



Abstract Title: Tackling the taboo: Addressing sexual health in acute care

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Background

Sexual health is defined as a "state of physical, mental and social well-being in relation to sexuality. It 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" (World Health Organization, 2017). Therefore, sexual health is fundamental to overall health and well-being (World Health Organization, 2017). Despite the importance of sexuality as a component of health (World Health Organization, 2017), sexual health is often not prioritized by health professionals as a relevant topic of health teaching, care, or point of discussion in times of illness (Gott, Galena, Hinchliff, & Elford, 2004; Quinn, Happell, & Browne, 2011) and is rarely prioritized during hospitalization (Arikan, Meydanlioglu, Ozcan, & Canli Ozer, 2015). Moreover, there exists a significant gap in clearly addressing sexual health within institutional policies, therefore leading to neglect of an essential component of health and holistic care (Quinn & Happell, 2016).

Purpose

This presentation will explore the use of a feminist post-structural framework as a way to understand and improve sexual health care and policy in health care settings, specifically the acute care setting.

Approach

Feminist post-structuralism (FPS) is used to examine the meaning of experience that is personally, socially and institutionally constructed through relations of power. FPS will be applied to understand how sexual health discourses are negotiated in the acute care setting.

Outcomes

- To discuss and critique the historical, social, and institutional constructions of sexual health discourses within health care, specifically acute care.
- Examine how relations of power are negotiated through provider-patient relationships in relation to sexual health advocacy, approach, and collaboration.

- Provide practical suggestions to address sexual health within acute care through the implementation of a feminist post-structural lens.

Conclusion

Failing to acknowledge or address sexual health in acute care settings can result in negative outcomes for patients and their overall health and wellbeing. Using feminist post-structuralism to examine discourse surrounding sexual health is helpful in identifying possibilities for practice changes in acute care that are inclusive and supportive of sexual health care.

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