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**HOW TO DEFINE SEXUAL HEALTH? A
QUALITATIVE ANALYSIS OF PEOPLE'S
PERCEPTIONS**

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Universidade Lusófona de Humanidades e Tecnologias

Escola de Psicologia e Ciências da Vida

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Ian: You know we could be looking forever and find nothing.

Karen: Turning over rocks and finding nothing is progress.

(Cahill, *I origins*, 2014)

Agradecimentos

Como agradecer? Numa tentativa por escrito, quero começar por agradecer à professora doutora Patrícia Pascoal, que me orientou ao longo de todo este processo e me incentivou a envolver-me mais no campo da investigação. Obrigada por todo o conhecimento e experiências partilhadas, que me ajudaram a tomar perspetiva e por vezes fôlego, num ano de tantas dúvidas e expectativas.

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À minha família... é difícil capturar a dimensão da sorte que eu sinto por ter recebido tamanho presente. E por falar em presente, esse vou aproveitá-lo já de seguida e reservar os abraços e as lágrimas de alegria para fora do papel. A vida voa quando temos os melhores do mundo.

Obrigada.

Resumo

As políticas de atuação na saúde sexual dependem das definições partilhadas nos consensos nacionais e internacionais e nas leis vigentes. Contudo, a utilização dos recursos existentes pelas populações está diretamente ligada à perceção que as pessoas têm do que é a saúde sexual, podendo existir uma clivagem entre os recursos existentes e as necessidades populacionais, inviabilizando a promoção e intervenção ótima nesta área da saúde. Neste estudo qualitativo transversal desenvolvido online, foi perguntado a 148 participantes com idades entre os 19 e os 75 anos “O que é saúde sexual?”. As respostas foram analisadas através de uma análise temática de abordagem reflexiva tendo sido identificada uma visão multidimensional do conceito, constituída por quatro temas: ‘primado biológico’; ‘eu estou no comando!'; ‘não estou só’; e ‘justiça sexual’. O nosso estudo salienta que a amostra reconhece a saúde sexual como uma parte importante da saúde global. Há uma grande ênfase na vivência corporal da sexualidade [e.g., excitação, IST's, gravidez], contudo esta não é separada do contexto relacional em que esta experiência maioritariamente acontece, nem dos seus determinantes sociais. Estes resultados salientam que para esta amostra não representativa, a saúde sexual é crucial para o bem-estar psicológico, físico, relacional e reflete políticas sociais. Por isto, constitui uma área de atuação por excelência para profissionais de diferentes áreas da psicologia [e.g., Saúde, Clínica, Social, Educacional] junto de diferentes segmentos populacionais.

Palavras-chave: *Saúde Sexual, Psicologia clínica e da saúde, thematic analysis*

Abstract

Sexual health promotion policies depend on the concept's consensual international definitions. However, the use of resources by the population is connected to what people conceive as sexual health, which means there could be a gap between available resources and populational needs, leading to ineffective ways to promote and to intervene in this health field. In this cross-sectional qualitative study, 148 participants aged between 19 and 75 years old were asked "what is sexual health?". A reflexive thematic analysis was conducted, and a multidimensional conception of sexual health was identified, composed by four themes: 'Let's get physical, physical'; 'I'm in charge!'; 'I am not alone in this'; and 'Sexual justice is a must!'. Our study underlines that this sample recognizes sexual health as an important part of global health. Large emphasis is given to bodily, physical experience of sexuality [e.g. arousal, STIs, pregnancy], although it is not independent from the relational context where it commonly takes place, or from its social determinants. Sexual health is crucial to psychological, physical and relational well-being and is a reflex of social policies, which makes it an important field of intervention for psychology professionals from different areas [e.g. health, clinical, social, educational] with different population segments.

Key-words: *Sexual health, clinical and health psychology, thematic analysis*

List of acronyms and abbreviations

CEDIC: comissão de ética e deontologia para investigação científica

CSM: common-sense model of illness representation

IT: information technology

LGBTQ+: lesbian, gay, bisexual, transgender, queer and questioning

SH: sexual health

SPSC: Sociedade portuguesa de sexologia clínica

STIs: sexually transmitted infections

TA: thematic analysis

TPB: theory of planned behavior

ULHT: Universidade lusófona de humanidades e tecnologias

WHO: World Health Organization

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Introduction

Sexual health (SH) is an important part of global health and affects an individual's physical, psychological and social sphere (WHO, 2017) throughout the lifespan (Hansen et al., 2004). Although political and social contexts can influence public health policies related to SH promotion (Edwards & Coleman, 2004), Portugal does not have any data on how people perceive the construct. Under the premise that people's perceptions on SH can influence their behavior (Ajzen, 1991; Diefenbach & Leventhal, 1996), to understand if people seek help when necessary or have SH promoting behaviors, we firstly ought to study their perceptions of what is SH.

A brief history of sexual health

Sexual health: an ever-changing concept

Despite organizations' multiple attempts to establish a definition of SH, little consensus has been reached throughout the years (Edwards & Coleman, 2004; Giami, 2002; Hargons et al., 2017). In 1975, the World Health Organization (WHO) came up with the first international definition of SH (Edwards & Coleman, 2004) as: "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" (WHO, 1975). Since then, there were eight proposed definitions for SH, up until the year of 2002 (Edwards & Coleman, 2004). By this time, global awareness was rising about the weight that sex-related problems could have on public health (WHO, 2017), and the impact of stigma and poor quality of care on SH was becoming obvious (WHO, 2017). Recognizing the need for a clearer SH definition, WHO created a task-force for this purpose, and published an improved version of its SH definition in 2006, which has been updated until 2010 (WHO, 2017). In this document, the following working definition of SH is presented:

Sexual health is a state of physical, emotional, mental and social well-being in relation 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. (WHO, 2006).

Rohleder and Flowers (2018) point out the inclusive nature of this new definition, being one that groups information not only about disease, but also identity and relationships, integrated in each individual's sociocultural context. Miller & Green (2002) mention an illness-oriented approach in SH psychology in the past, its connection to a biomedical approach that must be overcome (Gruskin et al., 2019) and a consequent medicalization of sexual issues (Giami, 2002; Moynihan, 2003; Rohleder & Flowers, 2018). Although illness-related determinants are part of SH, other important factors should not be left out, limiting our perspective on SH, and therefore our capability of truly improving it (Rohleder & Flowers, 2018). Authors argue that SH is not only about the absence of sexual disease or dysfunction, but rather a holistic state of physical, social and psychological well-being (Rohleder & Flowers, 2018). As one can see by the scarce consensus around its definitions, SH is bound to subjectivity (Coleman, 2011; Giami, 2002), due to its permeability to social, cultural and political contexts (Edwards & Coleman, 2004; Giami, 2002). Specific events in history stand out for having a deep influence in the way we perceive sexuality and consequently, SH, such as the 60's revolution, the HIV-AIDS epidemic, the emancipation of gay rights (Edwards & Coleman, 2004), or the global access to oral contraception (Watkins, 1998).

Sexual health in Portugal

Considering the ever-changing nature of the concept of SH, it is crucial to study its definitions throughout time, in groups that experience common contexts, like for example, the same living country and access to the same healthcare system. This is also important because views on SH are usually integrated in the public health policies of each country (Giami, 2002). Namely, Portugal has a wide number of initiatives dedicated to SH promotion, such as attempts to implement sex education in schools (Rocha, Leal & Duarte, 2015), free planned parenthood (Remoaldo, 2001), same-sex marriage, decriminalization of abortion, prohibition of discrimination based on sexual orientation (Alarcão et al., 2015), and more recently, children adoption by same-sex couples (Gato et al., 2021). Although these conditions of access to healthcare and sexual rights might cultivate awareness about SH in Portugal, it is our concern that the population's perception and meanings are not in line with the legal and political framework for action in SH healthcare. This might mean that lay people's definitions are transforming at a quicker pace than internationally accepted organizations' definitions, which could lead to outdated, and therefore unsuccessful ways of

promoting SH. Similarly, while organizations evolve in terms of defining SH, it might be that lay people's definitions remain the same. Therefore, it is important to continuously check people's definitions of SH instead of assuming they are informed by current knowledge and policies, for this could translate into a failure to deliver proper SH promotion to the population.

Theoretical framing

If we take the Common-Sense Model of Illness Representation (CSM) into account (Diefenbach & Leventhal, 1996), cognitive and emotional perceptions of a health threat are determinant to the actions an individual chooses to take to cope with that threat and important illness related outcomes [e.g., well-being, social functioning] (Diefenbach & Leventhal, 1996; Sacajiu et al., 2007). Furthermore, the theory of planned behavior (TPB) (Ajzen, 1991) adds that our beliefs influence our attitudes, which in their turn influence our behavior. These two models emphasize the role that cognitions and beliefs about illness and health have on health related behaviors. Therefore, knowing people's representations and meanings about SH might help better understand their health-related behaviors. To this date and to the best of our knowledge, there has been no research on people's view of SH, which is relevant in the light of TPB to understand if people have attitudes that lead them to taking actions to promote and monitor their health. Therefore, studying current lay people's beliefs and conceptions on SH, might inform us about factors that could influence behaviors that people take to cope with perceived health threats or to improve and maintain their health, such as risk-taking, help seeking behaviors, or inform us about neglecting attitudes that prevent adequate behaviors.

Identifying patterns in participants' definitions could help start a conversation in healthcare settings to promote psychoeducation and awareness about SH, to include specific training in healthcare curriculums to overcome gaps in common knowledge about SH (Burnes et al., 2017a, 2017b), or to invest in the improvement of sex education in schools (Rocha et al., 2015). Furthermore, knowing if participants' definitions of SH are positively oriented (Donaghue, 2015), for instance, can be an important contribution to research and to the creation of guidelines for clinicians such as counseling psychologists, considering that sex-positive approaches promote SH and the empowerment of patients, and therefore contribute to their overall wellbeing (Cruz et al., 2017; Hargons et al., 2017). Sex positive approaches encompass openness, nonjudgement and

freedom of sexual expression and sexuality (Donaghue, 2015) and acknowledge biological, psychological and social factors that influence individual functioning (Burnes et al., 2017b).

Relevance to professionals

Multiple types of healthcare professionals, such as psychologists (Reissing & Di Giulio, 2010), nurses (Evans, 2013), occupational therapists (Lynch & Fortune, 2019), physiotherapists (Areskoug-Josefsson & Gard, 2015), doctors, and even others like school and college teachers, play an important role in SH promotion (WHO, 1975). Knowing people's conceptions of SH is important to create favorable conditions for people's attendance to services and fuel professionals' collaborative and knowledgeable attitude. On that account, this analysis could create professional awareness about inadequate clinical, educational and political practice, with SH promotion strategies having too much focus on problems that are outdated, and a lack of focus on urgent, more updated issues.

Current Study

Our aim with this study is to analyze participants' definitions of SH, in order to understand people's perceptions and meanings about it, and to realize if people have an updated, broad vision of SH, which could lead to an appropriate seek for sexual healthcare and guide professionals' communication with patients and the community. By developing this analysis, we expect to contribute to a better conceptual understanding of SH, using a cross-sectional qualitative study that explores lay people's meaning of the construct.

Method

Participants

Our sample was composed of 148 participants ($n = 148$), with a mean age of 37.30 years ($SD = 17.51$, age range: 19 to 75). All participants lived in Portugal, and the majority of them (52.7%) were residents in the district of Lisbon. A percentage of 5.4% of the participants lived in Oporto, and 2.1% lived in the Portuguese islands (Azores and Madeira). The remaining sociodemographic characteristics of the sample are presented in Table 1.

Table 1

Sociodemographic characteristics of the sample

	<i>n</i>	<i>%</i>
Gender		
Female	78	52.7
Male	62	41.9
Non-binary (e.g.,genderqueer, genderfluid)	3	2
Without gender	1	0.7
Doesn't know	1	0.7
Other	3	2
Sexual orientation		
Heterosexual	114	77
Gay	4	2.7
Lesbian	3	2
Queer	2	1.4
Bisexual	16	10.8
Undefined	3	2
Other	6	4.1
Education/ qualifications		
9th grade or equivalent	4	2.7
12th grade or equivalent	38	25.7
Bachelor degree	62	41.9

Master degree	31	20.9
Doctorate degree (Phd)	5	3.4
Other	8	5.4
Professional status		
University student	21	14.2
Working student	9	6.1
Employed	76	51.4
Unemployed	17	11.5
Other	23	15.5
Relationship status		
Not in an intimate relationship	36	24.3
Casual intimate relationships	32	21.6
Monogamous relationship	74	50
Consensual non-monogamous relationship	6	4.1
If in a monogamous relationship, which type ^a		
Dating	28	18.9
Common-law	19	12.8
Marriage	27	18.2
Being a parent/ guardian		
No, never has been	77	52
Currently is	40	27
No, but has been in the past	31	20.9
Living area		

Urban city center	75	50.7
Urban periphery	37	25
Urbanized rural area	7	4.7
Rural area close to urban area	17	11.5
Rural area with high population density	1	.7
Rural area with low population density	10	6.8

Note. N = 148. Some questions have not been answered by the total sample, but we still present percentages considering that value (n = 148), since it offers a more realistic view of the results.

^a Reflects the percentage of participants engaged in each type of monogamous relationship, considering the total of participants (n = 148). The remaining percentage (50,1%) quantifies participants who were not in any type of monogamous relationship, as stated in the previous question.

Procedure

This study was developed as a collaboration between the SPSC - Sociedade Portuguesa de Sexologia Clínica (Portuguese Society of Clinical Sexology) and the EPCV - Escola de Psicologia e Ciências da Vida from ULHT - Universidade Lusófona de Humanidades e Tecnologias. The study was developed in the context of Sexual Health National Day, in September 2021, and it was approved by the university ethics and deontology committee (CEDIC). The questionnaire used to collect data was uploaded into an online platform called Qualtrics, and disclosed through social media between the 19th of August and the 29th of September of 2021.

This questionnaire was designed by the project's principal investigator and other members of the SPSC, who reached a consensus about the content of every question, including open-ended and closed-ended questions. The questionnaire was then revised by 4 researchers, all belonging to the field of psychology, before it was uploaded online. Through a snowball –like sampling method, an initial number of 476 people accessed the platform and agreed to participate in the study, but only 148 fully completed the questionnaire and fulfilled the inclusion criteria. The current study focused on the following open-ended question: “In your opinion, what is sexual health?”. Before presenting its open-ended questions, the authors provided neutral examples, not related to the research topic, on how to respond in an extensive and informative way, so that researchers could

then study participants' answers with maximum accuracy. To answer the questionnaire, participants had to be older than the minimum consent age of 18, understand and write Portuguese. Because answers may be influenced by different national campaigns and knowledge derived from personal experience with the national healthcare system, not living in Portugal was an exclusion criteria.

Data analysis plan

The software program Statistical Package for the Social Sciences (SPSS) was used to analyze descriptive statistics about sociodemographic characteristics of the sample. To analyze our open-ended question, we used Braun and Clarke's (2021) thematic analysis (TA) reflexive approach, considering the adequacy and flexibility of TA to qualitative research (Braun & Clarke, 2021). Reflexive TA is centered on "themes and patterns of meaning across cases, rather than on meaning within individual cases" (Braun & Clarke, 2021), which makes it ideal for our study's goal. In TA, a thematic structure is created after analyzing and coding the data (Clarke & Braun, 2014), and then grouping information by core meaning or central organizing concepts, ideally with no more than six themes and subthemes (Braun & Clarke, 2021). We used an inductive approach, turning specific data content into broader generalizations (Alhojailan, 2012), and during data analysis we searched for both semantic and latent meaning (Clarke and Braun, 2021). Reflexive TA, contrarily to other TA approaches, acknowledges the researcher's assumptions and biases as inevitable elements of the analysis (Braun & Clarke, 2021). In accordance with its name, the reflexive approach requires deep immersion in the coding process, in alternance with moments of distance, that should cultivate insight and reflection about the data (Braun & Clarke, 2021). In our study, despite using multiple coders like in other TA approaches, we realize this is an opportunity to enrich our reflection and insight, and not an attempt to reach consensus (Braun & Clarke, 2021). Another outstanding feature of this approach, is the development of codes and themes as analytic outputs, meaning that they are created after a thorough analysis of the data, and not previously planned and searched for (Braun & Clarke, 2021). Reflexive TA also calls for honest self-assessment of the researcher's theoretical and philosophical assumptions, and contemplation of how this might affect the coding process (Braun & Clarke, 2021). For this reason, throughout the process, we reflected on our contextualized beliefs in relation to SH, its management in clinical

practice and personal experiences such as having sex education during middle school. We refined themes and subthemes and our thematic map multiple times and in different stages of our analysis, and conclusions were born out of regular meetings between the authors and a growing familiarization with the data and its inspection to check if the definitions fit the proposed map.

Results

Four themes were identified in our analysis: (1) Let's get physical, physical; (2) I'm in charge!; (3) I am not alone in this; and (4) Sexual justice is a must!. Themes are illustrated with extracts from the data and participants are identified by a random number. The final thematic map is presented in figure 1.

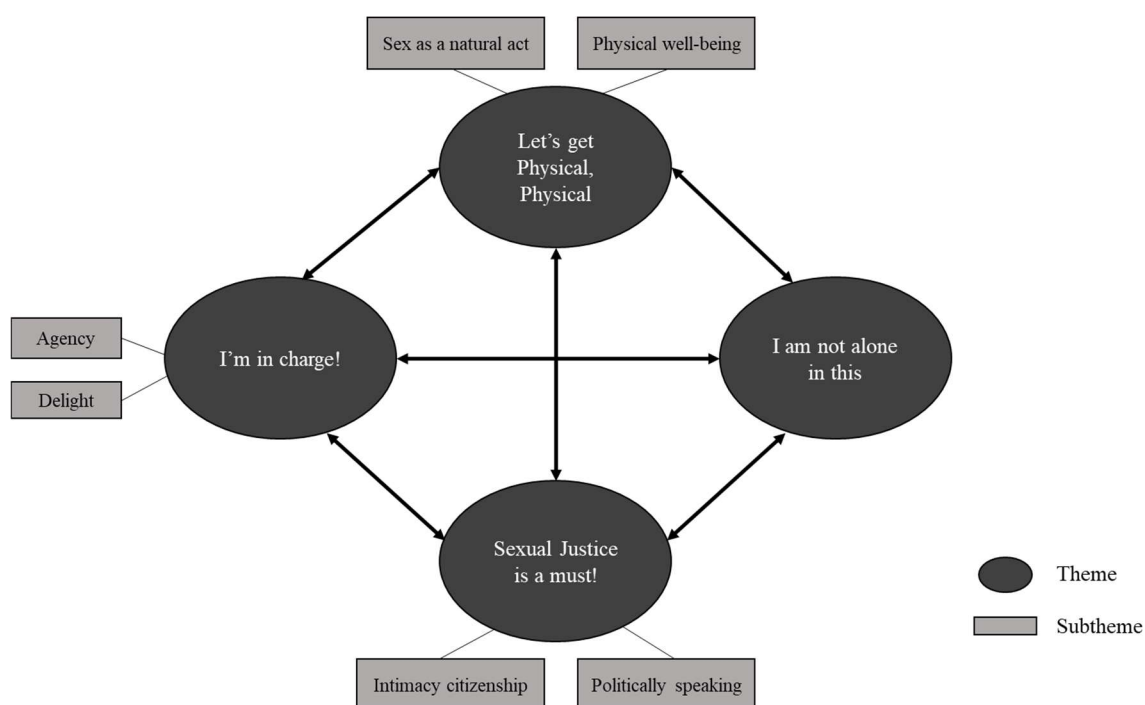


Figure 1. Final thematic map

Theme: Let's get physical, physical

This theme emphasizes the accomplishment of biological needs as an important part of SH. Some responses evoked a tone of basic necessity while talking about sexual activity, while others

focused more on physical issues that can interfere with reproductive health, such as sexual disfunction, STIs or diseases that affect reproductive organs. The shared meaning of these responses is that SH includes a very palpable, organic dimension, and that SH is expressed and can only be achieved with good physical health.

Subtheme: Sex as a natural act

This subtheme is about sexual activity as an inevitable part of human nature or a 'basic need' that must be fulfilled. For some participants, SH is all about being able to satisfy these physical needs, in order to attain a state of well-being:

[...] I realized sex itself has an invigorating effect in any person. It is something of extreme importance, and without this activity we can enter a spiral of anxiety and need. How can such a basic need like sex have such a harmful impact on our health, especially mental health? [...] (P129, gender- other, 30 years old, heterosexual, call center worker)

Other participants referred to sexual activity as something to be seen as plain and simple, restraining their view of SH to the materialization of a physical act, sex:

To look at sexuality like to other fields, with no limits, in order to avoid [people being] retards about sexuality like me [...] when I was little, everything about intimacy was rude and shameful, nowadays I see sexual life as just sex, nothing more... (P115, woman, 58 years old, heterosexual, nurse)

In relation to this, some answers translated an idea of sexual activity as a physiological need that doesn't require complex or elaborate thoughts around it:

Being aware of it and understanding it [sexual activity] as a physiological necessity and not as a big deal... (P51, man, unknown age, heterosexual, writer)

SH was also defined merely as reproductive health, with participants interpreting these concepts as synonyms:

Sexual health it everything that surrounds human reproduction, from sexual behavior, contraceptive methods and STIs, to family planning. (P4, woman, 19 years old, heterosexual, student)

Subtheme: Physical well-being

This subtheme illustrates a focus on physical well-being, with special importance drawn to being free from disease in order to pursue one's SH. While some participants define it as limitedly as being free of any STIs:

Never really thought about it. I would say it's a matter of educating oneself on good sexual practices, in order to avoid unwanted outcomes like STIs. (P7, man, 24 years old, heterosexual)

Some mention diseases that affect reproductive organs as barriers to having sexual activity, and therefore to SH:

To me, sexuality doesn't exist anymore, since my husband got prostate cancer years ago. (P61, woman, unknown age, heterosexual)

Other participants state that SH is the ability to feel sexually aroused when it is needed, passing on the idea that one's body has to be physically responsive to the wish or need to be sexually active:

Is to be horny when necessary. (P102, man, 60 years old, heterosexual, welder)

We noticed that although our research question was intended to collect information about people's views on SH, some participants seized the opportunity to speak up anonymously about their private sex lives, conducting their answers about their own sexual activity and personal frustrations.

Theme: I'm in charge!

This theme reflects a sense of entitlement about one's own SH. Through our analysis of the collected data, we notice that for some participants there is a personal active role to be taken in

order for one to pursue their SH. This illustrates people's felt duty to search for adequate care and to improve and update themselves in terms of their SH. In this perspective, people do not seem limited to their biological nature, but rather influential actors to their own SH through their behavior and attitude.

Subtheme: Agency

This subtheme gathers definitions that we interpret as being more focused on the concept of taking control and acting upon one's own SH. It is about people pursuing knowledge, searching for healthcare services and recognizing when this action is needed through self-awareness. This puts SH under an interconnectedness light, as an ideal state that combines biological, cognitive and behavioral efforts. People are not seen as passive in the process of attaining SH, but rather as initiators of it. This can manifest through seeking for information when needed:

Sexual health is related to the ability to speak openly about sex life in the contexts each one finds important, to look for information when it is needed, to feel comfortable with exploring one's own body and the other's body, to prioritize sexual health like any other health field. (P110, woman, unknown age, heterosexual, administrative)

Protecting one's self through behavior:

Sexual health is living sexuality in a healthy way, doing whatever one feels like without any taboos or prejudice, but always being careful and paying attention to matters of safety and health (STIs and other diseases), being alert and looking for specialized counseling as soon as one notices any irregularity. (P99, woman, 21 years old, undefined sexual orientation, tutor)

Although still placing a focus in physical issues, 'self-defense', as stated below, evokes an active role and a prioritization of the self, as if contagious diseases were enemies to SH and the individual is the warrior that protects it. Although physical health is considered, disease is seen as a consequence of one's behavior. Individual responsibility seems to have a part in the achievement of SH, given that precautionary and defensive measures are highly dependent on each person.

Precaution, self-defense against contagion. (P34, man, 58 years old, heterosexual, sales technician)

Having an active role in one's SH can also mean being aware about one's own sexuality and its expression. Taking agency in one's SH is not only about avoiding negative consequences related to sexuality, but also observing and exploring one's own preferences and emotional states. The following extract elicits the active role one can have not only in knowing oneself, but also communicating their characteristics to others, which can contribute to consensual intimate interactions. When people 'demand respect', they are taking agency regarding what happens to them, and making sure this is aligned with their will.

To know what we like, and to know how to speak about that with no difficulty. Is to demand respect and to know how to respect our partner. Is to feel happy and accomplished with our intimate experiences. (P141, woman, 30 years old, heterosexual, nurse)

Alongside with knowing oneself, one can be active in promoting their SH by being vigilant of any changes that come up, and initiating contact with health services when this is the case.

Because it is a form of health, we must take care of it and go to the doctor everytime a symptom of anomaly comes up. (P95, woman, 57 years old, heterosexual, teacher)
To be well with one's own sexuality and with other people's, and to look for help when one is not well. Being healthy also means to acknowledge when something is not right. And therefore it is also about knowing where and how to seek help. (P86, woman, 49 years old, bisexual, researcher)

Subtheme: Delight

This subtheme also illustrates an autonomous attitude of the individual, but with a larger focus on recreational and enjoyable states related to sexuality. This means that participants defined SH as experiencing one's own sexuality to its fullest, which makes pleasure and playfulness a part of SH, with participants thinking beyond reproductive purposes of sexual activity and acknowledging it as a source of pleasant experiences and not only the relief of biological needs or a merely physical dimension of well-being. An idea of innovation and not sticking to the same sexual experiences was part of this subtheme:

[...] Everything that involves healthy sex implies respecting the other, well established boundaries and imagination to get away from routine. (P144, man, unknown age, heterosexual, retired bank officer)

Similarly, participants seem to think of self-discovery and exploration about sexuality, highlighting the importance of not only having an active role in one's SH, but also a curious attitude towards it. Delight comes from the will of an individual to discover himself and might stem from motivational, inner drives, which can lead to actively seeking different experiences. Once again, 'I'm in charge!' is an adequate theme name, because this is seen as an adventure to be taken within each one's personal rules. Here, sexuality takes place at a very personal and self-managed level. There seems to be some kind of goal of being immune to external influences, which shows that participants are not fully aware, or wish to be free of the contextual nature of SH.

Mental health is liberation of society's dogmas, but also self-discovery that is made in consensual and safe environments, without political influence or from sexual lobbies, so that the individual discovers himself without any external manipulation. (P116, man, 36 years old, queer, manager)

Self-acceptance and self-knowledge are seen as allies to delighting states like pleasure. In order to experience pleasure and to make others experience it as well, there is a know-how requisite, of knowing oneself and being acceptant of one's sexual identity. This idea draws attention to pleasure as being a result of a positive view of sexuality.

Personal satisfaction with one's own sexual identity, with one's own body, knowing it and knowing how to use it for one's own pleasure and to satisfy one's partner. (P54, woman, 39 years old, heterosexual, medical doctor)

Theme: I am not alone in this

This theme illustrates the role of human interaction in SH, meaning that participants considered several relational components as essential to SH: romantic relationships, sexual encounters, and feelings of connection to others like reciprocity and affection. People find it crucial to feel well with sexuality within interpersonal relationships, and stress that what matters is the

emotional part of our sexuality. This remits to a notion of our physical and psychological nature being intersected, with emotions and attachment to other people having a central role in SH:

[Sexual health] is to have a healthy relationship, of any kind, may it be heterosexual, homosexual, etc... sexual health has to do with feelings and the way the relationship or sexual practice makes us feel. (P40, woman, 32 years old, heterosexual, call center supervisor)

Some defined SH as the inseparable bond between sex and love, making traditional monogamous relationships a central part of it. This conservative view places SH as an attribute destined to a certain relationship structure, which does not translate into an accepting and validating attitude towards other people's experiences.

It is a state of well-being during the sexual act [...] it discourages having multiple partners, or any kind of practice that dissociates sex from love. (P63, man, 22 years old, heterosexual, student)

Feelings of trust towards the other after having sexual experiences were considered important, and coherently with the previous extract, this gives us the impression that for some, SH is about viewing sexual activity as something precious to the self, that must be thought out before getting involved with someone.

[...] after having shared my sexuality with someone, it is to feel good sexually affectionately with one another. (P120, woman, 24 years old, heterosexual, nurse)

Communication skills are also part of being sexually healthy, as they allow negotiation among partners like boundary setting and effective expression of desire and intention:

Is to practice sex and have a person in total consonance. Everything that involves healthy sex implies respecting the other, well established boundaries and imagination to get away from routine. (P144, man, unknown age, heterosexual, retired bank officer)

We found mutuality is considered a fundamental part of sexually healthy relationships. This means that not only interaction is part of it, but an essential component of emotional and relational well-being:

More than good functioning of each one's reproductive systems, it is the pleasure we get from our partner and that we reciprocate. A sexual act where only one of the parts gets pleasure does not offer emotional or mental health to the other part. (P138, woman, 60 years old, heterosexual, administrative)

Theme: Sexual justice is a must!

This theme captures a sense of shared responsibility between individuals and their social and political environment. Our interpretation of the data is that people think in order to have SH, one must be inserted in a context where sexual rights are advocated, access to healthcare is provided, knowledge is openly discussed and freedom and acceptance is put into practice in daily life.

Subtheme: Politically speaking

This subtheme encompasses the political responsibility of governments to implement laws and public policies that support and actively promote SH, by defending sexual rights and assuring access to services that correspond to the population's needs.

This manifests through having access to healthcare resources:

To have access to contraceptive methods - to all of them and not just heteronormative ones- I believe that feminine hygiene products should be accessible in the same way condoms are; - access to family planning; - full information about menopause and about before/ during/ after pregnancy - not selling the idea that pregnancy is all roses. (P29, gender identity- other, unknown age, bisexual, student)

The extract above also evokes a sense of commitment from information sources to be realistic, and not embellish SH challenges like pregnancy.

In the following extract, we can read a response focused on the importance of healthcare professionals, especially with expertise in sexuality. This can be connected to the desired realistic information, that can be a consequence of professionals' proficiency in what they do.

[...] Physical [health] depends on doctors, gynecologists and other healthcare professionals, and emotional [health] can go through the same technicians [...]. This is where traumas that can completely impair good sexual health come into the picture.

Sexologists have a big role in this, helping to release ties sometimes almost impossible to untie (rape, for instance, an issue I am battling with for nearly 60 years). (P18, non-binary, 60 years old, lesbian, trainer)

For our participants, besides offered information being realistic, sex education approaches should include a broader concept of SH. Some participants seem to feel misled in terms of the sex education they received in school, with their expectations on learning more than negative consequences of sexual activity not being met.

Contrarily to what is taught in school, it is not only to prevent STIs or unwanted pregnancies. Sexual health is a global approach to physical relationships in all of its emotional and psychological context. (P49, woman, 21 years old, bisexual)

Subtheme: Intimacy Citizenship

This subtheme is about individuals abiding to sexually fair values such as equality, acceptance of diversity, consent, and openness in communication. This reflects a predisposition that comes from people on an individual and community level, to respect and to apply certain ideals that contribute to collective standards of ethical SH. Living in a society where acceptance of sexual diversity is a reality was considered a requirement for SH attainment, with participants acknowledging prejudice as a barrier to SH:

[...] homophobia, a serious problem of sexual health (P23, man, 47 years old, bisexual, truck driver)

The same seems to be evoked in terms of gender identity or sexual orientation:

Is to know who we are, how we identify ourselves, and to be able to experience our sexuality without fear (P142, woman, 37 years old, bisexual, administrative)

And this also means being informed and acknowledging different realities like diverse relationship configurations, for instance:

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It is not something strictly sexual, but also emotional (ex: to educate about polyamory or ethical non monogamy) (P111, non-binary, 27 years old, sexual orientation- other, operations assistant)

This was intimately related to the idea of freedom of choice, in matters of respecting others' sexuality and accepting people's differences and uniqueness without prejudice:

To me, sexual health is intimately connected to a free of prejudice sexual expression, consensual, informed and aware of the self and the others. (P68, woman, 28 years old, sexual orientation- other, nurse)

A culture of responsibility towards the other was referred, which means that intimacy citizenship includes a series of attitudes and behaviors towards sexuality that prevent any type of harm to other people:

It is complete personal sexual fulfillment without any deviant or addictive practices, or practices that put the person or others in danger (P73, man, 32 years old, heterosexual, lawyer)

This also includes the regard of consent in interpersonal relationships:

It is a concept that defines sexual experience in a pleasurable and healthy way for everyone involved, respecting everyone's will. (P90, man, 51 years old, heterosexual, IT worker)

This theme seemed to be more evidently expressed in responses given by lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ+) participants.

Discussion

Interpretation of results

SH has been defined by multiple institutions as a multidimensional construct (Edwards & Coleman, 2004). Our results reflect participants having a diverse and complex view of SH, with a final thematic map that includes physical and biological nature, cognitive and behavioral aspects,

relational factors and social and political culture as integrant parts of SH. However, it should be noted that certain profiles of participants were drawn to specifically focused definitions of SH, like in the case of LGBTQ+ participants and responses that fit the theme 'Sexual justice is a must!'. In Portugal, despite multiple existent initiatives regarding LGBTQ+ rights (Alarcão et al., 2015; Gato et al., 2021; Remoaldo, 2001; Rocha et al., 2015), this does not necessarily translate into stigma reduction within the healthcare system, with literature showing evidence of psychology students having negative biases towards these questions (Gato & Fontaine, 2016) and barriers felt by those who seek psychotherapy (Moleiro & Pinto, 2009). In a study about perceived challenges and training needs for professionals in Portugal dealing with same sex couple adoption, Gato, Henriques & Leal (2020) point out practical issues such as the absence of adoption application forms that include same-sex couples adapted language, and the lack of training syllabi and guidelines for workers like psychologists, social workers, kindergarten teachers and lawyers. This reflects cultural influences, which to psychologists are not immune to, as well as political weaknesses, in terms of not having properly prepared healthcare professionals to target sexual health issues that may come with new legal contexts (Gato et al., 2020; Moita, 2006). Acceptance of sexual diversity can also be cultivated through education, with the inclusion of LGBTQ+ related curricula, within and outside of sex education classes (Goldfarb & Lieberman, 2021).

Although participants of this study seem concerned about being educated on prevention of STIs and appear motivated to act accordingly, as shown through themes 'Let's get physical, physical' and 'I'm in charge!', STI prevalence in Portugal has grown for the last years (Santos, 2019). A possible contributing factor to this is that school-based sex education is mostly focused on information transmission about disease and preventive behaviors (Rocha et al., 2015), while evidence shows that behavioral change in terms of safety behaviors like the use of condoms is more influenced by motivational processes and behavioral skills than information transmission (Reis et al., 2012). This outdated practice of sex education appears to be acknowledged by participants and also a source of disappointment in terms of provided services, as shown in the theme 'Sexual justice is a must!'. The theme 'Let's get physical, physical', and more specifically its subtheme 'physical well-being', is about physical health being an essential part of SH, and while some participants did see this as part of a multidimensional concept, others seemed to view SH as something exclusively organic and biological. Given that SH was subordinated to a biomedical view for a long time

(Gruskin et al., 2019), we were not surprised that participants' responses evoked this dimension. However, looking through the lens of CSM (Diefenbach & Leventhal, 1996), if people do not perceive an emotional and psychological dimension of SH, this could lead to them not perceiving psychological issues related to sexuality as health threats, and therefore not taking any actions to neutralize them. SH was also sometimes viewed as a synonym of reproductive health, and although these two are intimately connected, defining them as the same can constitute a barrier to a broad and comprehensive view of SH (WHO, 2017).

We noticed an attitude of curiosity, exploration and openness towards sexuality expressed in responses connected to the theme 'I'm in charge!', specially to its subtheme 'Delight'. However, this is not coherent with literature reports about the results of non-comprehensive sex education, which is usually restrained to the prevention of unwanted consequences of sexual activity, such as unplanned pregnancy and STIs (Rocha et al., 2015), and not broadened to a dimension of enjoyment that includes pleasure and discovery of one's own sexuality (Goldfarb & Lieberman, 2021), addressing matters like masturbation (Ford et al., 2019) and allowing for learning about self-regulation (Mann, Ridder & Fujita, 2013), consent (Burton et al., 2022), communication (Pick et al., 2007) and recognition of body signals (Blair, 2003). Teaching this kind of skills can be assigned to psychologists, who can target individual behaviors that take place in specific contexts and complement other entities' work on SH promotion.

A lack of learning related to such an influential state as pleasure might be playing a role in risk-taking behaviors such as the non-use of condoms (Zaneva et al., 2022). In Portugal there has been an increase in the informal use of oral HIV pre-exposure prophylaxis, namely regarding men who have sex with other men (Ribeiro & Rocha, 2019). This medication allows for individuals to have unprotected sex with very reduced risks of contracting HIV (Bavinton & Grulich, 2021), presenting itself as an alternative safety measure to condoms. Still, school-based sex education limits information almost exclusively to preventing negative outcomes of sexual activity, instead of discussing more realistic ways to assure pleasure in safety and outside of heteronormative limits (Allen & Carmody, 2012). The theme 'Sexual justice is a must!' advocates for a political responsibility to deliver adequate and updated services to the population, and this should include aspects that fit in the subtheme of 'Delight', such as playfulness and pleasure. Participants' responses illustrate the importance of these states to attaining SH, which is aligned with the

working definition of WHO (2006) that encompasses well-being as a central characteristic of SH and not only the absence of disease. Ford and colleagues (2019) point out the scarce literature around pleasure and Allen (2014) suggests innovating approaches like the use of humour in sex education, in order to reduce discomfort in addressing difficult topics and reinforce learned information (Allen, 2014). Reichert, Heckler & Jackson (2013) state that pleasure-inclusive messages are more captivating and easily remembered than non-pleasure related ones, and less likely find resistance in the message receiver. Although we understand SH promotion can be targeted through a variety of entities and services, our emphasis on the improvement of education is sustained by evidence that SH promotion through school has better results when implemented as early as in elementary school and through long duration programs (Goldfarb & Lieberman, 2021), and knowing that, we feel school-based sex education constitutes an opportunity to reach groups that may not access SH promotion resources in any other contexts besides school or for long periods of time.

In the light of TPB (Ajzen, 1991) and its recognition of intention as a main predictor of behavioral achievement, it is crucial to study motivation factors like sexual pleasure (Boul et al., 2008) and their role in people's health behavior, in order to improve its prediction. The subtheme of 'Delight' illustrates the importance of sexual pleasure to participants, underlining the need to integrate the topic in SH promotion programs in Portugal.

TPB also accounts for perceived behavioral control as an important predictor of behavior (Ajzen, 1991), and the theme 'I'm in charge!' might be signaling a strong sense of behavioral control participants have regarding their search for healthcare services and information, which could lead them to those behaviors when necessary. In relation to participants confiding their sexual frustrations instead of solely talking about SH as a concept, this might mean that people actively seek healthcare services in terms of physical symptoms, but may be more reluctant to look for psychological support related to their SH. Since literature demonstrates that psychologists feel they have a weak skillset to deal with SH subjects (Mollen et al., 2020; Mollen & Abbott, 2022; Nixon & Quinlan, 2022), it is possible that people do seek for these services, but fail to receive the adequate or culturally competent help they need once they attend these services (Moleiro & Pinto, 2009). Therefore, it is important that adequate continuous professional training in SH related issues is given to psychologists in their working contexts or provided by their professional associations.

In the subtheme 'Politically speaking', it appears that participants attribute an external responsibility to governmental entities, in a sense that these should ensure quality and inclusive services to the population. People seem to view the accomplishment of SH not only as multidimensional, but also as collaborative, knowing that individuals must take certain initiatives to promote their health, but this is only possible within an updated and available political context.

The theme 'I am not alone in this' suggests that people define SH within a very relational scope, viewing human interaction as a fundamental part of SH. Useful relational skills to attain healthy relationships can be trained in multiple psychotherapeutic settings (Leavitt et al., 2021), such as couples' therapy (Pentel et al., 2021), in order for people to fulfill a relational dimension of SH. Partnerships and reciprocity are highlighted by participants as essential, an idea we feel is complementary to the subtheme of 'Intimacy citizenship', in a sense that SH involves interactions between the self and others, but this requires the existence of a set of rules that dictate these relationships, like respect, acceptance and freedom.

Clinical practice and healthcare implications

Our results highlight that people might feel they are learning a very restrained, limited set of skills related to SH, thus the importance of investing in different paradigms of sex education, such as a comprehensive approach (Mark et al., 2021), going beyond information transmission and teaching behavioral and emotional skills (Reis et al., 2012). SH is a multidimensional concept, and therefore its promotion should be addressed by different professionals, such as psychologists, social workers, doctors and teachers (WHO, 1975). For this to be adequately tailored to people's needs (Pentel et al., 2021), it is urgent to adapt training curriculums in these areas in order to prepare professionals to promote SH. Guidelines for training in psychology curriculums are being thought out in other countries (Mollen & Abbott, 2022), and in Portugal the same debate should be encouraged. Besides having access to intimate and sensitive information from their patients, psychologists can provide tools and strategies that are adjusted to specific individuals in specific contexts, contrarily to what happens in large groups in educational contexts, for instance. Nevertheless, literature indicates that psychologists who receive training in this field are more prone to directly address sexual issues with their clients (Miller & Byers, 2009).

Also, knowing that sex education implementation in Portugal faces several challenges, with one of them being a lack of curricular application of what is known in theory, and multiple difficulties felt by teachers (Rocha et al., 2015), healthcare professionals like psychologists could have a pivotal role in school-based sex education, adding value to it with more sensitive identification of individuals at risk and teaching of communication skills to teachers and students.

Our findings suggest that some people could have limited perspectives on SH, possibly not acknowledging other dimensions beyond the physical one. Psychologists and other healthcare professionals need to be aware about this, and use psychoeducation (Donker et al., 2009) and a biopsychosocial approach in counseling that considers biological, psychological and social factors (Nimbi et al., 2021), mirroring a multidimensional conceptualization of SH. Having a narrow, strict view of what is SH can make people neglect available services, or refrain from searching them (Diefenbach & Leventhal, 1996).

Positive sexuality approaches are encouraged in literature (Burnes et al., 2017b), but participants' reports of sex education and existing papers about its implementation (Rocha et al., 2015) do not reflect this. The core of sex education in Portugal is placed in preventing unwanted outcomes of sexual activity, such as STIs and unplanned pregnancies (Rocha et al., 2015). Topics like pleasure need more inclusion in school-based programs (Mark, Corona-Vargas & Cruz, 2021), as well as a rethinking of traditional contraceptive and STI prevention methods. Although participants mention preventive behaviors like condom use, literature on this tells us people are adhering to alternative solutions, like the use of oral HIV pre-exposure prophylaxis, with possible positive outcomes like increased pleasure and intimacy and decreased sexual anxiety (Groß et al., 2021). Having this in mind, sex education must target different SH preventive behaviors, so that specific groups like men who have sex with other men, for example (Ribeiro & Rocha, 2012), can access information that is realistic and contextualized to their goals. Healthcare professionals should also be educated on when these alternative methods are suitable (Who & Rights, 2004), and pleasure should be considered in law, policy and clinical practice (Ford et al., 2019).

Lastly, although participants mentioned important concepts in their responses such as consent and sexual freedom, child sexual abuse prevention was barely in our sample. Considering 47,9% of the participants are parents or guardians in the present or have been in the past, we find it alerting that this topic didn't show up in our results. Child sexual abuse is a highly prevalent issue

(Stoltenborgh et al., 2011) that can have a strong negative impact in its victims (Downing, Akinlotan & Thornhill, 2021), and still, in Portugal, few programs are directed to this issue (Alexandre et al., 2021). Nevertheless, parents and children's knowledge on this topic should be studied, and preventive resources like games (Alexandre et al., 2021) should be broadly included in SH promotion programs, as well as training health and educational professionals to deal with child abuse victims (Moreira et al., 2021). Although we realize our results are based on a non-representative sample, the non-mentioning of this and other issues could be a clue to future studies that search for gaps in people's knowledge in order to support changes in policy making and health promotion.

Limitations and future directions

A snowball sampling method was used to collect the data, which could explain the high rate of educated people in our sample. This could mean we are looking at a very specific niche of people and the way they think about SH, and therefore a qualitative study with a richer variety of sociodemographic characteristics could bring us a more comprehensive sight of the subject.

Although online surveys are widely used in SH research (Ross et al., 2005), we have no way of guaranteeing participants did not browse for scientifically established responses or use other people's opinions. Also, the fact that there was no interaction between researchers and participants made it impossible to clarify ambiguous responses. However, we acknowledge this method of data collection allowed for a more geographically diverse sample (Braun, Clarke & Gray, 2017) and a facilitated disclosure in a sensitive topic (Davey, Clarke & Jenkinson, 2019). Furthermore, the richness obtained in participants' responses made us reflect on current problems surrounding SH in Portugal and shed a light on possible starting points, even though this study does not claim statistical generalizability.

Our data was collected during the summer of 2021, meaning we analyzed a sample that was embedded in a pandemic context. For this reason, we underline the importance of studying people's conceptions of SH in a post pandemic context and continuously in time, not because our participants do not signal an important perspective of SH, but because it is imperative to keep up with social and political changes and how they can change those views.

Conclusion

Although Portugal is a relatively forward country in terms of SH promotion policies, people appear to still think in limited ways of the concept. This might signal an ineffective flow between healthcare seeking and healthcare delivery, with people wanting to know and do more but not finding adequate services, or a secluded, restrained spectrum of motivations for seeking help.

This study represents an early step in the production of literature about SH, but it is fundamental that we further understand what influences people's ability to attend healthcare services and to perform SH promoting behaviors, in order to target barriers to SH and collect evidence for better ways to promote it in the country. Studies with bigger samples and with quantitative analysis about the population are needed.

References

- Ajzen, I. (1991). The theory of planned behavior. *Organizational behavior and human decision processes*, 50(2), 179-211. [https://doi.org/10.1016/0749-5978\(91\)90020-T](https://doi.org/10.1016/0749-5978(91)90020-T)
- Alarcão, V., Beato, A., Almeida, J., Machado, F. L., & Giami, A. (2016). Sexology in Portugal: Narratives by Portuguese Sexologists. *Journal of sex research*, 53(9), 1179–1192. <https://doi.org/10.1080/00224499.2015.1104286>
- Alhojailan, M. I. (2012). Thematic analysis: A critical review of its process and evaluation. *West East Journal of Social Sciences*, 1(1), 39-47. Retrieved from: <http://westeastinstitute.com/journals/wp-content/uploads/2013/02/4-Mohammed-Ibrahim-Alhojailan-Full-Paper-Thematic-Analysis-A-Critical-Review-Of-Its-Process-And-Evaluation.pdf>
- Allen, L. (2014). Don't forget, Thursday is test [icle] time! The use of humour in sexuality education. *Sex Education*, 14(4), 387-399. <https://doi.org/10.1080/14681811.2014.918539>
- Allen, L., Carmody, M. (2012). 'Pleasure has no passport': re-visiting the potential of pleasure in sexuality education. *Sex Education*, 12(4), 455–468. doi:10.1080/14681811.2012.677208
- Areskoug-Josefsson, K., & Gard, G. (2015). Physiotherapy as a promoter of sexual health. *Physiotherapy theory and practice*, 31(6), 390–395. <https://doi.org/10.3109/09593985.2015.1023876>
- Bavinton, B. R., & Grulich, A. E. (2021). HIV pre-exposure prophylaxis: scaling up for impact now and in the future. *The Lancet Public Health*, 6(7), e528-e533. [https://doi.org/10.1016/S2468-2667\(21\)00112-2](https://doi.org/10.1016/S2468-2667(21)00112-2)
- Blair, R. J. R. (2003). Facial expressions, their communicatory functions and neuro-cognitive substrates. *Philosophical Transactions of the Royal Society of London. Series B: Biological Sciences*, 358(1431), 561-572. <https://doi.org/10.1098/rstb.2002.1220>
- Boul, L., Hallam-Jones, R., & Wylie, K. R. (2008). Sexual pleasure and motivation. *Journal of Sex & Marital Therapy*, 35(1), 25-39. <https://doi.org/10.1080/00926230802525620>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101. doi:10.1191/1478088706qp063oa
- Braun, V., & Clarke, V. (2021). *Thematic analysis: a practical guide*. Sage publications ltd.

- Braun, V., Clarke, V., & Gray, D. (2017). Innovations in qualitative methods. In *The Palgrave handbook of critical social psychology* (pp. 243-266). Palgrave Macmillan, London. doi: 10.1057/978-1-137-51018-1_13
- Burnes, T. R., Singh, A. A., & Witherspoon, R. G. (2017a). Graduate counseling psychology training in sex and sexuality: an exploratory analysis. *The Counseling Psychologist*, 45(4), 504–527. <https://doi.org/10.1177/0011000017714765>
- Burnes, T. R., Singh, A. A., & Witherspoon, R. G. (2017b). Sex Positivity and Counseling Psychology: An Introduction to the Major Contribution. *The Counseling Psychologist*, 45(4), 470–486. <https://doi.org/10.1177/0011000017710216>
- Burton, O., Rawstorne, P., Watchirs-Smith, L., Nathan, S., & Carter, A. (2022). Teaching sexual consent to young people in education settings: a narrative systematic review. *Sex Education*, 1-17. <https://doi.org/10.1080/14681811.2021.2018676>
- Cahill, M. (2014). *I Origins*. Fox Searchlight Pictures.
- Clarke, V., & Braun, V. (2014). *Thematic Analysis. Encyclopedia of Critical Psychology, 1947–1952*. doi:10.1007/978-1-4614-5583-7_311
- Coleman, E. (2011). What is sexual health? articulating a sexual health approach to HIV prevention for men who have sex with men. *AIDS and Behavior*, 15(1), 18–24. <https://doi.org/10.1007/s10461-011-9909-y>
- Cruz, C., Greenwald, E., & Sandil, R. (2017). Let's talk about sex: integrating sex positivity in counseling psychology practice. *The Counseling Psychologist*, 45(4), 547–569. <https://doi.org/10.1177/0011000017714763>
- Davey, L., Clarke, V., & Jenkinson, E. (2019). Living with alopecia areata: an online qualitative survey study. *British Journal of Dermatology*, 180(6), 1377-1389. <https://doi.org/10.1111/bjd.17463>
- Diefenbach, M. A., & Leventhal, H. (1996). The common-sense model of illness representation: Theoretical and practical considerations. *Journal of social distress and the homeless*, 5(1), 11-38. <https://doi.org/10.1007/BF02090456>
- Donaghue, C. (2015). *Sex outside the lines: Authentic sexuality in a sexually dysfunctional culture*. Benbella Books.

- Donker, T., Griffiths, K. M., Cuijpers, P., & Christensen, H. (2009). Psychoeducation for depression, anxiety and psychological distress: a meta-analysis. *BMC medicine*, 7(1), 1-9. <https://doi.org/10.1186/1741-7015-7-79>
- Downing, N. R., Akinlotan, M., & Thornhill, C. W. (2021). The impact of childhood sexual abuse and adverse childhood experiences on adult health related quality of life. *Child Abuse & Neglect*, 120, 105181. <https://doi.org/10.1016/j.chiabu.2021.105181>
- Edwards, W.M., Coleman, E. (2004). Defining Sexual Health: A Descriptive Overview. *Arch Sex Behav* 33, 189–195. <https://doi.org/10.1023/B:ASEB.0000026619.95734.d5>
- Evans, D. T. (2013). *Promoting sexual health and wellbeing: the role of the nurse*. *Nursing Standard*, 28(10), 53–57. doi:10.7748/ns2013.11.28.10.53.e7654
- Ford, J. V., Corona Vargas, E., Finotelli Jr, I., Fortenberry, J. D., Kismödi, E., Philpott, A., ... & Coleman, E. (2019). Why pleasure matters: Its global relevance for sexual health, sexual rights and wellbeing. *International Journal of Sexual Health*, 31(3), 217-230. doi:10.1080/19317611.2019.1654587
- Gato, J., Fontaine, A. M. (2016). Predicting Portuguese Psychology Students' Attitudes Toward the Psychological Development of Children Adopted by Lesbians and Gay Men. *Journal of Homosexuality*, 63 (11), 1464- 1480. 00918369.2016.1223316-. doi:10.1080/00918369.2016.1223316
- Gato, J., Henriques, M. R., & Leal, D. (2021) Adoption by Lesbian Women and Gay Men: Perceived Challenges and Training Needs for Professionals in Portugal. *Adoption Quarterly*, 24(2), 152-175. doi: 10.1080/10926755.2020.1834044
- Giami, A. (2002). Sexual health: the emergence, development, and diversity of a concept. *Annual Review of Sex Research*, 13(1), 1–35. Retrieved from: https://www.researchgate.net/profile/Alain-Giami/publication/10681531_Sexual_Health_The_Emergence_Development_and_Diversity_of_a_Concept/links/58e366ac92851c1b9d6a8e7a/Sexual-Health-The-Emergence-Development-and-Diversity-of-a-Concept.pdf
- Goldfarb, E. S., & Lieberman, L. D. (2021). Three decades of research: The case for comprehensive sex education. *Journal of Adolescent Health*, 68(1), 13-27. <https://doi.org/10.1016/j.jadohealth.2020.07.036>

- Grov, C., Westmoreland, D. A., D'Angelo, A. B., & Pantalone, D. W. (2021). How has HIV pre-exposure prophylaxis (PrEP) changed sex? A review of research in a new era of bio-behavioral HIV prevention. *The Journal of Sex Research*, 58(7), 891-913. <https://doi.org/10.1080/00224499.2021.1936440>
- Gruskin, S., Yadav, V., Castellanos-Usigli, A., Khizanishvili, G., Kismödi, E. (2019). Sexual health, sexual rights and sexual pleasure: meaningfully engaging the perfect triangle. *Sexual and Reproductive Health Matters*, 27(1), 1593787–. doi:10.1080/26410397.2019.1593787
- Hansen, L., Mann, J., McMahon, S., & Wong, T. (2004). Sexual health. *BMC women's health*, 4(1), 1-8. <https://doi.org/10.1186/1472-6874-4-S1-S24>
- Hargons, C., Mosley, D. V., & Stevens-Watkins, D. (2017). Studying Sex: A Content Analysis of Sexuality Research in Counseling Psychology. *The Counseling Psychologist*, 45(4), 528–546. <https://doi.org/10.1177/0011000017713756>
- Leavitt, C. E., Maurer, T. F., Clyde, T. L., Clarke, R. W., Busby, D. M., Yorgason, J. B., ... & James, S. (2021). Linking sexual mindfulness to mixed-sex couples' relational flourishing, sexual harmony, and orgasm. *Archives of Sexual Behavior*, 50(6), 2589-2602. <https://doi.org/10.1007/s10508-021-02054-0>
- Lynch, C. & Fortune, T. (2019). *Applying an Occupational Lens to Thinking About and Addressing Sexuality*. *Sexuality and Disability*, 37(2), 145–159. doi:10.1007/s11195-019-09566-7
- Mann, T., De Ridder, D., & Fujita, K. (2013). Self-regulation of health behavior: social psychological approaches to goal setting and goal striving. *Health Psychology*, 32(5), 487. <https://psycnet.apa.org/doi/10.1037/a0028533>
- Mark, K., Corona-Vargas, E., & Cruz, M. (2021). Integrating sexual pleasure for quality & inclusive comprehensive sexuality education. *International Journal of Sexual Health*, 33(4), 555-564. <https://doi.org/10.1080/19317611.2021.1921894>
- Miller, S. A., & Byers, E. S. (2009). Psychologists' continuing education and training in sexuality. *Journal of Sex & Marital Therapy*, 35(3), 206-219. <https://doi.org/10.1080/00926230802716336>
- Miller, D., & Green, J. (2002). Introduction: The meaning of the psychology of sexual health. In D. Miller & J. Green (Eds.), *The psychology of sexual health* (pp. 3–7). Blackwell Science. <https://doi.org/10.1002/9780470760109.ch1>

- Moita, G. (2006). A patologização da diversidade sexual: Homofobia no discurso de clínicos. *Revista Crítica de Ciências Sociais*, (76), 53-72. <https://doi.org/10.4000/rccs.862>
- Moleiro, C., & Pinto, N. (2009). Diversidade e psicoterapia: expectativas e experiências de pessoas LGBT acerca das competências multiculturais de psicoterapeutas. *ex aequo*, (20), 159-172. Retrieved from <https://repositorio.iscte-iul.pt/handle/10071/13632>
- Mollen, D., & Abbott, D. M. (2022). Sexuality as a competency: Advancing training to serve the public. *Training and Education in Professional Psychology*, 16(3), 280. <https://psycnet.apa.org/doi/10.1037/tep0000378>
- Mollen, D., Burnes, T., Lee, S., & Abbott, D. M. (2020). Sexuality training in counseling psychology. *Counselling Psychology Quarterly*, 33(3), 375–392. <https://doi.org/10.1080/09515070.2018.1553146>
- Moreira, D. S., Fávero, M., Oliveira, S., Ribeiro, F. N., Sousa-Gomes, V., Moreira, D., & Magalhães, T. (2021). First approach to abused children by health and educational professionals: A comprehensive review. *European Psychologist*, 26(2), 142. <https://psycnet.apa.org/doi/10.1027/1016-9040/a000412>
- Moynihan R. (2003). The making of a disease: female sexual dysfunction. *BMJ (Clinical research ed.)*, 326(7379), 45–47. <https://doi.org/10.1136/bmj.326.7379.45>
- Ng, J. S. (2007). Sexuality and psychotherapy: An exploratory study of the subjectivities of psychotherapists with experience and expertise in working with sexuality. *Dissertation Abstracts International*, 67, 5416. Retrieved from <https://www.proquest.com/docview/304938403?pq-origsite=gscholar&fromopenview=true>
- Nimbi, F. M., Galizia, R., Rossi, R., Limoncin, E., Ciocca, G., Fontanesi, L., ... & Tambelli, R. (2021). The biopsychosocial model and the sex-positive approach: An integrative perspective for sexology and general health care. *Sexuality Research and Social Policy*, 1-15. <https://doi.org/10.1007/s13178-021-00647-x>
- Nixon, B., & Quinlan, E. (2022). Asking the hard questions: Psychologists' discomfort with inquiring about sexual abuse histories. *Violence against women*, 28(5), 1358-1376. <https://doi.org/10.1177/10778012211014558>

- Pentel, K. Z., Baucom, D. H., Weber, D. M., Wojda, A. K., & Carrino, E. A. (2021). Cognitive-behavioral couple therapy for same-sex female couples: A pilot study. *Family process*, 60(4), 1083-1097. <https://doi.org/10.1111/famp.12696>
- Pick, S., Givaudan, M., Sirkin, J., & Ortega, I. (2007). Communication as a protective factor: evaluation of a life skills HIV/AIDS prevention program for Mexican elementary-school students. *AIDS education and Prevention*, 19(5), 408. doi:10.1521/aeap.2007.19.5.408
- Reichert, T., Heckler, S. E., & Jackson, S. (2001). The effects of sexual social marketing appeals on cognitive processing and persuasion. *Journal of advertising*, 30(1), 13-27. <https://doi.org/10.1080/00913367.2001.10673628>
- Reis, M., Ramiro, L., de Matos, M. G., Diniz, J. A. (2012). Determinants Influencing Male Condom use Among University Students in Portugal. *International Journal of Sexual Health*, 25(2), 115–127. doi:10.1080/19317611.2012.728554
- Reissing, E. D., & Giulio, G. D. (2010). Practicing clinical psychologists' provision of sexual health care services. *Professional Psychology: Research and Practice*, 41(1), 57–63. <https://doi.org/10.1037/a0017023>
- Remoaldo, P. C. A. (2001). The past, present and future of Family Planning in Portugal. Retrieved from https://iussp.org/sites/default/files/Brazil2001/s20/S20_P02_Remoaldo.pdf
- Ribeiro, S., & Rocha, M. (2019). Pre-Exposure Prophylaxis Counseling in a Community Sexual Health Clinic for Men Who Have Sex with Men in Lisbon, Portugal. *Acta medica portuguesa*, 32(6), 441–447. <https://doi.org/10.20344/amp.11474>
- Rocha, A. C., Leal, C., & Duarte, C. (2015). School-based sexuality education in Portugal: strengths and weaknesses. *Sex Education*, 16(2), 172-183. doi:10.1080/14681811.2015.1087839
- Rohleder, P., & Flowers, P. (2018). Towards a psychology of sexual health. *Journal of Health Psychology*, 23(2), 143–147. <https://doi.org/10.1177/1359105317750162>
- Ross, M. W., Månsson, S. A., Daneback, K., Cooper, A., & Tikkanen, R. (2005). Biases in internet sexual health samples: Comparison of an internet sexuality survey and a national sexual health survey in Sweden. *Social science & medicine*, 61(1), 245-252. <https://doi.org/10.1016/j.socscimed.2005.01.019>

- Sacajiu, G., Fox, A., Ramos, M., Sohler, N., Heller, D., & Cunningham, C. (2007). The Evolution of HIV illness representation among marginally housed persons. *AIDS care*, 19(4), 539-545. <https://doi.org/10.1080/09540120701243440>
- Santos, C. R. J. (2019). Sexually transmitted infections in Portugal: mapping and spatial analysis. Retrieved from <https://repositorio-aberto.up.pt/bitstream/10216/124025/2/366049.pdf>
- Stoltenborgh, M., van Ijzendoorn, M. H., Euser, E. M., & Bakermans-Kranenburg, M. J. (2011). A global perspective on child sexual abuse: meta-analysis of prevalence around the world. *Child maltreatment*, 16(2), 79–101. <https://doi.org/10.1177/1077559511403920>
- Watkins, E. S. (1998). On the pill: A social history of oral contraceptives, 1950-1970. Baltimore: Johns Hopkins University Press. *The American Historical Review*, 105(5). <https://doi.org/10.1086/ahr/105.5.1773>
- WHO, G., & Rights, R. (2004). *Sexual health*. Retrieved from: <https://www.ncsddc.org/wp-content/uploads/2019/03/PrEP-and-STD-testing-infographic.pdf>
- World Health Organization. (1975). *Education and treatment in human sexuality: the training of health professionals, report of a WHO meeting [held in Geneva from 6 to 12 February 1974]*. World Health Organization. Retrieved from https://apps.who.int/iris/bitstream/handle/10665/38247/WHO_TRS_572_eng.pdf?sequ
- World Health Organization [WHO]. (2006). Defining sexual health: Report of a technical consultation on sexual health, 28–31 January 2002. Geneva, Switzerland: World Health Organization. Retrieved from https://www.who.int/reproductivehealth/publications/sexual_health/defining_sexual_health.pdf?ua=1
- World Health Organization. (2017). Sexual health and its linkages to reproductive health: an operational approach. Retrieved from <https://apps.who.int/iris/bitstream/handle/10665/258738/9789241512886-eng.pdf>
- Zaneva, M., Philpott, A., Singh, A., Larsson, G., & Gonsalves, L. (2022). What is the added value of incorporating pleasure in sexual health interventions? A systematic review and meta-analysis. *Plos one*, 17(2), e0261034. <https://doi.org/10.1371/journal.pone.0261034>

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