Research on sexuality: achievements and prospects

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Under the pressure of the AIDS epidemic, research on sexuality has grown in many directions. It will be recalled that previously, since the post-war period and Kinsey's surveys, very few new data had become available on sexuality at the level of populations. The epidemiology of sexual behaviour was the first field to be developed. Many countries, especially in Africa, Europe, and North America, conducted large population surveys; either comprehensive and complex surveys on sexuality such as in France (Spira et al. 1993) and the United Kingdom (Johnson et al. 2001), or simple KABP studies. In these surveys, the main orientations for analysis were towards individual risk behaviour and its determinants, using a classical epidemiological approach.

Over and above the surveys themselves, it is the conditions under which they were conducted which is of particular interest: large multidisciplinary teams were set up, often multicentred, associating researchers from many social science disciplines, epidemiologists and clinicians. Sophisticated research, including biological measurement, was conducted in a diversity of environments, even under the difficult conditions prevailing in developing countries (Caraël & Holmes 2001), or within hard-to-reach or marginalised populations. The fact that sexuality was an intimate and private domain, with many taboos, also contributed to thinking regarding survey techniques and their possible biases, and the use of new techniques (Turner et al. 1997; Michaud et al. 1999) for data collection (such as the computer assisted self interview/ CASI).

The contribution of social sciences to research on sexuality has been considerable, with renewed reflection on explanatory models and on social determinants of sexual behaviour. Furthermore, research on sexuality has freed itself from an approach exclusively centred on the individual, considering sexuality in a more dynamic way, such as from the point of view of sexual networks (Ferrand et al. 1998) or of interactions between individuals (Van Campenhoudt et al. 1997).

The core of recent developments – for understandable reasons in this time of the AIDS epidemic – is therefore to be found in epidemiological and social research, both descriptive and explanatory, and much less in fundamental enquiry. It can be said that sexuality, at least from a perspective of populations, has been "de-tabooised"; it has been investigated from many angles, in all its many forms, it has been dissected, and finally reified and disembodied. Sexuality has also been fundamentally associated with disease – in spite of constant efforts of many researchers and professionals to loosen this link and to reorient thinking towards the concept of sexual health in the sense of "the integration of the physical, emotional and intellectual and social aspects of sexual being in ways that are enriching and that enhance personality, communication and love", as defined by WHO in 1975. Has the sexual health of individuals and of populations benefited from these developments in research? Certainly, from the point of view of prevention of ill health, but less so from the point of view sexual health promotion. We are at the beginning of a process (Miller & Green 2002), taboos are still present when it is a question of considering sexuality as an essential component of health and well-being. The slowness in the reorientation of sexual health education in Switzerland in this direction is an example (Spencer et al. 2001).

This "new" paradigm of sexual health is still scarcely visible in epidemiological and social research (Wellings & Cleland 2001), particularly in population surveys. It is virtually absent from medical and psychosocial practice. It is therefore desirable that future research on sexuality and health take it on board.

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