pm 5\%$) of 10th graders and 55% ($\pm 6\%$) of 12th graders reported that they ever had sexual intercourse. This is similar to results in the 2010 HYS, the first year the HYS asked these questions. These percentages are lower than those reported nationally. On the 2011 national

Youth Risk Behavior Survey, 44% ($\pm 4\%$) of 10th graders and 63% ($\pm 4\%$) of 12th graders reported ever having had sexual intercourse.⁹ The 2011 national survey is in the same academic year as the 2010 Washington survey.

On the 2012 HYS, among those 10th and 12th graders in Washington State who reported ever having sexual intercourse, 62% ($\pm 5\%$) of 10th and 60% ($\pm 4\%$) of 12th graders reported using a condom the last time they had intercourse. Additionally, 23% ($\pm 4\%$) of 10th graders and 29% ($\pm 4\%$) of 12th graders reported ever having sexual intercourse with four or more sexual partners—one of CDC's standard measures of risky sexual behavior for adolescents. In grades 10 and 12 combined, males were more likely than females to report condom use.

Sexual satisfaction and well-being. Good sexual health requires a positive, responsible approach to sexuality and sexual relationships and not just the absence of disease.¹ Sexual satisfaction is a measurement of sexual well-being and high levels of sexual satisfaction have been associated with both relationship stability and good mental health. Predictors of high sexual satisfaction include low sexual guilt, high self-esteem, positive relationship status, and the desired sexual frequency for the individual.¹⁰ Currently there are no data sources to measure this in Washington.

Sexual orientation and gender identity. Based on 2011 BRFSS data, 3% ($\pm 1\%$) of men and 4% ($\pm 1\%$) of women indicated they were homosexual or bisexual. While this group represents a relatively small proportion of Washington's population, lesbian, gay, bisexual and transgender (LGBT) individuals are disproportionately affected by HIV and STIs. For example, in Washington, men who have sex with men (MSM) accounted for 63% of all estimated HIV infections in males and 87% of primary and secondary syphilis in 2012.^{11,12} Additionally, increasing evidence shows that the rate of HIV infection is high in the transgender population.¹³ These sexual health disparities are partially driven by social and structural inequities, such as the stigma and discrimination that the LGBT population experiences. One study suggested sexual minority adolescents reported higher risk behaviors, including not using a condom the last time they had sexual intercourse and greater number of lifetime partners, compared with heterosexual peers partially due to a higher prevalence of sexual victimization among sexual minority adolescents.¹⁴

Barriers

Social norms. The United States has a “code of silence” around discussing sexuality that makes it difficult to openly promote sexual health in a positive way.¹⁵ This code of silence reduces opportunities to normalize conversations and correct misconceptions around sexual health.

Stigma. Stigma around sexuality, having an STI or HIV, and getting pregnant unintentionally keeps people from openly discussing their sexual life with sexual partners, using sexual health services, and getting tested for STIs and HIV.^{16,17} This stigma comes mainly from scare tactics used to control STIs and historical negative messaging used by social and religious reformers.¹⁸ Stigma can increase psychosocial stress, which can lead to increased health risk behaviors and poorer health outcomes.

LGBT individuals are disproportionately affected by stigma. In Washington State, the 2012 HYS suggest that 11% ($\pm 1\%$) of 10th graders and 7% ($\pm 1\%$) of 12th graders were harassed at least one time in the past 30 days because someone thought they were gay, lesbian or bisexual. Stigma also prevents LGBT individuals from obtaining optimal healthcare services. Individuals may be reluctant to reveal their sexual orientation or identity to healthcare professionals for fear of being stigmatized.¹⁹

Healthcare services. Lack of health insurance is a major barrier in accessing healthcare for issues related to sexual health. According to the Washington BRFSS, approximately 18% ($\pm 1\%$) of Washington residents did not have health insurance in 2011. Of these, half (48% $\pm 4\%$) reported not seeing a doctor because they could not afford it compared to only 10% ($\pm 1\%$) of people with health insurance. Additionally, many primary healthcare providers are not trained to address health concerns related to sexual issues, and culturally appropriate prevention services are often unavailable.¹⁸ (See *Health of Washington State* chapter on [Access to Primary Healthcare Services](#).)

Sexual and reproductive health services offer important avenues to discuss sexual health, get tested for STIs, HIV or pregnancy, and receive needed care. However, these types of specialized services currently occur outside of primary care. The lack of connection with primary care results in missed opportunities for more comprehensive sexual health services.

Substance abuse. People with impaired decision-making abilities, whether due to legal drugs such as alcohol or illegal drugs such as methamphetamines and cocaine, are at increased risk for engaging in unsafe sexual behaviors such as exchanging sex for drugs, having anonymous sex partners, not using condoms, and not seeking appropriate medical treatment.²⁰

History of family abuse or violence. History of sexual and physical abuse as well as witnessing family violence as a child increases the risk for becoming a victim or perpetrator of sexual violence, teenage pregnancy and risky sexual behaviors later in life.^{21,22} According to CDC, 25% of women and 14% of men have been the victim of severe physical violence by an intimate partner.²³ (See *Health of Washington State* chapters on [Domestic Violence](#) and [Child Abuse and Neglect](#).)

Data gap. To better assess sexual health, systems to comprehensively characterize sexual health need to be developed. Currently in the United States data are routinely collected on negative aspects of sexuality such as rates of STIs and unintended pregnancies. However, systems that measure positive aspects of sexuality such as healthy communications and attitudes, and quality of relationships have not been developed.²⁴

[Intervention Strategies](#)

Opening public discussion and promoting sexuality and healthy sexual behaviors are key strategies to achieving optimal sexual health.

Comprehensive adolescent sexual health education. The *Community Guide to Preventive Services* recommends comprehensive sexual health education to help adolescents obtain the skills and self-esteem to accept sexuality as a natural part of life and make good sexual health decisions throughout their lives.^{25,26} Key characteristics of effective programs not only include specific practices—such as contraceptive use—to promote safe sex, but also psychosocial factors including social, emotional or cognitive competence training, improved decision making and communication skills, self-determination, and positive bonding experiences between peers and role models.

Sexual health education in the schools can be controversial, in part due to concerns that discussion of sexual behavior and contraceptive use will increase sexual activity among youth. However, studies show that comprehensive sexual health education and prevention programs for STIs and HIV in fact decrease the rates at which adolescents become sexually active, postpone sexual initiation, and decrease the frequency of sex or

the number of sex partners among sexually active youth.^{27,28}

Education of healthcare community.

Providers and other healthcare professionals can play a major role in promoting sexual health to their patients throughout the lifespan. CDC recommends training healthcare providers on how to approach sexual health in a comprehensive, positive manner to assist with integrating sexual health into primary care settings.²⁹ To be most effective, preventive and clinical services should be sensitive, confidential, affordable, and accompanied by counseling that is appropriate in terms of age, race and ethnicity, sexual orientation and culture, and that addresses sexual health in a positive, nonjudgmental way.^{18, 30}

Positive messaging. In addition to educating providers about promoting sexual health, CDC recommends normalizing conversations and making sexual health-related issues a normal part of life by working with the media, community organizations and other partners.³ Over 70% of respondents to the 2008 New York State BRFSS agreed on the need for more open discussion and messaging around prevention and control of sexually transmitted infections, including on the radio and TV, newspaper stories and brochures in public places.³¹

An example of normalizing sexual health through the internet is the GYT: Get Yourself Tested website campaign, a collaborative effort by Kaiser Family Foundation, MTV and Planned Parenthood.³² Geared towards teens, the campaign promotes routine STI and HIV testing with its slogan “Know yourself. Know your status. Get yourself tested.” The website provides information on methods for preventing sexually transmitted infectious, and how to talk about STIs and testing with intimate partners and providers. The website also hosts blog spots on various sexual health topics.

See Related Chapters: [Sexually Transmitted Infections](#), [HIV](#), [Unintended Pregnancy](#), [Teen Pregnancy and Childbearing](#), [Access to Primary Healthcare Services](#), [Domestic Violence](#), and [Child Abuse and Neglect](#)

Data Sources (For additional detail, see [Appendix B](#).)

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U58/SO000047 (2011). Data prepared by Washington State Office of Infectious Disease

Washington State HIV Knowledge, Attitudes, and Beliefs survey 2003, 2006

Washington State Healthy Youth Survey. Office of the Superintendent of Public Instruction, Department of Social and Health Services, Department of Commerce, Family Policy Council and Liquor Control Board, 2002–2012; data prepared by Washington State Department of Health Non-Infectious Conditions Epidemiology.

For More Information

Washington State Department of Health:

- Infectious Disease Assessment Unit, (360) 236-3455
- Office of HIV/AIDS Prevention and Education Services, (360) 236-3424
- Sexually Transmitted Disease/Tuberculosis Services, (360) 236-3460
- Family Planning and Reproductive Health, (360) 236-3471
- Child and Adolescent Health, (360) 236-3515.

Technical Notes

The Washington State HIV Knowledge, Attitudes, and Beliefs (KAB) survey is a random digit dial telephone survey of Washington State residents ages 18 and older that occurred approximately every three years. The purpose of the survey was to collect information about respondents' knowledge, attitudes, and beliefs about HIV transmission and HIV-related policies, as well as information about HIV-related risk behaviors and testing behaviors.

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Endnotes

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