

Sexual health is a priority for African family medicine and primary care research

**Author:**Deidre Pretorius¹ **Affiliation:**

¹Department of Family Medicine and Primary Care, School of Clinical Medicine, Division of Family Medicine, University of the Witwatersrand, Johannesburg, South Africa

Corresponding author:

Deidre Pretorius,
deidre.pretorius@wits.ac.za

How to cite this article:

Pretorius D. Sexual health is a priority for African family medicine and primary care research. *Afr J Prm Health Care Fam Med.* 2025;17(1), a5302. <https://doi.org/10.4102/phcfm.v17i1.5302>

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Perhaps one day people will wonder at this. They will not be able to understand how a civilisation so intent on developing enormous instruments of production and destruction found the time and the infinite patience to inquire so anxiously concerning the actual state of sex.¹

Why is sex then so important?

Health services deal mostly with the adverse consequences of sexual behaviour such as unintended pregnancy, sexually transmitted infections (STIs), human immunodeficiency virus (HIV) and sexual violence. Sexual problems are also a biomarker for cardiovascular and metabolic diseases and a risk factor for poor quality of life.^{2,3} We also know that chronic stress leads to maladaptive physiological sequelae that contribute to sexual dysfunction and disorders.³ Sexual health challenges are also associated with depression and other adverse psychosocial conditions such as gender-based violence.^{2,4} Sexual development and sexual challenges throughout life can influence the development of sexual concepts that both predict sexual behaviours and sexual health outcomes.^{5,6}

On a community or societal basis, sociosexual matters often trigger stigmatisation, discrimination and prejudice towards sexual minority groups (LGBTQIA+ [lesbian, gay, bisexual, transgender, queer or questioning, intersex, and asexual, +]) – sexual orientation and identities that fall outside of heterosexual and cisgender norms.^{7,8} Research indicates that these minority groups often have poorer health outcomes.^{9,10} In sub-Saharan Africa, children and adolescents are particularly challenged by reproductive health issues such as genital mutilation, child marriages, teenage pregnancies and low contraceptive coverage.¹¹ More recently, online cybersex and involuntary celibacy contribute to the sexual realities that people face daily.¹²

Researchers often look at sexuality or sexual well-being using a public health lens. The public health model has four pillars, namely, sexual health, sexual pleasure, sexual well-being and sexual justice.¹³ It seems sex, sexuality and sexual orientation are often portrayed as covert issues and not spoken of. The global notion is to counter the negative perceptions of sex and sexuality with a sex-positive approach, recognising cultural diversity in sexual practices and the various ways personal perceptions and preferences shape the meaning of sex and sexuality.^{7,14}

Research exploring the same phenomenon often has inconsistent findings due to methodological differences and sociosexual restrictions.^{13,15,16} Reporting can be limited by cultural concepts or terminology aligned with Eurocentric assessment tools.^{13,15,16} Personal prejudice and legislation contribute to moral judgements, which lead to a lesser or greater flexibility regarding sex and sexuality or sexual health help-seeking in societies.⁸ All these differences make it difficult to advance the science of sexual health.

Research in scholarly publications is the window to science. An analysis of 18 696 publications on the Sustainable Development Goals (SDG) found that only 18% came from Africa.¹⁷ The third SDG on good health and well-being was the main focus for African researchers. Within this, the work on sexual and reproductive health services (target 7) dealt with STIs, HIV and family planning. The least researched domain was SDG 5 on gender equality.¹⁷ There is a need for a greater emphasis on research regarding sexual pleasure, sexual justice, sexual rights, sexual self-esteem and respect and self-determination in personal sexual well-being.^{13,14} Africa has unique cultural context-specific socio-cultural experiences and views on sexual practices, sexual health and well-being and sexual ethics and justice.

There is a new awareness about sexual health and well-being in Africa. Organisations such as the Southern African Sexual Health Association (SASHA) and the African Society for Sexual Medicine (ASSM) contribute to the training of sexual health in Africa. Furthermore, the development of the

Higher Diploma in Sexual Health and HIV Medicine of the College of Family Physicians of South Africa (H Dip Sexual Health and HIV Med[SA]) presents a new qualification opportunity for interested professionals. The *African Journal of Primary Health Care and Family Medicine* has a specific section dedicated to sexual health and is interested in publishing more on this topic and related issues. If we publish what we investigate and know, we can improve sexual health outcomes in Africa by capacitating health care workers in primary care to manage the spectrum of sexual health better.

The author declares that they have no financial or personal relationships that may have inappropriately influenced them in writing this article. The author, Deidre Pretorius, serves as a section editor of this journal. The author has no other competing interests to declare.

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