

## Guiding Principles

The below sexual health and sexuality guiding principles were developed during a WHO-convened international technical consultation on sexual health in January 2002, and later revised by a group of experts from different parts of the world. For a downloadable online version of the complete document entitled: *Defining sexual health: Report of a technical consultation on sexual health*<sup>1</sup>, please see: [http://www.who.int/reproductivehealth/topics/gender\\_rights/defining\\_sexual\\_health.pdf](http://www.who.int/reproductivehealth/topics/gender_rights/defining_sexual_health.pdf)<sup>2</sup>

### Guiding principles for successful programme interventions in sexual health

- ☐ ***Affirmative approach to sexuality*** – Using a positive, affirming approach to sexuality, rather than one based on fear, addresses both the pleasure and safety aspects of sexuality and sexual health and recognizes that every human being is sexual throughout the life cycle.
- ☐ ***Autonomy and self-determination*** – Women and men must have the right and ability to make their own free and informed choices about all aspects of their lives, including their sexual lives.
- ☐ ***Responsiveness to changing needs*** – Sexual health information and services must respond to the changing needs of women and men throughout their life cycle.
- ☐ ***Comprehensive understanding of sexuality*** – Issues of sexuality are complex. Interventions must address and integrate emotional, psychological and cultural factors in planning and service delivery.
- ☐ ***Confidentiality and privacy*** – Sexuality touches upon intimate aspects of people's lives. Individuals have the right not to be identified or compelled to share information and the right not to have information about them divulged to someone else.
- ☐ ***Advocacy*** for the promotion of sexual health and well-being is essential for change.
- ☐ ***Cultural diversity*** – Programmes must consider which cultural practices, traditions, beliefs and values are beneficial and promote sexual health. Factors such as sexual orientation, illness, culture, age or disability must be taken into account in the design of programme interventions and services.
- ☐ ***Equity*** – Programmes and services must cater to needs that are specific to each sex, but must not perpetuate stereotypes or double standards about gender and sexuality. Since women have traditionally been less able to access information, services and education, programmes should actively redress gender imbalances through interventions that empower women to protect themselves from sexual ill-health and disease.
- ☐ ***Address violence, sexual violence and abuse*** – These are often the conditions under which people, especially women, experience their sexuality or initiation into sexual activity.
- ☐ ***Non-judgemental services and programmes*** – Providers and educators must respect the values that others hold, and refrain from judging and imposing their own views upon others.
- ☐ ***Accessible programmes and services*** – Programmes and services must be accessible, affordable, confidential, of high quality, and age- and culture-appropriate.
- ☐ ***Accountability and responsibility*** – The health system should ensure that sexual health programmes are implemented and services are provided according to the above principles.

---

<sup>1</sup> *Defining sexual health: Report of a technical consultation on sexual health*. Geneva, World Health Organization, 2002. p.20

<sup>2</sup> These working definitions were developed through a consultative process with international experts beginning with the Technical Consultation on Sexual Health in January, 2002. They reflect an evolving understanding of the concepts and build on international consensus documents such as the ICPD Programme of Action and the Beijing Platform for Action. These working definitions are offered as a contribution to advancing understanding in the field of sexual health. They do not represent an official position of WHO.

