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Sexual health services in the Arab region: Availability, access, and utilisation

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ABSTRACT

Sexual health is shaped by cultural, economic, and social norms in society. In the Arab region, cultural sensitivities and taboos surrounding sexuality are prominent and may prevent individuals from accessing and utilising sexual health services. It is important to map out available sexual health services to identify the challenges in availability, access, and treatment, and determine opportunities for improvement. We collected data on sexual health services through (1) relevant published and unpublished literature, (2) Arab media which included forums, websites, blogs and posts, and online surveys conducted in the Arab region, (3) a questionnaire emailed to sexual and reproductive health experts, organisations, clinics, and non-governmental organisations (NGOs), (4) phone and in-person formal and informal interviews with sexual health experts in the field, and (5) advice and recommendations from sexual health experts attending a World Health Organization (WHO) consultation meeting in Dubai related to sexual health in the Arab region. Although there is significant progress when it comes to the availability and provision of sexual health services in Arab countries, there is still a lot to be done to ensure that appropriate needs are met. This study discusses the implication of findings to inform programme and policy implementation in the region.

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Sexual health; Arab region; sexuality; LGBT health; public health

Introduction

According to the World Health Organization (WHO)'s working definition, 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)

Sexual health is shaped by cultural, economic, and social factors, including religion and tradtion, which contribute to the social construction of gender roles as well as sexual behaviours in a society (Roudi-Fahimi & El-Feki, 2011). Cultural sensitivities and taboos that surround sexuality are especially prominent in the Arab region. In the seminal book, 'Sex and the Citadel', El-Feki discusses the unspoken and sensitive aspect of sexuality among Arab men and women as being largely shaped by the region's political and economic history grounded in religious and traditional culture (El-Feki, 2013). As such, various controversial practices such as hymen reconstruction, sexual mutilation or

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female genital cutting (FGC), and the criminalisation of abortion have become commonly acceptable and within Arab societal norms.

Due to the cultural pressure for women to remain virgins until marriage, hymenoplasty, or hymen repair, remains a widely practiced procedure for women from Arab cultures. It consists of a surgical practice in which the hymen is artificially restored and is an operation that is requested primarily by women from countries or regions where the bride is expected to have an intact hymen in efforts to preserve virginity (Eich, 2010; Usta, 2000). In the Arab region, and particularly within predominantly Muslim countries, sex is religiously and socially only permissible within marriage with heterosexual encounters outside marriage deemed to be fornication, or *zina*, and represent punishable offences (Obermeyer, 2000). With that, virginity is considered an especially important part of a woman's identity in the Arab region and exposes women to substantial health risks (El-Feki, 2013). Additionally, to promote chastity and family honour, FGC, a procedure that consists of cutting part or all of the female genitalia, is universal in Egypt and prevalent in Yemen. It has been condemned as a violation of human rights and can lead to serious health problems, including complications during childbirth, chronic pelvic infections, and recurrent urinary tract infections. FGC is rooted in discrimination against women and has no ties to religion, as it is rare in other Arab countries (Roudi-Fahimi & Ashford, 2008). Due to the importance of preserving virginity before marriage, pregnancies among unmarried women are likely unintended and have deleterious consequences. Unsafe abortion accounts for 13% of maternal deaths worldwide and since access to safe abortion is not available in most Arab countries, women may self-induce abortions or obtain abortions by unqualified persons (Roudi-Fahimi & Ashford, 2008). These issues and cultural sensitivities have acted as barriers to access and utilisation of appropriate sexual health services, but more importantly have prevented governments in the region from prioritising and placing the issue of sexuality on the local agenda.

In the last decade, Arab countries have seen significant advancements when it comes to increasing access and availability of sexual health services (DeJong & Bashour, 2016). However, per capita expenditure on such services remains below the need in Arab countries. In low-to-middle income countries, it is estimated that the average annual cost per person needed to meet all women's needs for contraceptive, abortion, and maternal and newborn health care is estimated to be as low as $8.52 (Starrs et al., 2018).

One of the objectives of the 1994 International Conference on Population and Development (ICPD) in Cairo was achieving universal access to reproductive health services, including sexual health and family planning ("UNFPA – Master Plans for Development," n.d.). As mentioned in the ICDP Program of Action, access to sexual health services is a human right as is recognised in national laws and human rights documents ("WHO, Gender and human rights," n.d.; "UNFPA – Master Plans for Development," n.d.). In 2015, members from the WHO Africa and Eastern Mediterranean regions put forth key priorities for strengthening research capacity for sexual and reproductive health in the region (Ali et al., 2018). Key objectives included creating multipurpose prevention technologies, addressing adolescent violence and early pregnancy, and increasing evaluation and improvement of adolescent health interventions. With that, it is relevant and important to map available sexual health services in the Arab region to determine the challenges and opportunities to improve services, access, and interventions ("WHO, Gender and human rights," n.d.).

As a consequence of the cultural and social factors mentioned, this paper explores the main trends and patterns of sexual health services in the Arab region, which includes 22 countries, namely, Algeria, Bahrain, Comoros, Djibouti, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Mauritania, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Sudan, Somalia, Syria, Tunisia, United Arab Emirates, and Yemen ("Arab World", 2019). Through the mapping of sexual health services, this paper will discuss the progress of sexual health services, as well as the challenges and limitations specific to the Arab region, with a special focus on countries with sufficiently comprehensive and reliable data.

Methods

The methods by which data were collected were through (1) relevant published and unpublished literature, (2) Arab media which included forums, websites, blogs and posts, and online surveys conducted in the Arab region, (3) a questionnaire emailed to sexual and reproductive health experts, organisations, clinics, and non-governmental organisations (NGOs), (4) phone and in-person formal and informal interviews with sexual health experts in the field, and (5) advice and recommendations from sexual health experts attending a consultation meeting in Dubai related to sexual health in the Arab region. For validity, a variety of information outlets were used due to lack of sexual health data and epidemiology in the region (El-Sakka, 2012a).

Literature review

To increase reliability, one set of search terms was used to conduct a consistent literature search across all countries to capture information on sexual health services (see Supplement for search details). It is important to note that a majority of sexual health data in Arab countries are retrievable from grey literature searches and encompass reports, white papers, unpublished drafts, and policy briefs. That said, in addition to the systematic review, the authors conducted a grey literature search of relevant sources.

Media

Online forums and blogs have rapidly increased in the region and were used as a source of obtaining information on sexual health services. Such platforms are commonly used as an outlet for Arab youth to provide and obtain information with less risk of being exposed, especially for women who are more likely to blog anonymously (Etling, Kelly, Faris, & Palfrey, 2014). A study of 338 active Arabic forums found that 42% of all the Yahoo Groups surveyed focused on sex, while only 5% focused on politics and current affairs ("Helmi Noman's optimism," 2006). Nevertheless, information on sexual health services in the Arab region is lacking and difficult to obtain through the Internet alone (El-Sakka, 2012a).

Questionnaire

An online questionnaire was used to obtain information on the types of sexual health services provided by a clinic/expert/organisation, the characteristics of the majority of the patients that seek these services (i.e. gender, sexual orientation), and other sexual health services and specialised providers in the country (see Supplement for questionnaire items). The survey was administered to over 20 experts and stakeholders from seven Arab countries. Clinics and non-profit organisations that participated include MARSA Sexual Health Center (www.marsa.me), Royal Health Awareness Society (www.rhas.org.jo), Sexology Clinic (www.sexology-clinic.me), Palestinian Family Planning and Protection Association (www.pfppa.org), KAFA (www.kafa.org.lb), and HELEM (www.helem.net).

Interviews

Formal interviews were conducted with sexual health experts in the field. The clinicians interviewed were selected on a convenience basis, through mentions in the literature review, information extracted from the online questionnaires, and from referrals by other experts in the field. Informal interviews were conducted with 25 students from three universities in Lebanon (American University of Beirut, Lebanese American University, and Notre Dame University). These were open-ended interviews, but guided by a set of standard questions: asking (1) Have you ever needed sexual health advice from an expert? (2) What sexual health services have you sought in the past? (3) What

concerns have you had with these services and why? The main purpose of these interviews was to obtain a more holistic representation of information by including input from a university student sample.

Expert advice

Additional information about existing services, programme strategies, and policy recommendations was obtained from experts at the WHO consultation meeting on sexuality in Dubai in 2013. The represented countries included Lebanon, United Arab Emirates, Egypt, Jordan, Bahrain, and Saudi Arabia (See Supplement for the list of expert contacts).

Findings

Sexual dysfunctions

Several local studies showed that the prevalence of erectile dysfunction in Arab men is greater than 40%, however, there is not enough epidemiological data in the region to establish a true prevalence (El-Sakka, 2012a). A review of 102 articles on erectile dysfunction prevalence and 86 articles on treatment and diagnosis from 2000 to 2011 in all Arab countries indicated that male sexual potency and erectile dysfunction have a high prevalence and are not new issues in the region. (El-Sakka, 2012a, 2012b). The Global Online Sexuality Survey-Arabic-Females (GOSS-AR-F), one of the few community-based study of female sexuality in the Middle East, indicated that 59% of participants suffered risks of female sexual dysfunction (FSD), measured as disorders of sexual desire, arousal, orgasm, and pain (Shaeer, Shaeer, & Shaeer, 2012). However, the true prevalence of FSD and the domains are difficult to measure due to the lack of published papers and articles (Shaeer et al., 2012). Furthermore, new classification has moved away from female sexual dysfunctions exclusively to Sexual Dysfunctions in general (Reed et al., 2016). Due to cultural taboos around sex and lack of knowledge of sexual intercourse, vaginal penetration phobia (commonly defined as sexual pain-penetration disorder; Reed et al., 2016), is the main cause of sexual disorder in Arab countries and the most common sexual dysfunction among women (Muammar et al., 2015). One challenge to accessing sexual pain-penetration disorder in the region is the lack of clinics with essential multidisciplinary teams consisting of gynecologists, physical therapists, and psychologist or sex therapists specialising in psychosexual therapy and equipped with the competencies necessary for the assessment, treatment, and management of the disorder (Lahaie, Boyer, Amsel, Khalifé, & Binik, 2010).

Based on results from the online questionnaire, an expert in andrology, sexology & sexually transmitted diseases in Saudi Arabia indicated that he sees an average of 15–25 male patients per day suffering mainly from erectile dysfunction, premature ejaculation, weak libido, delayed orgasm, and hypogonadism. Male sexual dysfunction is commonly treated within private specialised practices and similar centres in Saudi Arabia. In one city, there are more than five government and nine private hospitals and medical centres with andrology and urology clinics that provide medical care for erectile dysfunction (Abolfotouh & Al Helali, 2001). However, only one centre in Saudi Arabia was found to specialise in the treatment of female sexual dysfunctions. Another expert from Saudi Arabia stated that he sees on average seven women per day and is unaware of any other similar centres in the country. Andrology clinics are prevalent in many Arab countries, with Egypt's Cairo University on the top 20 list of most productive institutions on male fertility research from 1995 to 2014 (Zhang et al., 2016). The European Academy of Andrology, the main organisation promoting education in andrology in Europe directs a training centre in Egypt, the only non-European country other than the United States. Egypt is also one of the few countries to recognise andrology as a separate clinical subspecialty ("A 25-Year History of Andrology," n.d.).

According to the Global Online Sexuality Survey-Arabic-Females (GOSS-AR-F), female sexual fulfillment largely depends on her male partner. Therefore, many cases of FSD may be managed

through instances of male partners seeking services for sexual dysfunctions, and may be easily achieved due to the higher number of male services and scientific research in the region (Shaeer et al., 2012). Arab media reports that the Middle East has the highest share of Viagra users in the world, with Saudi Arabia, Egypt and the United Arab Emirates at the top of the list. ("Twenty years on," n.d.). According to news reports, Saudi Arabia is the single largest purchaser of sexuality enhancing drugs amongst Arab nations and the sixth largest consumer of these drugs in the world. Viagra is the second best-selling pharmaceutical product in Saudi Arabia after a brand of an antibiotic ("Saudi Arabia spends," n.d.; "Viagra's Popularity," n.d.). Due to the taboo associated with sexual health, men in the region are more likely to hide their impairment rather than consult a physician.

Experts agree that one of the main challenges is that people are unable to know whether clinicians discriminate against specific groups of people with sexual dysfunctions, such as homosexual and HIV-positive individuals, which may cause additional psychological distress to patients. Conversely, there are few sexology, or specialised sexual services in the region. Based on the questionnaire sent out, a clinical sexologist in Lebanon stated that she does not provide sexual health services and only provides visits in the sexology field for medical and psychological assessment of sexual dysfunctions. She indicated that she sees an average of six patients a day, including LGBTQ patients. Another respondent who is a psychiatrist and expert in sexual medicine in Egypt indicated that she sees an average of two to four patients a day with sexual dysfunctions, mostly male, and 70% of her psychiatric patients have a sexual health problem. As far as we know, there are fewer than five services specific to sexual health open to everyone in Lebanon. Tunisia was amongst the first and only country in the region that made efforts to include sexual and reproductive health (SRH) needs for young people in its governmental health agenda (DeJong, Jawad, Mortagy, & Shepard, 2005). In the rest of the Arab world, it is still pharmacies and/or private health services, rather than specialised health centres, that are more commonly accessed by young people seeking sexual health advice (DeJong et al., 2005).

Sexually transmitted diseases (STD) and infections (STI)

According to the 2011 UNAIDS Country Report, the HIV epidemic has been on the rise in the Middle East and North Africa (MENA) region. Although overall prevalence is still low, the rise in new infections has placed MENA as one of the two regions in the world with the fastest growing HIV epidemic (UNAIDS, 2011). Data on HIV and Sexually Transmitted Infections (STI) in the region are scarce and underreported, especially in the UAE, Iraq, Kuwait, Libya, Bahrain, Qatar, and Saudi Arabia. The main reason people with HIV, or those at higher risk, do not have access to services is because of the stigma and discrimination attributed to sexually transmitted diseases, especially HIV which is often associated with homosexual practices (DeJong et al., 2005; UNAIDS, 2011).

Nevertheless, there has been some progress in the region with Voluntary Counseling and Testing (VCT) services and anonymous telephone hotlines. VCT is important because knowing one's HIV status is the first step towards effective HIV treatment and prevention. Many of the available HIV services are listed in Table 1. Although there is progress in the availability of HIV services in the region, issues such as confidentiality and stigma are still prevalent when it comes to topics like sexually transmitted diseases and may prevent many individuals from accessing needed services in the region. Testing for HIV in the region is stigmatised because it suggests that the individual is wary of infection because of irresponsible behaviour that deserves to be punished with disease (Wagner et al., 2012). The coordinator of the Youth and HIV/AIDS programmes at Soins Infirmiers et Developpement Communautaire, an NGO in Lebanon, stated that when HIV positive patients or patients with STIs are transferred to private clinics, they are provided with a list of specific hospitals and clinics that do not discriminate against HIV positive and homosexual patients (USAID, 2017). Therefore, without such referral systems in place, individuals may not be aware of available services

Table 1. List of HIV and HIV-related services available in Arab countries.

Country	HIV and HIV-related services
Algeria	• Voluntary Counselling Testing (VCT) network across the country [a]
Bahrain	• Anonymous telephone hotlines for information about SRH and HIV-related services led by the Ministry of Health [g]
Djibouti	• Counselling and treatment services for HIV [f]
Egypt	• Comprehensive care centres for the prevention, care, and treatment of HIV for most-at-risk populations providing injection equipment and condoms, peer education, support groups and counselling, voluntary HIV testing in HIV and STI specialised clinics [e] • Anonymous telephone hotlines for information about sexual and reproductive health and HIV-related services [c]
Jordan	• National VCT opened in 2008 and expanded services since [a]
Lebanon	• VCT services managed by the Lebanese National AIDS Program [a] • Additional VCT services offered by local NGOs [c] • Anonymous telephone hotlines for information about sexual and reproductive health and HIV-related services (through NGOs) [c]
Morocco	• VCT centres with broad National Coverage • Mobile testing centres for HIV • HIV/STI surveillance system • Mandatory HIV testing for military recruiting [a]
Oman, Palestine, Tunisia	• Anonymous telephone hotlines for information about sexual and reproductive health and HIV-related services [g]
Sudan	• Delivery of antiretroviral drugs to vulnerable groups through outreach programmes led by the Sudanese Member Association [d]
Syria	• VCT system for anonymous testing • Free treatment services to AIDS patients [b]

[a]Roudi-Fahimi & El-Feki, 2011; [b]R. Raslan/Mazen, 2016; "Country Progress Report Syrian Arab Republic," 2012; [c]USAID, 2017; [d] "Arab World," n.d.; [e] "Egypt, FHI 360," n.d.; [f]"Djibouti, FHI 360," n.d.; [g]DeJong et al., 2005.
Note: The following Arab countries are not shown in this table due to limited available data on local HIV and HIV-related services: Comoros, Iraq, Kuwait, Libya, Mauritania, Qatar, Saudi Arabia, Somalia, UAE, Yemen.

and/or may be reluctant to seek services because of the fear of being discriminated, given that such information is not made public and is difficult to obtain otherwise.

Lesbian, gay, bisexual, and transgender (LGBT) populations

Most Arab countries have laws criminalising homosexuality and in the few countries without them, homosexuality is highly stigmatised, homophobic violence continues without punishment, and courts still issue fines and imprisonment for homosexual acts ("83 countries," n.d.; Wagner et al., 2012). Men who have sex with men (MSM) are the most stigmatised HIV risk group of all risk groups in the region (Akala & Semini, 2010, p. 55). Laws that criminalise LGBT relations in the Arab region often constrain access to proper sexual health services among this population (Burki, 2011). Data related to this topic is still lacking due to the fear of stigma and legal sanctions (Burki, 2011). Nevertheless, there has been an increase in knowledge relating to MSM and HIV (Akala & Semini, 2010, p. 68). Lebanon is an exception among Arab countries when it comes to this issue, as it is the only Arab country where being openly gay is conceivable due to the relatively lax enforcement of anti-homosexuality laws and policies (Burki, 2011). Many NGOs have been established since 2004 to advocate and offer services for the LGBT community. This is especially noticeable in the media; GayStarNews called Beirut and Lebanon the 'gay paradise of the Arab world'. ("Beirut and Lebanon," n.d.). Although this growing acceptance of homosexuality may be

true in the capital Beirut and urban areas, this may not be representative of the rural areas in Lebanon, where there still remains intolerance and stigmatisation towards the LGBT community (Wagner et al., 2013).

Morocco and Tunisia possess some of the most progressive sexual health programmes in the region. David Wilson, director of the World Bank's HIV/AIDS programme stated that 'Tunisia is probably one of the most optimistic examples of liberalisation, they are in a position to be more open about MSM'. (Burki, 2011), and Morocco is considered to have the most successful programme for reaching MSM populations in the region. The UNAIDS estimates that Morocco's reported levels of coverage for prevention programmes among MSM in 2012 was 25–49 percent (Joint United Nations Programme, 2012, p. 31) and the UN estimates that 23 thousand MSM with preventative services were reached during this period.

In the Arab region, much of the information and research on sexual and gender minorities is on MSM and HIV (Abu-Raddad et al., 2013; Mirzazadeh et al., 2013), and the associated stigma and discrimination (Gańczak, Alfaresi, Almazrouei, Muraddad, & Al-Mskari, 2007). There is limited information on other specific sexual health concerns and related services for MSM as well as for other sexual minorities. Despite the progress and development of some Arab countries, anti-homosexuality laws remain prevalent in the region and LGBT individuals still face hate crimes, stigma, and discrimination.

Youth friendly services

The current research indicates that access to sexual health services and information is still limited for young unmarried individuals in the region (Roudi-Fahimi & El-Feki, 2011). Government health services generally do not recognise the needs of young unmarried individuals and young people are often excluded from countries' development agendas (DeJong et al., 2005; Roudi-Fahimi & El-Feki, 2011, p. 5). Private health services are often the only place where young unmarried people can go for SRH issues and concerns (DeJong et al., 2005). In Saudi Arabia, like in many other Arab countries, sexual health care services are limited and contraception prescription and advice is only available for married couples through gynecology and obstetrics clinics in hospitals (Al-Zahrani, 2011).

Recently, there has been some progress in addressing young people's sexual needs in the region. The National Office for Family and Population of the Ministry of Public Health in Tunisia has been at the forefront for providing SRH services to young unmarried people as well as a pioneering institution for the advocacy of women's rights in the region (Roudi-Fahimi & El-Feki, 2011, p. 51). Tunisia is the only country in the Arab region and the first Muslim country that has legalised abortion in private and public health facilities (Dabash & Roudi-Fahimi, 2008, p. 2). Nevertheless, there is still a deficit in overall knowledge and access to services due to the social stigma attached to premarital sex (Roudi-Fahimi & El-Feki, 2011, p. 29).

Findings from our informal interviews with unmarried students in three private universities revealed that 60% of the 25 students interviewed stated that they would seek treatment from their private gynecologist, 24% had no idea where to go, and 16% mentioned their primary physician. Eight students declined to participate in the informal interviews. One respondent mentioned:

> If I were sexually active, I would not even know where to get any kind of contraception … I would not dare get it from the pharmacy by my house because the village where I live is small and everyone will know about my private life.

A study examining the readiness and comfort of obstetricians/gynecologists (Ob/Gyns) in Lebanon in discussing sexual health issues, showed that most Ob/Gyns rely on their patients to initiate the topic of sexual health and 55.6% of Ob/Gyns reported a 'great effect' of reproductive health on sexual health (El-Kak, Jurdi, Kaddour, & Zurayk, 2004). Therefore, although most students seek treatment from their private gynecologists, unmarried patients may be less likely to openly discuss topics

related to sexual health due to associated stigma, making the role of Ob/Gyns in integrating sexual and reproductive health especially important.

While hymen repair continues to be common among females in the Arab region, men and young unmarried people remain highly neglected population in terms of access to sexual services and public education (DeJong & Bashour, 2016). A study conducted in Lebanon showed that males are more likely to consume alcohol and/drugs during sex for the first time (Ghandour, Mouhanna, Yasmine, & El Kak, 2014). Sex under the influence of alcohol or drugs can enhance riskier sexual behaviour; studies have shown that first sexual experiences that occur under negative contexts, such as under the influence of alcohol or drugs, were associated with greater sexual dysfunction, poorer health, more STIs, greater sex guilt, and less life satisfaction (Else-Quest, Hyde, & DeLamater, 2005). The research in Lebanon showed that student who had sex for the first time using alcohol or drugs were three times more likely to report having eleven or more subsequent sexual partners compared to one or two and almost twice as likely to engaged in an unwanted sexual experience (Ghandour et al., 2014).

There have been some initiatives in Lebanon aimed at incorporating sex education in schools. The United Nations Population Fund (UNFPA) and Centre Universitaire de Santé Familiale et Communautaire at Saint Joseph University have expanded reproductive health information and services for young people under the project (J. A. Jurdi, July 25, 2013; UNFPA Lebanon, n.d.). In an interview with the Director of the Reproductive Health Unit at the Ministry of Social Affairs, she stated that in order to increase the availability of SRH information in schools and initiate youth friendly services, the Ministry of Social Affairs has to first involve and gain the trust of the community members, officials, and parents (J. A. Jurdi, July 25, 2013). Other NGO organisations like MARSA also provide sex education services in schools, universities, and refugee camps (Haddad, 2018).

In 2004, the Egyptian Family Health Society developed a series of youth friendly clinics around Egypt and opened the first youth friendly clinic on a university campus in 2010 at Assiut University (Roudi-Fahimi & El-Feki, 2011, p. 50). Furthermore, Egypt has been at the forefront of providing post-abortion services since the 1990s (Dabash & Roudi-Fahimi, 2008, p. 7). However, based on a Thomson Reuters Foundation poll on 22 Arab states, three out of five Arab Spring countries were at the bottom five states in relation to the topic of women's rights with Comoros ranking the highest when it comes to women political and economic rights ("POLL-Egypt,", 2013). Instability and conflict in countries such as Egypt, Iraq, Syria, and Yemen have affected women disproportionately, especially when it comes to their reproductive and sexual rights and access to necessary services. However, such uprisings may also present future opportunities in the region as they may attract international actors, such as donors and NGOs, to assist and promote women's political participation and allocate funds to their sexual health rights (CARE International Policy Report, 2013, p. 23).

Discussion and future directions

Sexual and reproductive health often receives little attention in public policy and government agendas due to the cultural, legal, and political constraints faced in many Arab countries. The public discussion of sexuality in the Arab world remains a taboo. Laws in many of these countries criminalise sexual minorities and the social conflict and instability in some countries hinder progress and development, especially regarding women and sexual and gender minorities.

However, these controversial topics are increasingly being brought into public discussion and associated policies are being integrated into public agendas (Roudi-Fahimi & Ashford, 2008). In recent years, the Arab region has witnessed a growth in sexual health services and technologies. However, although several services that treat sexual dysfunctions have been implemented, these mostly treat erectile dysfunctions for men with only a few specialising in the treatment of female sexual dysfunctions. Women's sexual health services are generally implemented as part of gynecology and obstetrics departments and clinics, which cater mainly to the health of married women – with few private sexual health clinics in countries such as Egypt and Lebanon. A greater need for

female sexual services has been expressed given that there are other causes of FSD including psychological factors that must be addressed and that require adequate and appropriate sexual health services from a variety of health professionals (such as sexologists, psychologists, and physicians) (Shaeer et al., 2012).

Additionally, the media and the Internet have become more accessible to individuals in the region (Etling et al., 2014) and could be used as a method for education and awareness on SRH in the Arab region without the potential associated stigma. Confidentiality programmes for unmarried individuals and sexual minorities, such as telephone hotlines with referral systems, are also becoming more widespread in the region (DeJong et al., 2005; Roudi-Fahimi & El-Feki, 2011). A number of NGOs and governments in some Arab countries, such as in Tunisia, Morocco, and Lebanon, have created innovative programmes for young unmarried individuals. As for the topic of HIV/AIDS, Morocco stands out among the countries in the region for having the most organised HIV surveillance system. Lebanon is one of the most progressive countries in terms of accepting sexual minorities as seen by the number of NGOs that specifically advocate for the rights and health of sexual minorities. Organisations such as MARSA Sexual Health Center in Lebanon are aware of the sexual health issues and barriers and are challenging social taboos and norms. Based on the results from the questionnaire, there are private sexual health clinics in Egypt and Lebanon that see and refer patients with sexual health problems. These countries can be used as models to create and expand services for young unmarried individuals, HIV services for marginalised at-risk populations, and education and awareness on sexuality and reproductive health in schools to increase knowledge on sexual issues and reduce stigma and discrimination against marginalised sexual and gender minorities.

This paper has used various outlets, including a review of relevant published and grey literature, a media and online search of posts and blogs, formal and informal interviews, the administration of an online questionnaire, and expert knowledge from a WHO consultation meeting on sexuality to gather relevant and timely information about SRH services in the Arab region. However, some limitations can be noted. Although a multi-method approach was used to gather relevant data on SRH services in the Arab region, bias in the methods of collecting data may be possible given that some countries were overrepresented, while others, such as Somalia, Djibouti, Sudan, and Mauritania, were underrepresented. In addition, results from informal interviews cannot be generalised to non-university students or university students in other Arab countries. Although the focus of this paper is primarily on sexual dysfunctions, sexual health services for minority populations, and the need for youth-friendly clinics, the issues of hymen reconstruction, female genital cutting or FGC, and the deleterious consequences of unplanned pregnancies among unmarried women with little recourse to legal abortion, are not the primary discussion of the paper. The consequences and strategies to reduce unsafe abortion and abandon FGC in Arab countries with stigma surrounding sexual health should be further explored in future studies. Despite these limitations, this paper aims to provide new information on sexual health services in a region where it is lacking. Nevertheless, through this exploratory research and multi-method review, we provide an up-to-date and comprehensive mapping of SRH services. This mapping review can serve as an initial foundation necessary to guide and inform future research and policies relevant to the complex but critical public health issues related to sexual and reproductive health in the Arab region.

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