

## 2 Sexual Health in the course of life

### 2.1 The notion »Sexual Health«

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This article deals with the concept of sexual health (Table 3) and gives an overview of the role of the World Health Organization (WHO) in finding a definition of »Sexual Health« and its dissociation from »Reproductive Health« since 1975.

**Table 3: Key conceptual elements of sexual health**

- Sexual health is about well-being, not merely the absence of disease
- Sexual health involves respect, safety and freedom from discrimination and violence
- Sexual health depends on the fulfilment of certain human rights.
- Sexual health is relevant throughout the individual's lifespan, not only to those in the reproductive years, but also to both the young and the elderly
- Sexual health is expressed through diverse sexualities and forms of sexual expression
- Sexual health is critically influenced by gender norms, roles, expectations and power dynamics
- Sexual health needs to be understood within specific social, economic and political contexts (WHO. Developing sexual health programmes. A framework for action. 2010)

International expert organisations led by the World Association for Sexual Health (WAS), the International Planned Parenthood Federation (IPPF) and the European Federation of Sexology (EFS), have significant influence on the development of sexology in Germany.

There are numerous and highly differentiated variety of associations for sex education in Germany. This applies to a large number of medical and social scientific societies; however with regard to an alignment of courses there is even a pend-up demand. As a result approaches to action are described as to how social concepts for sexual health should be developed in Germany in the future.

## 2.2 Sexual health of boys before puberty

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Sexual health is a broad term that needs to be clarified and limited in relation to children and in our context, in particular towards boys. When considering the infantile sexuality, it can only refer to basal (later) reproductive health generally; insofar it is not so much related to the prevention of sexually transmitted diseases or the treatment of sexual disorders. The focus of interest is rather on the sexual development of boys until puberty (Table 4).

**Table 4: Phases of development of boys**

| Age in years | Phase of development of boys  | Characteristics                                                                                                                                                       |
|--------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 0–1,5        | <b>Oral phase</b>             | Discovery of the penis, genital masturbation                                                                                                                          |
| 1,5–3        | <b>Anal phase</b>             | Plaisure gain by control of anal and urethral functions                                                                                                               |
| 4–6          | <b>Infantil-genital phase</b> | Awareness of gender differences and sexual constancy, fear of loss of the penis and prior to being genital inferior, oedipal conflict                                 |
| 7–10         | <b>Latency</b>                | Manifest sexualisations, »drive pressure« and sexual interests decrease, masturbation as tension-regulating for mental stability                                      |
| 11–12        | <b>Pro-puberty</b>            | Development of secondary sexual characteristics, increase of erections and sexual sensations, prae-genitality, adaptation of the body image, preadolescent regression |
| 13–14        | <b>Puberty</b>                | Spermarche* and Ejakularche**, regular masturbation, increase of sexual fantasies, at the same time defense of genital impulses                                       |

(\*Spermarche: beginning of development of sperm in boys' testicles; \*\* Ejakularche: first ejaculation)

This includes the physical and psychosexual development; a »healthy« dealing with their own bodies, addressing social challenges in the context of growing up sexually and the acquisition of sexual knowledge; also questions concerning the male gender role and sexual identity. Not least, it is important to work against sexual violence already in infancy and even for boys as also for the right of sexual self-determination and protection. Finally against the background that, in turn, ideas about infantile sexuality reflect social conceptions of sexuality as a whole, the sexual health of boys is to be considered least in the context of institutional frameworks, particularly in family, day care and primary school. Exemplary practical projects or informational approaches that are explicitly related to sexual health promotion with boys are rather scarce.

## 2.3 Circumcisions of boys

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In 2012, the German Debate on Circumcision was raising major attention. Key topic was the dilemma between physical integrity and religious freedom. There was international concern that, in the future, it might not be possible anymore to practice the two world religions of Judaism and Islam in Germany. This article gives a brief outline of the debate, focusing on the statements of German scientific medical societies, followed by an overview of medical findings in regard to circumcision. The available data on outpatient and inpatient circumcision of the years 2014 and 2015 are shown in Figure 1.

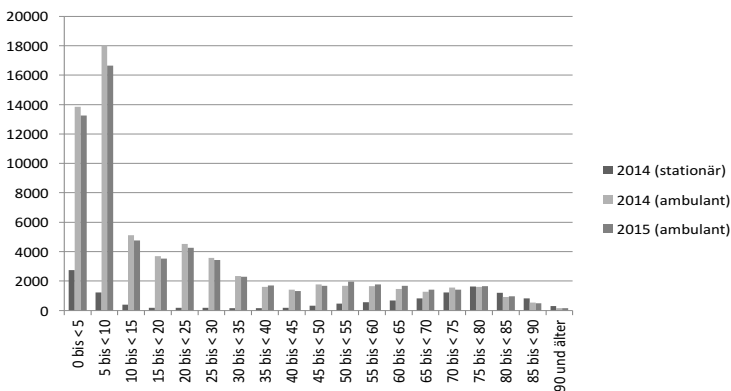


Figure 1: Number of circumcisions by age groups, Germany, 2014 and 2015

The data are incomplete because not all operations carried out as private circumcision are recorded. The article ends with recommendations for action and some concluding recommendations.

## 2.4 Sexual health of male adolescents. Indicators for male juvenile sexual health

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Sexuality is a key aspect in the health of male adolescents. Contrary to the WHO definition of sexual health, the view on male sexuality has been mostly focusing on problems. This article now consequently pursues a perspective of sexual health of male adolescents. In the first part, the topic is discussed in regards to aspects of gender and health of male adolescents; moreover, current quantitative data is presented.

Male adolescents today are very rare fathers (Table 5). Over a period of 2000 to 2014, an average of 238 boys under the age of 18 witnessed a child.

Aborted pregnancies are not counted. These small numbers can be considered as evidence of successful contraception.

**Table 5: Live births by age of the father. Source: Federal Statistical office, download 20.01.2016, own calculation**

| Age of the father from ...<br>up to ... years | Mean of the years 2000 up to 2014<br>in absolute numbers |
|-----------------------------------------------|----------------------------------------------------------|
| less than 15                                  | 2                                                        |
| 15–16                                         | 8                                                        |
| 16–17                                         | 58                                                       |
| 17–18                                         | 170                                                      |
| <b>Total</b>                                  | <b>238</b>                                               |

The second part reports exemplary results of a qualitative study on sexual health, for which experts and adolescents between the ages of 14 and 21 were interviewed.

To conclude, indicators are developed, which can characterize specific areas of sexual health of male adolescents.

## 2.5 Straight and gay: Demands and difficulties in relation to homosexuality in the male identity

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Research on men and boys within the last years has been influenced by Raewyn Connel's concept of hegemonic masculinity. Men not only exert power over women – there also exist hierarchies among men. The situation of gay youths and the development of their identity have been neglected in German youth research until now. Legal discrimination of homosexuals in Germany currently still persists. The consequences of stigmatisation through criminal prosecution during National Socialism and after World War II until 1969 are still recognizable today to some extent.

Gay youths on average realize their homosexuality between 13 and 16 years and do have their first coming out at the age of 17. They generally experience sexuality, intimate relationship and partnership several years after their heterosexual peers. This throws them back in the development of their identity and limits resources that they need for other tasks during puberty. Only a certain part of gay youths and men corresponds to the stereotype of a »sissy boy«. Some behave conform to gender roles, some don't. Many gay youths and men still have experiences with discrimination and social exclusion at work, in public, in school and among peers. This leads to minority stress and makes them an especially vulnerable group, which influences their physical and mental health in a negative way. The basis of a negative self-perception is established in early childhood through pejorative comments on homosexuality. Gay youths and men need protection against discrimination and exclusion as well as support to establish their self-esteem. This can be encouraged in addition by social acceptance and equal rights, but is mainly a task within the sectors of education, health and social care. Diversity in existing role models helps to develop a positive identity and self-esteem for both – straight and gay boys and men. At present, all boys and men are restricted in developing an individual understanding of manhood, which is a risk for their physical and mental health. The article terminates with a short description of examples of best practice in education, school, youth and social work as well as in health care.

## 2.6 Basics of socio-pedagogical work with male children and adolescents

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Sex education for boys can draw important insights from boys work, a field of discourse and practice that has emerged and developed in the last 40 years. Central points of discussion in this field are: How do you define a »boy« and who should be discussing sex education with them? What are the conceptions of gender? What kind of pedagogical approach is appropriate? This contribution describes recent developments and proposes an idea of boys sex education that is oriented towards diversity of boys and at relieving them from the norms of masculinity. The main aspects of such an approach are teaching boys communication skills and knowledge about their bodies, addressing topics beyond reproduction, recognizing multiple social positions of boys, and reflecting norms of masculinity that hinder boys in developing a joyful, relational and satisfying sexuality.

Recommendations for action are given

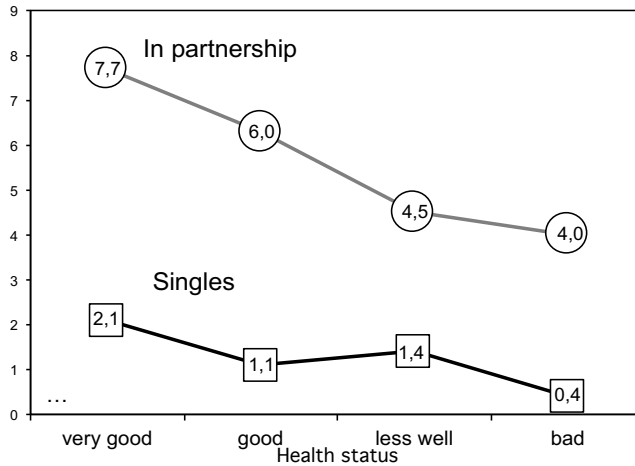
- a) for practice, explicitly by addressing the diversity of sexualities
- b) for research, e.g. realising a representative study of sex education with boys
- c) for politics, e.g. establishing a sex education based on male health

## 2.7 Sexuality in midlife

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In the about three decades of their midlife, most men have reached a responsible position in society and profession as well as in private and family life. Beyond job and career on one hand and partnership together with family and children on the other hand, these men have to cope with a conflict of values that can only occasionally be solved optimal. This has substantial impact on their partnership and sexual behavior. Those that work too much often have no power and muse left for their love life. The others, that do not have success in their jobs or are unemployed, are at risk to get sexually lethargic as well. A part of men in this age tries by choice or involuntary to be happy and satisfied as a single, an attempt that does not always lead to success and can end in sexual precarity.



**Figure 2: Monthly coitus frequency according to health status. Source: Record relationship biographies 776: 30-, 45- and 60-year-old men**

The main part of sexual activity of the middle aged male population is conducted by men in a fixed and emotionally stable partnership (Figure 2). A positive relationship between sexual activity, well-being and health can be observed.

## 2.8 Sexuality of disabled men

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Author, journalist, Gnutz

Forty years ago, specialists of education, medicine and theology worried whether disabled people had sexuality and how this could be possibly controlled. Even in the present, the subject is by no means free from exclusive prejudices. Thereby disabled men and women have to deal with body ideals that are not theirs. Accordingly they are not recognized as a lover and sexual partner at first sight. Dependencies of care and assistance generate an emotional and physical closeness, which leads to a risk of insufficient distance and sexual abuse. Such approaches are still not paid enough attention to, which look at »sexuality and disability« not as a problem but as an issue that should be supported with advice and practical solutions.

Note: In this document the term »disabled men *and women*« or disabled *people* is often used – this is due to the fact, that many experiences described apply to both genders.

## 2.9 Types of disabilities in relation to gender and health focused on men's health

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Systematic and scientific data concerning the relationship between disabilities and sexuality, especially various types of disability and male sexuality do not exist. This is understandable, given the many types of disabilities (Table 6).

**Table 6: Number and proportion of severely disabled men (degree of disability 50+) by main categories, Germany, 2013. Source: Statistisches Bundesamt. Statistik 2016. Disabled persons (Schwerbehinderte Menschen). 2013. Own composition.**

| Number | Main Categories                                                            | Severely disabled men<br>(degree of disability 50+) 2013 |                                                  |                                          |
|--------|----------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------|------------------------------------------|
|        |                                                                            | End of year on<br>31.12.2013                             | Percentage of<br>men (%) with<br>this disability | Percentage (%)<br>of all disabled<br>men |
| 1      | Musculoskeletal system                                                     | 959.765                                                  | 49                                               | 24,9                                     |
| 2      | Internal organs                                                            | 1.092.184                                                | 58                                               | 28,4                                     |
| 3      | Sense/communication                                                        | 316.084                                                  | 47                                               | 8,2                                      |
| 4      | Cerebral palsy/cerebral<br>and mental disabilities/<br>Addiction diseases  | 806.710                                                  | 52                                               | 20,9                                     |
| 5      | Other and unspecified<br>disabilities, Mamma am-<br>putation, small growth | 676.825                                                  | 51                                               | 17,6                                     |
| 1–5    | <b>Total</b>                                                               | <b>3.851.568</b>                                         | <b>51</b>                                        | <b>100,0</b>                             |

As there is to be distinguished between physical and mental disabilities, the complexity of the matter is even increased. An isolated focus on sexual organs and their functions (e.g. erectile dysfunction) is not appropriate. There are abundant number of studies regarding partial aspects of disability and sexuality. This is a strong indication for the importance of the issue. Therefore, the following study



shall serve as an inventory. First, various types of disabilities in general and thereafter, the restricting consequences for sexuality, in particular male sexuality shall be described. No doubt, this contribution can be no more than a beginning of a larger analysis in the future.

## 2.10 Sexuality in old age – consultation and therapy

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Sexual health in old age most likely emerges with the reflection on developmentally altered functions of sexuality in the context of tenderness, sensuality and eroticism. Four different levels of functions of sexuality are described, with each level bringing forth developmental changes. The functions of sexuality are settled on the individual level, the couple relationship level as well as on the social and societal level.

**Table 7: Changes of the sexuality of the aging man**

- Decrease of sexual pleasure
- Erection takes more time
- It takes longer to get ejaculation
- Masturbations occur less frequently
- Chronic illnesses and drug intake lead to sexual disturbances

After having worked out the specific peculiarities of sexuality in old age (Table 7), forms for the restructuring and remodeling are described which lead to specific suggestions for counseling and therapy.

It becomes clear that men and women do approach in their understanding of sexuality and their sexual experience with increasing age.

