



## Around Male Sexual Health Opportunities

**Alexandra Manuela Garcês Caramelo Tereso, Lina Maria Jesus Antunes Cabaço, Maria Alice dos Santos Curado**

Nursing Research, Innovation and Development Centre of Lisbon (CIDNUR)/School of Nursing in Lisbon (ESEL), Lisboa, Portugal

### Correspondence

Alexandra Tereso

Avenida Professor Egas-Moniz, 1600-190  
Lisboa, Portugal

E-mail: alexandra.tereso@esel.pt

- Received Date: 14 Sep 2023
- Accepted Date: 23 Sep 2023
- Publication Date: 26 Sep 2023

### Keywords

Health care, Masculinities, Men, Sexual Health, Sexuality

### Copyright

© 2023 Authors. This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International license.

Sexual health is widely understood as a state of physical, emotional, mental and social wellbeing in relation to sexuality and encompasses the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence [1].

However, despite the recognition that human sexuality includes a diversity of behaviours and expressions that contributes to people's overall sense of well-being and health [1] socially, politically and clinically, the approach has been predominantly reproductive and heteronormative [2]. From a multidisciplinary perspective on the resources and therapeutic paths in the different contexts that frame sexual health, a paucity of spaces and protagonists of sexual health, specifically about male sexual health care, emerges.

Reflecting on men's sexual health implies considering men with unique sexual beliefs and trajectories, and with different care needs that require different responses.

For such reflection, it is important to focus on men's sexual health literacy, individual behaviours, the social conditions that structure them, the provision of effective public policies, and access to and use of health services, as key issues.

At a political and social level, it has been recognized that men are held accountable for women's sexual and reproductive "ills", and that health programs and services need to include men and to take their specificities into account [3]. Despite this recognition, there is still no effective translation into health care practices. Analyzing the possibilities and constraints in this area, leads to a political, academic and clinical debate on the visibility of sexual health as an area per se, and on men as subjects of care. It also requires a shared understanding of this visibility, its meaning, and the political and institutional guidelines for achieving it.

Promoting sexual health care in its male dimension implies facing the complexity of approaching a subject that requires sensitivity, due to its delicate nature, which touches on the intimacy of each individual, and the ways

in which it is diluted and camouflaged in the public domain. It also implies to understand sexuality and sexual health as multidisciplinary domains where professional contributions from various areas in which men's everyday sexual health and illness can take place, are considered essential for non-discrimination against boys and men, for the accomplishment of sexual and reproductive rights, and for achieving equity in sexual health care.

In this context, we highlight the medicalization of sexuality, which has shaped male sexual health and illness as well as men's access to health care. It is also important to note that the "medicalization of sexuality movement" [4] and the "pharmacologization" of health [5] have contributed to the development of academic and clinical interest in human sexuality, which has gained visibility in recent decades. The medicalization of male sexuality highlighted the treatment of "difficulties" and the discovery of other dimensions of pleasure in male sexuality. Male sexual dysfunctions and the therapeutic approaches involved that have developed since the 1980s, illustrate the process of medicalization of male sexuality, which has not been limited to the field of medicine and has encompassed different agents and institutions (scientists, industrialists, politicians, businessmen) [6].

The socio-historical questioning of the place and prominence of sexuality in the field of medicine and in the work of health professionals requires an approach to the medicalization of sexuality and its impact on the "informal specialization" of professionals [7]. In this context, [8] analyzing the place of sexuality in healthcare, includes: recent/validated and old/outdated scientific information on sexuality; the culture and identity of health professionals; the institutional organization of care and the dominant cultural and moral values; the subjective dimension linked to each person's individual history and gender relations. In this approach also emerges, the relevance of mapping professionals' representations of sexuality in general, the place they recognize for it in their lives, the importance they attribute

**Citation:** Tereso A, Antunes L, Curado A. Around Male Sexual Health Opportunities . Japan J Res. 2023;4(7):1-2.

to it in the field of health and, finally, the visibility they attribute to it in the context of professional practice.

In everyday institutional and organizational life, bringing health professionals and men closer together requires the development of strategies that help to demystify beliefs, stereotypes, and prejudices regarding not only sexuality but also masculinities that are not always experienced positively, because they are overshadowed by the "duties" prescribed by hegemonic masculinity [9-12]. With regard to the latter in particular, male experiences of sexuality that are socially repressed, experienced with family suffering and rarely cared for by health professionals can also be included. Examples include men with cerebral palsy, physical disabilities, mental illness and cancer. The combination of bodily dysfunction and sexual practice generates ambivalence and is perceived as conflicting, both by the person and by others. At the same time, the fact that the classic symptom-diagnosis-treatment equation prevails in medicine, with the focus being on suffering, means that pleasure, namely sexual pleasure, tends to be devalued, if not completely forgotten [13].

Unveiling the singularities of the approach regarding men and sexual health care leads to a debate about what the indicators, interventions and clinical records of doctors, nurses and other health professionals can be, or what they are, in the context of primary and specialized health care.

This reflection is not intended to be a point of arrival, but a departure. From the sharing of perspectives, concerns and challenges, we have tried to address the issues through the clinical practice, production, and dissemination of knowledge about the field of men's sexual health.

Addressing men's sexual health from a positive perspective requires a convergence of efforts by the state, health services, health professionals, researchers, academics, and communities in general, stressing the need of inclusive health policies that clarify and concretize the concept of sexual health in healthcare as fundamental. Turning sexual health in general, and male sexual health in particular, into a clear evidenced-based goal, requires placing it unequivocally in schedules, spaces, and health professionals' practices, and to develop professional skills in the approach to different kinds of masculinities, different needs, beliefs, and attitudes in the process of seeking help.

### Conflicts of interest

The authors declare that they have no conflicts of interest with respect to the authorship or publication of this article. The authors state that the opinions expressed in this article are their own and not from an official position of the institutions or financial agent.

### Funding statement

This research received no external funding. The authors declare there's no funding.

### References

1. World Health Organization. Sexual Health, human rights, and the law. WHO; 2015. [https://apps.who.int/iris/bitstream/handle/10665/175556/9789241564984\\_eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/175556/9789241564984_eng.pdf)
2. Tereso A. Lógicas e Paradoxos da Saúde Sexual dos Homens. In: Carapinheiro G, Correia T, ed. *Novos Temas de Saúde, Novas Questões Sociais*. Lisboa: Mundos sociais 2015;165-170.
3. United Nations. International Conference on Population and Development. New York, NY: UNFPA 1994.
4. Aboim S. *A Sexualidade dos Portugueses*. Lisboa: Fundação Francisco Manuel dos Santos 2013.
5. Williams SJ, Martin P, Gabe J. The Pharmaceuticalisation of Society? A Framework for Analysis. *Sociology of Health & Illness*. 2011;33(5):710-725.
6. Conrad P. *The Medicalization of Society: On the Transformation of Human Conditions into Treatable Disorders*. Baltimore, MD: The Johns Hopkins University Press 2007.
7. Giami A. La Spécialisation Informelle des Médecins Généralistes: L'abord de la Sexualité. In: Bloy G, Schweyer F, ed. *Singuliers Généralistes: Sociologie de la Médecine Générale*. Rennes: Presses de l'EHESP 2010; 147-167.
8. Giami A, Moreau E, Moulin P. *Infirmières et Sexualité: Entre Soins et Relation (Recherche Santé Social)*. Format Kindle: Presses de l'EHESP 2015.
9. World Health Organization. Policy approaches to engaging men and boys in achieving gender equality and health equity. WHO; July 2010 [https://apps.who.int/iris/bitstream/handle/10665/44402/9789241500128\\_eng.pdf;sequence=1](https://apps.who.int/iris/bitstream/handle/10665/44402/9789241500128_eng.pdf;sequence=1)
10. Courtenay WH, Keeling R. Men, Gender, and Health: Toward an Interdisciplinary Approach. *Journal of American College Health*. 2000;48(6):243-246.
11. Courtenay WH. *Routledge Series on Counseling and Psychotherapy with Boys and Men. Dying to be Men: Psychosocial, Environmental, and Biobehavioral Directions in Promoting the Health of Men and Boys*. New York, NY: Routledge/Taylor & Francis Group.2011.
12. Connell RW, Messerschmidt J. Hegemonic Masculinity: Rethinking the Concept. *Gender & Society*, 2005;19(6):829-859.
13. Cardoso J. Sexualidade na Doença Crónica e na Deficiência Física. *Rev Port Clin Geral* 2004;20:385-94.