GENDER and SEXUALITY

Overview Report

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Acronyms

ABC  Abstain, Be faithful, use Condoms
APNSW  Asia Pacific Network of Sex Workers
ARVs  Antiretrovirals (drugs for treating HIV/AIDS)
AWID  Association for Women’s Rights in Development
CEDAW  Convention on the Elimination of All Forms of Discrimination Against Women
CFFC  Catholics for a Free Choice
DAWN  Development Alternatives with Women for a New Era
ECOSOC  United Nations Economic and Social Council
ESCOR  United Nations Committee on Economic, Social, and Cultural Rights
EU  European Union
FGM  Female genital mutilation
ICPPR  International Covenant on Civil and Political Rights
ICPD  International Conference on Population and Development (Cairo 1994)
IGLHRC  International Gay and Lesbian Human Rights Coalition
IWHC  International Women’s Health Coalition
LACWHN  Latin American and Caribbean Women’s Health Network
LGB  Lesbian, gay, bisexual
LGBT  Lesbian, gay, bisexual, transgender
LGBTI  Lesbian, gay, bisexual, transgender, intersex
LGBTIQ  Lesbian, gay, bisexual, transgender, intersex, questioning
MDG  Millennium Development Goal
MSM  Men who have sex with men
NGO  Non-governmental organisation
PEPFAR  President’s Emergency Plan for AIDS Relief (President of the United States)
PLHA  People living with HIV/AIDS
PoA  Programme of Action
SAVE  Safer practices, Available medications, Voluntary counselling and testing,
Empowerment through education
SRC  Supporting Resources Collection (another part of this Cutting Edge Pack)
STI  Sexually transmitted infection
UN  United Nations
UNIFEM  United Nations Fund for Women
WAS  World Association for Sexual Health
WHO  World Health Organization
Executive Summary

Why are gender and sexuality important for policymakers, practitioners and activists? Sexuality and gender can combine to make a huge difference in people’s lives – between well-being and ill-being, and sometimes between life and death.

Ideologies claiming that women should be pure and chaste, and virgins until marriage, can lead to female genital mutilation, honour killings, restrictions on women’s mobility or economic or political participation. Ideas that men should be ‘macho’ can mean that sexual violence by men is expected instead of condemned. Gender inequalities and taboos around sexuality can exacerbate the spread of HIV/AIDS. And 68,000 women still die each year from illegal abortions (World Health Organization (WHO) 2000). In many places, to be considered a ‘proper man’ or ‘proper woman’, you need to act one hundred per cent heterosexual, and stay in line with gender stereotypes. Thus being lesbian, gay, bisexual or transgender (LGBT) can result in marginalisation or violence (Samelius and Wagberg 2005).

But just as sexuality has repercussions related to poverty, marginalisation and death, it can instead lead to empowerment, enjoyment, and well-being, and can enhance human relations with shared intimacy or pleasure. In fact, sex can be a place where women escape the pressures of reputation to satisfy their desires to the full, where men let themselves enjoy being vulnerable, where transgender affirm their sense of self with lovers who see them as they wish to be seen.

How can the dominant gender ideologies around sexuality be challenged? How can fulfilment, well-being and pleasure become more possible for all? One answer is sexual rights. Sexual rights is a promising framework because it already has some clout, emerging from years of mobilisation by rights activists (women; lesbian, gay, bisexual and transgender people; people living with HIV/AIDS; and sex workers) in the South and North. Furthermore, a sexual rights framework can help identify the links between different sexuality issues, and ground a broad and diverse alliance for change. Sexual rights can include both rights to be free of violence and coercion around sexuality, and also the rights to explore and pursue pleasures, desires and fulfilment.

Landmark agreements on human rights related to sexuality have been reached in the United Nations in Vienna, Cairo, and Beijing in the 1990s, and work on this issue has continued since within various UN bodies. Today’s resurgence of religious fundamentalisms, whether Christian, Muslim, or Hindu, makes work on sexual rights more difficult. And political battles continue to rage over issues ranging from abortion to abstinence to sex work.

At the same time, new thinking on sexual rights is emerging with calls for more inclusive strategies that bring in women, men and transgender. Narrow approaches to sexuality that consider only health impacts need to be expanded to look at the many other ways sexuality is part of our lives. And there is a recognition that the fight against sexual violence must continue, but that we also need to look at the positive and pleasurable sides of sexuality, and seek to make these more possible for all – particularly for those for whom gender norms obstruct opportunities to seek pleasure and fulfilment (such as many
women; lesbian, gay, bisexual and transgender people; people living with HIV/AIDS; and people with disabilities).

Exciting initiatives are putting this new thinking into practice, such as organising to support single women ‘outside the safety net of marriage’ in India, tackling female genital mutilation through pleasure promotion in Kenya, and human rights trainings in Turkey which take sexuality as an integral component of women’s empowerment and include a module on ‘sexual pleasure as a women’s human right’. Creative work is also taking place with men as partners of women, as well as explorations of the sexual rights of men themselves. And transgender people are mobilising for their rights.

New alliances are being forged which take an integrated approach to sexuality, such as the Coalition for Sexual and Bodily Rights in Muslim Societies, and regional Sexuality Resource Centres established in each continent. Such initiatives have enabled people to look beyond their own issue and see the interconnections with other themes, and move towards building a common movement for sexual rights.

**Recommendations**

International institutions, governments, NGOs, development agencies, the women’s movement, human rights activists and others all have a vital role to play in contributing to greater well-being by supporting sexual rights in the following ways:

*Recognise the importance of sexuality*

- Recognise the importance of sexuality and sexual rights in people's lives. Recognise that sexuality is more than a health and violence issue. Identify the interconnections with well-being and ill-being, wealth and poverty, integration and marginalisation, and the significance of sexuality in political struggles.

*Take an inclusive, gendered and positive approach to sexuality*

- Recognise the links between different sexuality issues. Support integrated approaches to sexuality which challenge gender, race, class and other structures of power.

- Build strength for inclusive sexual rights movements, through supporting alliances between different groups and at the same time challenging the gender and other inequalities within and between these groups.

- Take an inclusive and gendered approach to sexual rights open to all – women who may be denied their rights by gender inequality, transgender whose very existence may be ignored, and straight men who may be assumed not to need these rights as they are perceived to already have it all.

- Go beyond rights to be free from violence, to support positive rights and rights to pleasure as well.

- Draw inspiration from and connect with the exciting initiatives already happening!
1. Introduction

Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors. (WHO 2004)

Why are gender and sexuality important for policymakers, practitioners and activists? Sexuality and gender can combine to make a huge difference in people's lives – between well-being and ill-being, and sometimes between life and death.

Ideologies claiming that women should be pure and chaste can lead to female genital mutilation, honour killings, and restrictions on women's mobility and economic or political participation. Ideas that men should be macho can mean that sexual violence is expected rather than condemned. In many places, to be considered a 'proper man' or 'proper woman', you need to act one hundred per cent heterosexual, and stay in line with gender stereotypes. Thus being lesbian, gay, bisexual or transgender can result in marginalisation or violence. Gender inequalities and taboos around sexuality can exacerbate the spread of HIV/AIDS. And 68,000 women still die each year from illegal abortions (WHO 2005).

But just as sexuality has repercussions related to poverty, marginalisation and death, it can instead lead to empowerment, enjoyment, and well-being, and can enhance human relations with shared intimacy or pleasure. Sex can be a place where women escape the pressures of reputation to satiate their desires to the full, where men let themselves enjoy being vulnerable, where transgender affirm their sense of self with lovers who see them as they wish to be seen.

In chapter two of this report we look at why sexuality and gender are so important, in people's lives, in political struggles, and in development. Chapter three explores the framework of 'sexual rights' and how it can help address gender and sexuality. Chapter four describes the important work on gender and sexual rights which has taken place in and around the United Nations. Chapter five lays out the current political context. Chapters six and seven look at new thinking on sexual rights and efforts to implement these new directions in activism and programming. We conclude the report with recommendations for policy and action.

This report forms part of the *Cutting Edge Pack* on ‘Gender and Sexuality’. In addition to this report, the pack contains the *Gender and Development In Brief* newsletter and the *Supporting Resources Collection* (SRC). The SRC includes a more in-depth consideration of differing definitions of sexuality and a range of sexual rights charters, summaries of case studies, and tools and training materials relating to sexual rights and sexuality more broadly.
2. Why gender and sexuality?

Everyone...warned me...that the males would chase me with great gusto. The onus was therefore upon me to preserve men's morality. The teachers were more hilarious. They showed us scary movies of sexually transmitted infections: gaping vaginas, infested with sores, looking terribly unlike what I was familiar with. How this “transformation” occurred we were not told. The underlying message was virginity, virginity, virginity; not for myself, but for the husband who would love me forever and for my parents – read my father – who would make so much money out of the mythical groom.

(Everjoice Win 2004)

Boys are socialised to be aggressive, macho, dominant and in control. They have been socialised to always be ready for sex, and given the impression that their sexual urge is uncontrollable.

(Aken'Ova 2004)

I left home aged 14 because when my brother discovered I was having sex with my friend Paulo...he called me names, mistreated me, hit me, beat me...he even took me to a bordello, to a red-light zone, so that I could have relations with a woman.

(Mabel, transgender activist, Brazil, in Kulick 1998: 59)

2.1 Because sexuality is influenced by gender norms

As suggested in the quotes above, as well as in the WHO definition of sexuality, social influences around sexuality affect us all. Gender is one of these influences, i.e. expectations about how women and men, boys and girls, will behave differently from each other (as well as expectations that everyone will be either male or female, and not transgender). Those who conform to these expectations, such as girls who undergo female genital mutilation or have an early marriage, may suffer to fit their sexualities into limited and unequal channels. Boys may pay a price too. For example, in places as diverse as Turkey, Pakistan and Brazil, many boys are taken to brothels by their fathers, brothers or friends at an early age without feeling willing or ready for such an experience, and sometimes finding it traumatising.

Those who do not conform, for example non-macho men, single mothers, women who express their sexual desires openly or have sex outside of marriage, transgender people, and people with same-sex sexualities, may face violence and discrimination. While rules around what is acceptable or not vary according to context, in many places there is a huge pressure to get married, and sometimes forced and early marriage. Other kinds of expressions such as lesbian, gay, bisexual and transgender (LGBT) are discouraged by social stigma and sometimes legal penalties. Part of being what is seen to be a ‘proper man’ or ‘proper woman’ is to stick to the stereotypes (no gender ambiguity or transgender) and express desires for or have relations only with people of the ‘opposite’ sex.

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1 Everjoice Win is the International Head of Women’s Rights for ActionAid International and grew up in Zimbabwe
2 Cesnabmihilo Dorothy Aken’Ova is Executive Director of International Centre for Reproductive Health and Sexual Rights (INCRESE), Niger State, Nigeria
2.2 Because ideologies around sexuality are used to control women

... in recognizing women’s sexual and reproductive autonomy rather than protecting women’s sexual purity, one can tackle the roots of gender-based violence.

(UN Special Rapporteur on Violence against Women Radhika Coomaraswamy 2003: 17-18)

Controls on women’s and girl’s mobility, education and economic participation are imposed in the name of protecting their chastity. In Bangladesh, discussion among members of the national women’s organisation Naripokkho also brought out how controls on women’s sexuality are key to controlling women more generally:

Socio-cultural norms dictate what women should or should not do with their bodies. The stories depicted the many social rules restricting women’s cholahera (physical movement), i.e. when, where and how far they can venture out of their homes and what constitutes a legitimate reason to do so; what parts of their bodies they have to cover and how; how they have to carry themselves when in the gaze of ‘undesirable others’ ranging from brothers-in-law to the general public; when they can have sexual relations and with whom; whether they can insist on sexual pleasure for themselves or not; when and how often they can complain of ill-health; whether they can seek health care, and where, when and from whom; and so on – all centred around women’s bodies in one way or another... What implications did these have for women’s rights and freedoms? How could the rights agenda then leave out issues of sexual freedom as it had tended to do?

(Huq 2006: 129)

For example, in Turkey, where primary education of eight years is in fact compulsory by law, thousands of girls are not sent to school by their parents because of the fear that education in a mixed-sex setting will increase the possibility of potential sexual encounters of girls with boys, as well as the chance that their daughters will reject early or arranged marriages when they get education – thus ‘costing’ the family their ‘honour’ and the so-called bride price.

Furthermore, from the United States to Namibia to Poland, accusations around sexuality are used to attack women’s organising. Women mobilising for gender equality are sometimes accused of being ’not proper women’, lesbians, or promiscuous. Such attacks aim to undermine such women and curb their political power and impact, as well as reinforce ideas about what is proper behaviour for women (Rothschild 2005).

2.3 Because sexuality is linked to poverty

Sexual and reproductive ill-health is both a cause and a consequence of poverty (Family Care International 2005). Sexual and reproductive health problems account for approximately 20 per cent of the ill-health of women globally and 14 per cent of men, due to lack of appropriate sexual and reproductive health services (WHO 2004).

Sexuality can also lead to poverty for social as well as health reasons. In many places marriage is vital to economic survival, particularly for women. Women’s failure to marry may limit their access to land, housing, inheritance and social networks (Kapur 2005). Yet if women do marry, they may enter into a family unit which distributes resources such as food and income unequally, and demands they give more than they get. LGBT may face bullying, and discrimination in education and the labour market
which reduces their livelihood opportunities (Armas 2006). Sex work may be a source of income and a way out of poverty, but it may also be a site of exploitation by pimps or police, depending on the sex worker’s situation and working environment.

2.4 Because gender inequality fuels transmission of HIV/AIDS

One area in which gender and sexuality oppressions interconnect with devastating effect is around HIV/AIDS. In many contexts, women are expected to be innocent and passive, and may also be economically dependent, or at risk of violence, so they may not have the possibility of asking for safer sex or to explore their own desires. In contrast, men are expected to know about and take control in sex; they may be discouraged from admitting ignorance and vulnerability and seeking information about safer sex, thus practice behaviour which puts them and their partner(s) at risk.

Men who have sex with men are marginalised and have less information and possibilities to change their sexual behaviour for the safer. Likewise, sex workers are often stigmatised, penalised by law, and harassed by police, so are not in a strong position to seek information about safer sex and negotiate safety with clients or lovers.

2.5 Because sexuality is a survival issue

For many, particularly the poor, sexuality can be an issue of survival, connected with HIV/AIDS, maternal mortality and ill-health, and complications around female genital mutilation. Every year, at least 529,000 women die in pregnancy or childbirth; 99 per cent of these deaths occur in the developing world. Complications resulting from unsafe abortions account for 13 per cent of all maternal deaths (from WHO, http://www.who.int/mdg/goals/goal5/en/index.html).

**Female Genital Mutilation**

An estimated 100 to 140 million girls and women in the world today have undergone some form of female genital mutilation (FGM). The great majority of affected women live in sub-Saharan Africa, but the practice is also known in parts of the Middle East and Asia. Health consequences vary according to the type and severity of FGM. The range of complications – physical, psychological, and sexual – associated with female genital mutilation is wide, and some are severely disabling. Immediate complications include severe pain, shock, haemorrhage, urine retention, ulceration of the genital region and injury to adjacent tissue. Haemorrhage and infection can cause death.


Breaking the rules around gender and sexuality can also endanger one’s survival. For instance, the Zamfara state of Nigeria instated Sharia legal codes in 1999, including the crime of fornication which can be penalised by whipping, imprisonment or stoning. This is even though stoning and punishment by death is not condoned in the Quran (Ilkkaracan 2002). Sex outside of marriage is treated as fornication. In some countries, such as Pakistan, a woman can be charged with fornication even if she was raped. Several women have since been charged, and some have been stoned to death. Most of those charged under these laws are poor women, rarely the elites (Baobab 2003).
Persecution of LGBT can also endanger survival. The examples are many. In 1990 and 1991, more than forty *travestis* (transgender) were killed in Lima, Peru, by right wing groups known as ‘mata cabros’ or ‘kill faggots’. In 2005, in Sierra Leone, Ann Viola Eddy, founder of the Sierra Leone Lesbian and Gay Association was brutally raped and murdered. Recently, an alleged lesbian couple were found murdered in Jamaica. However, authorities failed to carry out a proper investigation (Stern, Human Rights Watch 2006).

**2.6 Because attention to sexuality is key to meeting the Millennium Development Goals**

Sexuality, sexual health and sexual rights are related to almost all the Millennium Development Goals (MDGs). The WHO’s global ‘Reproductive Health Strategy’ adopted at the 57\textsuperscript{th} World Health Assembly in May 2004 explicitly recognised the links between the MDGs and sexual and reproductive health. A group of international experts has further explored the links between sexual health and rights and the MDGs at a meeting organised by the World Association of Sexual Health (WAS) in May 2006. In a joint article, they maintain that promotion and protection of sexual rights will contribute significantly to the advancement of MDGs.

Sexuality, Gender and the Millennium Development Goals

Promotion and protection of sexual rights are fundamental not only to achieving sexual health goals, but are also directly relevant to achieving the MDGs. The presence and accessibility of quality sexual and reproductive health services, information and education in relation to sexuality; protection of bodily integrity; and the guarantee of the right of people to freely choose sexual and marriage partners, to make decisions about child bearing, and to pursue satisfying, safe and pleasurable sexual lives are grounded in and contribute to gender equality and the empowerment of women (MDG 3); access to primary education, particularly for girls (MDG 2); reduction of infant and child mortality, especially of girl children (MDG 4); to improvements in maternal health and mortality (MDG 5); to decreasing vulnerability to HIV/AIDS, sexually transmitted infections and other health threats (MDG 6); and also to reduction of poverty (MDG 1). Thus, achieving sexual rights for all people will not only contribute to sexual and reproductive health, well-being and quality of life but will also advance the MDGs.

(Based on Hawkes, Coleman, Corona, Vanwesenbeeck, Mazin, Iikkaracan, Esiet and Rubio-Aurioles, forthcoming 2007)

It could also be argued that the US conditionalities around HIV/AIDS funding are detrimental to Goal 8 to ‘develop a global partnership for development’. Moving forward on the basis of sexuality-related rights already established in UN agreements (see chapter five) would be more conducive to this global partnership. (See the SRC accompanying this report for more information on sexuality and the MDGs).

**2.7 Because sexuality can contribute to empowerment and well-being**

Just as sexuality has repercussions related to violence, poverty, marginalisation and survival, it can instead lead to enjoyment, fulfilment, and well-being, and can enhance human relations with shared intimacy or pleasure. Sex can be oppressive, but it can also be a place where women gain power, where men let themselves enjoy being vulnerable, where transgender affirm their sense of self with lovers who see them as they wish to be seen. Having the liberty to explore sexual desires and seek
pleasure can be empowering for those who have been taught to feel shame in their bodies and their sexualities, such as many women, people living with HIV/AIDS, disabled people and LGBT. To be able to refuse sexual relations you do not want requires you already have some power to say ‘no’ and have your decision respected. When this is possible, or does happen, it can be further empowering to realise you can assert your own rights to bodily integrity.

2.8 Because sexuality is a site of political struggle

Many people think of sexuality as private, individual and biological. It may include these aspects, but it is also a highly political and policy-related issue, as shown by the current mobilising around sexuality worldwide. The following are just a few events selected from recent times which illustrate some of the policies and politics around sexuality.

In 2005, African women celebrated the official coming into force of the landmark treaty – The Protocol on the Rights of Women in Africa – the first international human rights instrument to explicitly provide for the right to abortion (in cases of rape, incest and health risk) and also the first to call for the prohibition of FGM. The protocol had been adopted after several years of campaigning by African women’s organisations.

In May 2006, Colombia legalised abortion in cases when the mother's life is in danger, the foetus is badly deformed or the pregnancy results from rape. An 11-year-old girl, raped by her step-father, had the first legal abortion. In spite of the change in law, she had to go to the constitutional court to do so, the Catholic Church condemned the abortion, and protestors demonstrated outside the hospital to oppose the procedure.

In July 2006, the first transgender association was founded in Africa. In August, the Mercosur3 countries committed themselves to concrete actions to fight homophobia in the recent ‘Meeting of High Level Authorities in Human Rights of the Mercosur and Associated States’ (with representatives from Brazil, Argentina, Uruguay, Paraguay, Bolivia, Colombia, Ecuador, Peru, Venezuela and Chile). And in September, Nobel Prize-winning economist Amartya Sen joined the campaign in India to repeal article 377, the law instated by the British colonial government and still on the books today, which criminalizes ‘carnal intercourse against the order of nature’ and is used to censure homosexual relations.

Because sexuality has such implications for policy, and likewise policy for sexuality, it is an issue for activists, for development, for governments, and international institutions.

This section has looked at why sexuality and gender are of such importance. The following section moves on to look at why sexual rights is a promising framework to tackle these issues.

3 Mercosur is a Regional Trade Agreement between Brazil, Argentina, Uruguay, Venezuela and Paraguay. Its purpose is to promote free trade and the fluid movement of goods, peoples and currency, Bolivia, Chile, Colombia, Ecuador and Peru currently have associate member status.
3. Why sexual rights?

Different approaches can be taken to try to promote justice around sexuality and gender. Sexuality can in some circumstances be rendered less controversial if dealt with only in relation to health impacts. Particular aspects of sexuality may be prioritised according to political agendas, such as sexual violence. Frameworks such as ‘erotic justice’ may be advocated (see chapter four of the SRC for elaboration). Each approach has its own limitations and advantages, and different strategies will be possible and constructive in different contexts. This report, however, focuses on sexual rights: firstly because it is a framework with some clout, emerging from years of mobilisation and having gained some legitimacy in UN institutions, as outlined in this and the following chapter; and secondly because it can help identify the underlying structures of oppression, and contains the potential for a broad and diverse alliance to challenge these structures as explained below.

3.1 A framework with clout

Struggles for rights related to sexuality are not new, and indeed have already made significant achievements. During the 1970s and early 1980s, Northern-based women’s health movements, particularly in the United States, mobilised around women’s access to abortion and a feminist conception of women’s right to control their own bodies in matters of reproduction and sexuality. In the mid- to late-1980s, women’s movements in the South played a critical role in the development of a framework firmly linking sexual and reproductive health and rights to both the development agenda and human rights (Petchesky 2000). Development Alternatives with Women for a New Era (DAWN), a network of women activists from all regions of the South, played an important role in explaining the links between reproductive health and rights and broader socio-economic conditions (Corrêa 1994).

New global movements around LGBT, sex work and HIV/AIDS also made central contributions to furthering these rights. And since the 1990s, various international human rights organisations (e.g. Amnesty International, Human Rights Watch), governments (e.g. Sweden, Brazil, South Africa – to a degree and in different ways) and international institutions (see the following section on the United Nations) have joined the global call for various aspects of sexual rights.

While mobilisation around sexuality issues is not new, linking different sexuality issues together into a broader framework of ‘sexual rights’ is a strategy which is only now gaining strength and visibility. The concept of sexual rights is evolving. The meaning and priorities set reflect the diversity of issues and actors, and are hotly contested (see chapter two of the SRC for a range of definitions). However, some inroads have been made into establishing common ideas of what these rights constitute, such as the WHO working definition below which has been widely used, for example, in trainings on sexual rights by the Women’s Health Project South Africa, Breakthrough India, and the International Gay and Lesbian Human Rights Commission (all featured in the SRC).
World Health Organization (WHO) Working Definition of Sexual Rights

Sexual rights embrace human rights that are already recognized in national laws, international human rights documents and other consensus statements. They include the right of all persons, free of coercion, discrimination and violence, to:

- the highest attainable standard of sexual health, including access to sexual and reproductive health care services;
- seek, receive and impart information related to sexuality;
- sexuality education;
- respect for bodily integrity;
- choose their partner;
- decide to be sexually active or not;
- consensual sexual relations;
- consensual marriage;
- decide whether or not, and when, to have children; and
- pursue a satisfying, safe and pleasurable sexual life.

The responsible exercise of human rights requires that all persons respect the rights of others.

(WHO 2004)

3.2 Moving beyond identity politics

Sexual rights offer the potential for an approach that goes beyond identity politics. With identity politics, rights are associated with particular categories of people, such as ‘women’s rights’ or ‘gay rights’. Sexual rights can instead be taken to mean that everyone should have the right to personal fulfilment, and to freedom from coercion, discrimination and violence around sexuality, whatever their sexual orientation or gender identity. Sometimes sexual rights are still taken to be primarily an issue for particular identity groups, as discussed in chapter six, however rights around sexuality are in fact relevant to all (even those who see themselves as asexual or have no interest in having sex need to have their right to say ‘no’ respected).

3.3 Identifying the underlying structures of oppression

Separating rights from identities can shift the debate from being about certain groups of people oppressing other groups, to identifying the underlying structures of inequality. For example, a focus on women’s rights can be used to bring attention to men’s oppression of women through violence. A focus on LGBT rights can bring to attention the advantages heterosexuals have over homosexuals. These issues are all of vital importance. However, the cause of these problems lies neither with men nor with heterosexuals. The underlying cause is the structures of power that exist around different forms of gender and sexuality. These could be explained as a ‘stratification of sexuality’ similar to structures of inequality around class or gender.
One view of this stratification is presented in the diagram below (taken from Rubin 1984).

Figure 1. The Stratification of Sex

The diagram lists on the left the kinds of sexual relationships and identities which are considered ‘good’ or socially approved, normal, natural, healthy or in line with dominant religious beliefs. It lists on the right the kinds of sexual relationships and identities which are considered ‘bad’, abnormal, morally wrong. In the middle are those relationships and identities which are gaining approval and are not considered completely bad or bizarre but are not fully accepted either.

The diagram was developed to describe the situation in the United States in the 1980s. The categories may vary according to time and place, however, the key point is not what the categories are or where they are located, but that sexualities are ordered according to a hierarchy. Ratna Kapur finds that this hierarchy is still relevant in contemporary India (2005: 41).

The point of the figure is to show that there is a stratification of sexuality (which intersects with gender, class, race and other hierarchies). Different groups battle with each other for a higher rank in the hierarchy when what we should be doing is forging alliances with each other to challenge the hierarchy itself, and establish instead a new approach to sexuality based on consent and respect, instead of respectability. Moving beyond identity politics makes this more possible.

However, what this stratification does not describe is the way that those who do conform, or fit into the socially approved categories of sex, may also lose out. For example, married women may be vulnerable to marital rape which remains unrecognized in many countries. Unemployed married men may feel as if they have failed as men in contexts where they are expected to be the breadwinner. The concept of sexual rights allows us to look beyond categories of socially approved and socially marginalised, to consider how rights for all can be sought.
This section has looked at why sexual rights are a promising approach to build on. The following sections present current agreements and disagreements around sexual rights, starting with United Nations debates and decisions relating to sexuality, in the 1990s and beyond.
4. The United Nations on sexual rights – the 1990s and beyond

The United Nations first applied international rights frameworks to sexuality with the Convention on Elimination of All Forms of Discrimination Against Women (CEDAW) in 1979, which specifies the right to reproductive choice, and calls for minimum age for marriage, and suppression of ‘traffic in women and exploitation of prostitution of women’. Over a decade later, the landmark agreements in Vienna, Cairo and Beijing followed. These are outlined below. There have also been several other UN initiatives in the areas of sexual violence, LGBT rights, and health, also described in this section.

4.1 World Conference on Human Rights, Vienna 1993

The first international instrument of human rights to make an explicit reference to sexuality is the 1993 Vienna Declaration and Programme of Action adopted by consensus at the World Conference on Human Rights in Vienna. Due to the intensive lobbying efforts of a global group of feminist activists, the Vienna Declaration included a call on states ‘to eliminate gender based violence and all forms of sexual harassment and exploitation’ (par. 18), including trafficking in women, rape as a weapon of war, sexual slavery, and forced pregnancy (par. 38). (The Vienna Declaration can be found at http://www.unhchr.ch/huridocda/huridoca.nsf/(Symbol)/A.CONF.157.23.En?OpenDocument.)

4.2 International Conference on Population and Development, Cairo 1994

A year later, the notion of ‘sexual rights’ first appeared on the international agenda, during preparations for the 1994 United Nations International Conference on Population and Development (ICPD) held in Cairo. Put forward by advocates from the international women’s health movement, the term was not ultimately incorporated into the final consensus document of the conference, the ICPD Programme of Action (PoA). Reaching a consensus on the term ‘reproductive rights’ proved challenging enough, and ‘sexual rights’ provoked even greater controversy. However, the document did include several important points on sexuality and gender.

The ICPD PoA recognises the interconnections between gender and sexuality: ‘Human sexuality and gender relations are closely interrelated and together affect the ability of men and women to achieve and maintain sexual health and manage their reproductive lives’. It recognises that gender-based sexual violence, and efforts to control women’s sexuality, impact on both women’s health and their status within society (ICPD PoA).

Another major step forward was the mention for the first time that not only are safety, health and equality relevant to sexuality, but that sex can be satisfying: ‘Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity... Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so... It also includes sexual health, the purpose of which is the enhancement of life and personal relations...’ (ICPD PoA par. 7.2).
The PoA also stipulates that young people have rights to information, education and services to safeguard their sexual and reproductive health, providing adolescents with the right to sexuality education and contraception (ICPD PoA, par. 7.45). (The ICPD PoA can be found at http://www.unfpa.org/icpd/summary.htm.)

4.3 Fourth World Conference on Women, Beijing 1995

The following year, sexual rights once again became a topic of major debate at the Fourth World Conference on Women held in Beijing in 1995, where an alliance of conservative Muslim and Catholic delegations strongly objected to the term. Sexuality – especially sexual orientation, women’s control of their bodies and abortion – was the most controversial issue at the Beijing conference. Contrary to assertions in the press and by opposition delegations, the bulk of the progress on sexual rights came not from Northern feminists, but from women of the South (Dunlop, Kyte and MacDonald 1996). As a result, despite the fierce opposition, the following paragraph 96 was finally included in the Beijing Platform for Action.

Beijing Platform for Action, Paragraph 96

The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence. Equal relationships between women and men in matters of sexual relations and reproduction, including full respect for the integrity of the person, require mutual respect, consent and shared responsibility for sexual behaviour and its consequences.

The existence of strong national women’s movements and their effective lobbying of official delegations played a critical role in changing attitudes of particular states, with ongoing effects. For example, at the Beijing+5 Conference in 2000, as a result of the powerful and effective pressure of women’s groups, Turkey, a predominantly Muslim country, became a proponent of sexual rights for the first time and played a key role in the inclusion of marital rape, honour crimes and forced marriages in the outcome document. This was the first time honour crimes and forced marriages were addressed in an international consensus document (Girard 2000). (The Beijing Platform for Action can be found at http://www.un.org/womenwatch/daw/beijing/platform/index.html.)

4.4 Other UN action

After the milestones of Vienna, Cairo and Beijing, mobilisation for sexual rights continued, but conservatism also gained strength. The Vatican and conservative Muslim and Catholic states, backed by some other African and Latin American countries, have continued to oppose inclusion of diverse sexual rights in UN documents. Since 2000, several UN events have witnessed ferocious battles over issues of sexual rights, adolescent sexuality, sexuality education, abortion, sex workers and sexual orientation, including the Beijing+5 conference in 2000, the UN General Assembly Special Session on HIV/AIDS in 2001, the UN Special Session on Children in 2002, the Fifth Asian and Pacific Population Conference in 2002, the 59th and 60th Sessions of the UN Human Rights Commission held in 2003 and 2004, the ten-year review and appraisal of the Beijing Platform for Action by the 49th Session of
the UN Commission on the Status of Women (CSW) held in March 2005, and the UN General Assembly Special Session on HIV/AIDS in 2006.

Nevertheless, issues related to sexuality and human rights have also been addressed by other UN treaty bodies and UN Special Rapporteurs as outlined below.

4.4.1 Sexual violence and beyond

The UN International Criminal Tribunal for Rwanda made a landmark decision in 1998. It was the first international court to condemn sexual violence in a civil war and to find rape to be an act of genocide aimed at destroying a population group, thus qualifying rape as a crime in international law.

The former UN Special Rapporteur on Violence against Women, Radhika Coomaraswamy from Sri Lanka, has made a thorough analysis of the link between control of female sexuality and violence against women, leading to a pioneering affirmation of women’s right to sexual autonomy. As she points out, ‘in recognizing women’s sexual and reproductive autonomy rather than protecting women’s sexual purity, one can tackle the roots of gender-based violence. The articulation of sexual rights constitutes the final frontier for the women’s movement’ (Coomaraswamy 2003: 17-18). Her successor, Yakin Erturk from Turkey, the current UN Special Rapporteur on Violence against Women, has further investigated the intersections between women’s sexuality and violence against women in her report to the UN Human Rights Commission in 2004 (United Nations Economic and Social Council (ECOSOC) 2004).

4.4.2 Lesbian, gay, bisexual and transgender

The 1994 decision of the UN Human Rights Committee on Toonen vs. Australia found the prohibition of same-sex sexual relations to be in breach of the right to privacy. In this case, the Committee found a violation of the International Covenant on Civil and Political Rights (ICCPR)’s privacy provisions (Art. 17), because the prohibition of discrimination on grounds of ‘sex’ was understood to include ‘sexual orientation’ (Report of the Human Rights Committee, CCPR/C/50/D/488/1992 April 1994). In addition, the UN Committee on Economic, Social, and Cultural Rights (ESCOR) has issued a General Comment that states that the Covenant proscribes discrimination on the grounds of sexual orientation (ESCOR 2003).

The former UN Special Rapporteur on Extrajudicial, Arbitrary and Summary Executions, Asma Jahangir from Pakistan, was the first UN rapporteur to include individual cases of human rights violations of sexual minorities in her reports to the UN Human Rights Commission. She has condemned state-sponsored and state-tolerated killings of sexual minorities, threats against defenders of the right to sexual orientation, and the application of the death penalty for consensual sexual relations (UN ECOSOC 2001).

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* The body of independent experts that monitors implementation of the International Covenant on Civil and Political Rights by its State parties
The former *UN Special Rapporteur on Torture*, Theo van Boven, has considered patterns of torture against sexual minorities, including sexual violence, the infliction of cruel, inhuman and degrading punishments for consensual same-sex relationships or transgender behaviour, as well as ill treatment in prisons, state medical institutions, and the armed forces (2001).

In April 2003, the Brazilian delegation introduced a resolution condemning discrimination on the basis of sexual orientation to the *United Nations Commission on Human Rights* (CHR). Conservative Muslim and Christian states, including the Vatican, were united in opposition. Mexico and Costa Rica, which initially stood in favour, eventually bowed to pressure from the Vatican to oppose the resolution (Lee 2003). The Organization of the Islamic Conference (OIC) states issued a letter to all delegates urging them to vote against the resolution, claiming it was ‘a direct insult to the 1.2 billion Muslims in the world’ (Sanders 2003: 30). The United States planned to abstain on the resolution.

Support for the resolution came from Japan and the European Union, along with a diverse array of many Latin American and Central and Eastern European countries. After much debate the CHR voted to postpone further discussion on the resolution to the 2004 Commission session. At the 2004 session, it was decided again to defer consideration of the resolution. Although deferred, the resolution galvanised significant global mobilisation by both supporters and opponents, and marked a new visibility for this issue in international fora. In 2006, the CHR has been replaced by the *Human Rights Council*. Intensive lobbying and discussion around LGBT rights continues at the newly established *Human Rights Council* (International Gay and Lesbian Human Rights Coalition (IGLHRC) 2005).

### 4.4.3 Health and sexuality

The current *UN Special Rapporteur on the Right to Health*, Paul Hunt, has included a particular focus on sexual and reproductive health, with special attention to issues of sexual orientation and health and a call for greater attention to sexual rights in his report to the *UN Human Rights Committee* in 2004 (UN Economic and Social Council Special Rapporteur on the Right to Health).

This chapter has looked at the landmark achievements around sexual rights in the UN in the 1990s, and the continued work in the UN today. The following chapter moves on to consider the challenges for working on sexual rights in the current political context.
5. Sexual rights and the current political context

The current political landscape sees right-wing Christian revivals in Africa and the United States and the rise of new religious right movements in the Middle East and Southeast Asia. Tensions have increased between the West and the Muslim world following the terrorist attacks of 9/11 and the subsequent invasion of Iraq. And conflicts continue in Iraq, Darfur and elsewhere. This all signals a more hostile climate for struggles for sexual rights and gender equality.

The problem is not just that institutions with conservative values around gender and sexuality are gaining strength. It is also that ideologies around sexuality become a tool to further political power. Examples are given in this chapter, such as the use of sexual violence as a weapon of war, while the US administration uses arguments about ‘saving women from sexual exploitation’ to justify the invasion of Afghanistan.

5.1 Sexual violence as a weapon of war

Much sexual violence is inflicted in contemporary conflicts such as in Iraq, Sudan, Sierra Leone, and the Congo. Due to lobbying efforts by women’s organisations, the Rome Statute of the International Criminal Court now recognises and prosecutes sexual violence as war crimes. According to the statute, these crimes include ‘rape, sexual slavery, enforced prostitution, forced pregnancy, enforced sterilisation, other forms of grave sexual violence, and persecution on account of gender’ (Human Rights Watch 2002).

Chapter two of this report explains how the value placed on women’s chastity is used to justify control of women’s mobility and freedom. Likewise, the value placed on women’s chastity makes sexual violence powerful as a weapon of war. Sexual violence not only traumatises women, it also shames them and their men precisely because women’s chastity is valued, and women’s bodies are seen as belonging not to themselves, but are instead repositories of honour for men and the community or nation. ‘Sexual violation of women erodes the fabric of a community in a way that few weapons can… The harm inflicted on a woman by a rapist is an attack on her family and culture, as in many societies women are viewed as repositories of a community’s cultural and spiritual values’ (UNICEF 1996).

Men are also targets of sexual violence in conflict, although probably not as frequently as women. With Abu Ghraib sexual humiliation and torture of Iraqi men by American women and men suddenly became visible the world over as the photographs made front-page news, including photos of men being forced to simulate sexual interactions with each other. This was partly a strategy of war, designed to spread far and wide the images of what US ‘intelligence’ had identified as particularly humiliating images in terms of Muslim cultural phobias, and in terms of the views of the US Christian right itself: presenting men as less than men, or as ‘homosexualised’ (Petchesky 2005). Such images could indeed be effective in undermining national pride for those people who see homosexuality as horrifying to their culture, as discussed in the following section.
5.2 Sexual rights – not our culture!

In many countries, forces opposed to universal rights standards have found their strongest stance is to declare themselves defenders of ‘authentic’ (though often invented) cultural tradition. ‘Culture talk’ increasingly opposes itself to ‘rights talk’ … Sexuality has turned into a key battleground in the conflict. The ‘cultural’ argument against sexual rights sees itself as striking the exposed flank of rights protections.

(Long 2005)

The rise of religious right movements in Muslim societies in the last two decades has led to the revival and importation of particular customs to places where they were previously unheard of. For instance, female genital mutilation (FGM), prevalent before Islam in various African communities, including Christian and Jewish communities, and not even mentioned in the Quran, was previously unknown to much of the Muslim world. Yet, in Egypt for example, despite the intensive efforts of the feminist movement to eradicate the practice and raise awareness that the practice has no basis in Islam, conservative Islamist groups continue to promote FGM.

Although, such ‘traditions’ as FGM may be new, imported or revived, appealing to the national tradition or culture is a popular way to oppose human rights around gender and sexuality. There are many more examples of this happening. In Poland abortion had been legal under the socialist state. However, after the transition following the fall of the Berlin wall, it was made illegal in 1993, justified as being in line with ‘Christian traditional values’, by a government eager to gain popularity with the largely Catholic electorate.

In 2004, the last-minute attempt of the conservative ruling party in Turkey to re-criminalise adultery weeks before the accession to the European Union (EU) triggered the biggest crisis between the EU and Turkey since the start of the accession talks. Even the Women’s Minister defended criminalising adultery, stating: ‘We cannot give up our own values just because we want to join the EU. Adultery is not considered a crime in many countries of the world. But just because this is the case, we cannot just accept it. We have to respect the values of the Turkish society’ (Ilkkaracan, 2007: 2). Accusations were made in the media that Women for Women’s Human Rights (WWHR) and other women’s organisations, who were campaigning for reform of the penal code from a sexual rights perspective, and opposed the criminalisation of adultery, were making demands that were ‘alien’ to Turkish society. Eventually, however, adultery was not criminalised, and WWHR and the women’s platform were successful in their campaign.

In the last couple of decades in various Southern countries and regions, charges have been made that homosexuality is a ‘Western’ practice, ‘imported’ from the West, and that threatens to undermine the social and moral order. There is extensive evidence of sexual relations between people of the same sex, and of transgender cultures, throughout the South, although indeed the way these practices and cultures are labelled and understood varies from place to place and may well differ from Western LGBT identities and cultures (Tamale 2003; Morgan and Wieringa 2004). Ironically, centuries ago, claims were made in the West that homosexuality was an Oriental or Muslim vice (Sanders 2005). Furthermore, some transgender populations may have had greater recognition and acceptance before
Western colonial invasions than after (see Campuzano’s article in the In Brief newsletter accompanying this report.)

President Mugabe of Zimbabwe hit the headlines in 1995 when he denounced gay men and lesbians as ‘sexual perverts’ who are ‘lower than dogs and pigs’, and charged that homosexuality was unnatural and un-African, saying that it was an alien culture only practised by a ‘few whites’ in his country. In January 2003, Yoweri Museveni, President of Uganda, called on the Ugandan police to arrest all homosexuals or anyone indulging in unnatural sexual practices. He also denounced homosexuality as un-African. Sam Nujoma, while still President of Namibia in 2003, also told a press conference of international journalists that homosexuality was a ‘borrowed sub-culture, alien to Africa and Africans’ (Rukweza 2006).

Such statements can make the lives of LGBT Africans difficult and dangerous. Nevertheless, LGBT people are organising throughout Africa (see chapter six of the SRC). In South Africa, lesbian and gay organising and their common struggle with the anti-apartheid movement led the post-apartheid government to become the first in the world to include protection against discrimination on grounds of sexual orientation in the constitution in 1994. At a conference on Sexual Health and Rights in Nairobi in June 2006 openly lesbian and gay Africans presented a panel in what was described as a ‘first’ for a pan-African international meeting. The conference newsletter headlined the panel ‘The big question – is homosexuality un-African?’ and reported Fikile Vilakazi from the Coalition of African Lesbians explaining that ‘Lesbianism is as old as African history’.

5.3 The US neo-conservatives and sexual rights

Since 2001, advocates for sexual rights have faced an increasingly hostile global environment. Sexual and reproductive rights have long attracted fundamentalist ire around the world, and in recent years, this challenge has been compounded by a U.S. administration that is hostile toward women’s sexual and reproductive rights and determined to overturn previous agreements made at international conferences.

(International Women’s Health Coalition (IWHC) 2004)

The previous section tells how sexual rights are sometimes condemned as Western. Ironically however, the US administration, in association with the US Christian right, is in fact generally opposing rather than supporting sexual rights, both in development programming and in international policy fora.

New conditionalities have been added to US HIV/AIDS funding by the Bush administration. To receive funding, organisations now have to comply with the following requirements:

• ABC strategies (Abstain, Be faithful, use Condoms) with 33 per cent of prevention funds having to be spent on promotion of abstinence until marriage

• A loyalty oath condemning prostitution

\[5\] Although ruled in violation of the US First Amendment guaranteeing freedom of speech, non-US organisations are still required to sign this oath
• The ‘Global Gag Rule’ (organisations providing abortion services or even providing information about abortion services cannot receive funding)

• Rejection of harm-reduction strategies for drug users

The ABC approach to AIDS prevention advocates abstinence until marriage, monogamy with spouse, and condoms only for ‘high-risk groups’ unable to manage A or B, such as sex workers, drug abusers, and men who have sex with men, or people who are already HIV positive (Gill 2004). The approach assumes that sexuality should ideally be expressed only in a monogamous heterosexual marriage, ignoring the diversity in forms of relationships which people may choose and even enjoy, in different parts of the world (as well as in the United States).

ABC has also meant a shift in condom availability and distribution in practice, due to US pressure and selective funding. In Uganda, US polices have resulted in a continuing shortage of condoms due to restriction of condom procurement under the President’s Emergency Plan for AIDS Relief (PEPFAR) to the numbers needed only for high-risk populations. This has been publicly criticized by Stephen Lewis, the UN Secretary General’s Special Envoy for HIV/AIDS in Africa (Vasagar and Borger 2005).

An alternative to ABC

The African Network of Religious Leaders living with or personally affected by HIV and AIDS, dissatisfied with ABC, developed a new model for a comprehensive HIV response, called SAVE. Christian AID in 2006 decided to adopt SAVE as the basis for a comprehensive approach to HIV.

- Safer practices including condoms, sterile needles and syringes, and safe blood transfusion
- Available medications – Antiretroviral (ARV) therapy and treatment for HIV associated infections
- Voluntary counselling and testing
- Empowerment through education, to counter inaccurate information, ignorance and stigma

(Adapted from http://www.christian-aid.org.uk/news/media/pressrel/060321p.htm.)

The Bush administration treats voluntary sex work as part of ‘trafficking in women’, claiming that all sex work is trafficked or forced. They ignore the extensive evidence that many sex workers voluntarily sell sex, including some migrant sex workers (Doezema 1998 and 2001; Gucur and Ilkkaracan 2002; Hughes 2000; Murray 1998; Pettman 1996; Wijers 1998), as well the demands of the sex workers organising for their rights. Similar to the rhetoric around the United States saving women in Afghanistan and Iraq, the United States poses itself as ‘saviour of women from sexual exploitation’.

While some women are indeed trafficked or forced into prostitution, US anti-trafficking policies make it more difficult to support them constructively, by increasing stigma around sex work, and making it more difficult to listen to the demands of sex workers themselves.

There has been much opposition to US policies on sexuality both internationally and from within the United States (see the Center for Health and Gender Equity (CHANGE) featured in chapter six of the SRC). In May 2005, Brazil turned down $40 million in US assistance on HIV/AIDS, rather than sign a statement condemning prostitution. Brazil stated this is an ethical issue and they ‘have to reach every
segment of society, with no discrimination. Besides, no country is supposed to decide what another country must do’ (Kaplan 2005).

US attempts to get agreement on its abortion and sex work policies were defeated during the ten-year review of the Beijing Conference at the UN Commission on the Status of Women in 2005. However, the efforts of many of the 2,600 NGO representatives and 800 official delegates from more than 80 countries to advance the Beijing Platform of Action were taken up with holding back the US policies. No space was left for the original agenda of undertaking an effective evaluation of the Beijing Platform for Action, and urging governments to do more to achieve global equality for women and girls.

While this chapter has described much religious opposition to sexual rights, religion does not have to be conservative. Work is being done to reclaim more progressive notions of gender and sexuality from within religious institutions and contexts. Feminist theologians have undertaken progressive interpretations of religious texts. Religious organisations have sometimes mobilised around issues such as LGBT or abortion rights. Some examples are featured in the SRC.
6. Sexual rights – new thinking

...We must move beyond solely defensive tactics and develop holistic, coherent strategies so that we can push on to realise the full promise of...sexual rights.

(Sheill 2006)

Chapter four looked at debates and agreements related to sexuality in different United Nations fora, and outlined the mobilisation and lobbying both for and against these agreements. The landmark agreements were made in the 1990s, and, as described in chapter five, the current political climate is in some ways more hostile to gender and sexual rights today. However, there is new and innovative thinking and action on how to advance sexual rights. This section will describe these newer directions.

6.1 Sexual rights for minorities and majorities too

Sexual rights are not...the property of a minority. They are everyone’s birthright and everyone's concern. The man who faces arrest and torture in Egypt because he fell in love with a man; the lesbian in South Africa whose family believes that rape will “cure” her; the transgender woman in the United States harassed and brutalized on the street—these people share, despite their differences of geography and detail, a common cause with the woman confronting a sentence of death for adultery in Nigeria; with the mother ostracized and shunned by her village community in Jamaica because she contracted HIV/AIDS from a sexual partner; and with the woman in Pakistan whose parents can take her life with impunity, because her behaviour supposedly strikes at the family’s “honour”.

(Long, Human Rights Watch 2004)

As explained in chapter two, LGBT organisations played an important role in stimulating the sexual rights movement. Yet the sexual rights framework can go beyond particular identities and is broadly considered relevant to people with all sexual orientations and gender identities. As suggested in the quote above, sexual ‘majorities’, such as married women, may suffer under the same gender constraints as LGBT people.

The Coalition for Sexual and Bodily Rights in Muslim Societies, consisting of a group of NGOs and academics, including representatives of the LGBT, women’s and human rights organisations from the Middle East, North Africa and South and Southeast Asia met together in Beirut in December 2005. The aim was to develop a common understanding of sexual rights within the coalition. The participants called for ‘inclusive approaches to sexualities’, underlining the importance of the right to all non-conforming sexualities.
Inclusive Approaches to Sexualities: Excerpts from the Report of the Meeting of the Coalition for Sexual and Bodily Rights in Muslim Societies

In particular considering the national contexts in the Middle East and South/Southeast Asia, where sexuality per se and sexual rights are repeatedly being oppressed and manipulated with ever rising conservatism, nationalism and militarism, a single faceted or fragmented approach to sexual rights ... may be even detrimental to advocacy efforts around sexual rights and freedoms. Thus, adopting an inclusive approach to sexualities ... forming fruitful alliances rather than reinforcing divisions are ... more useful choices. The right to non-conforming sexualities should include all sexualities which fall outside the heteronormative, patriarchal social constructs of “expected or accepted” sexual behaviour. In this respect, in addition to ... LGBTIQ, the term also refers to women, and in some instances men, who choose to live outside the norms of a heteronormative patriarchal society, e.g. women who choose not to get married, women with multiple partners, women who express their sexual desires openly, young women who experience their sexuality different than what is already defined by their families and society etc.

(ercovik-Amado 2006)

If sexual rights are for everyone, then what about those who do conform to the norms around heterosexuality and gender? What would the sexual rights be of heterosexual men who conform to norms of masculinity? They still need the right to be free from coercion and violence. Even men who do conform to stereotype may suffer sexual violence, as shown by figures on non-consensual heterosexual experience reported by boys and men. A review of studies from 20 countries showed rates of childhood sexual abuse for boys at about one-third of levels for girls (cited in Greig 2006). Furthermore, gender socialisation may inhibit men’s ability to experience joy, dignity, autonomy and safety in their sexual lives. For example, gender socialisation dictates that men should be confident and take control in sexual relations, leaving no space for admission of the anxieties that many feel, and making it more difficult for them to admit ignorance and seek information on safer sex to protect themselves and their partners. So rights to explore their desires free from the constraints of gender norms are also relevant to these men.

6.2 Sexual rights go beyond freedom from violence

We never used to be able to talk about sexual violence, now it’s all we can talk about.

(Allie Miller, at the Association for Women’s Rights in Development (AWID) forum 2005)

Breaking the silence and mobilising action to prevent sexual violence was a major achievement of the women’s movement. Concerted lobbying in the 1980s and 90s succeeded in bringing about the UN agreements in this area, as outlined in chapter four. Yet tragically, sexual violence continues in the home, the street, and in war, against women, men and transgender. See for example, US and UK soldiers’ sexual torture and humiliation of male and female Iraqis, and recent assaults of women in Darfur. Unsurprisingly, discussion of sexual rights in the women’s movement internationally and in gender and development has given significant attention to sexual violence against women.

Nevertheless, there have been calls to move beyond the emphasis on violence and suffering in relation to women’s sexuality, not to abandon the fight against violence, but to recognise also the possibilities for sexual pleasure and fulfilment, particularly for women (Kapur 2005; Miller 2004; Petchesky 2000; Jolly and Cornwall 2004). Failure to do so keeps us from going beyond a ‘victim
approach’ which portrays women, particularly women in developing countries, as always victims without the possibility to bring about change. This portrayal is both inaccurate and discouraging – and thus may actually undermine the efforts to combat sexual violence.

Such victim approaches may also obstruct us from asking for more than an end to coercion and violence, from demanding not only the right to say ‘no’, but also our rights to say ‘yes’ to and ask for the pleasures that we might desire. Such approaches can also be co-opted by right-wing lobbies which seek to protect women’s chastity. The Hindu right in India has undermined the effectiveness of the Indian women’s movement by co-opting initiatives against sexual violence for their own purposes of celebrating the purity of Indian woman (Kapur 2005).

6.3 Sexuality is more than a health issue

Too many population and health policies continue to reflect and reproduce traditional gender and family relations and constructions of sexuality, rather than transforming them. For example, many government—as well as service providing NGOs—have merely repackaged their traditional family planning and maternal health programs under a different name without changing the underlying approach or linking services to broader concerns for gender equity or social justice …

(Yamin 2005: 3)

In gender and development, in many national policies, and in content of sex education programmes, sexuality is dealt with either in relation to violence and abuse, or it is treated as a health issue to do with sexually transmitted infections (STIs) and HIV/AIDS, or reproductive and maternal health. The approach is often limited and negative – focusing on disease and population control, and treating women as victims of promiscuous husbands, or worse as promiscuous and morally lax themselves. What is not taken into account is broader well-being and the positive psychosocial effects of having possibilities to pursue a sexual life free from coercion, guilt and worry, and which brings some pleasure or satisfaction.

It is now widely recognised that HIV/AIDS is more than a health issue, and that solutions to the epidemic lie in combating stigma, tackling gender inequality, and supporting human rights, as well as in developing drugs and improving health services (UN General Assembly 60/262, Political Declaration on HIV/AIDS, 15 June 2006, http://data.unaids.org/pub/Report/2006/20060615_HLM_PoliticalDeclaration_ARES60262_en.pdf). A similar realisation is needed in relation to sexuality.

6.4 Sexual rights include positive rights and pleasure

Wanted sex, good sex and right to enjoy sex is not something that is covered in many intervention programmes. All I can say is that sexual reproductive health activities concentrate on ABC and family planning, in other words, more of the shock tactics type of education. How do we expect young women to understand the importance of consensual sex and negotiating skills if education is only limited to prevention of pregnancy, STIs, and sex being a no go area in many societies?

(Namibian participant, Young Women’s Dialogue, in International Community of Women Living with HIV/AIDS 2004)
In sum, what is needed is not only freedom from violence, coercion and ill-health, but also positive rights to seek the kinds of sexual relations or pleasures we may desire (Corrêa 1997; Miller 1999, 2001; WAS1999; IlkKaracan and Seral 2000; Petchesky 2000; Corrêa and Parker 2004). The World Association for Sexual Health (WAS) recognised the right to sexual pleasure as a basic component of sexual rights at its World Congress in 1999 (WAS 1999).

Celebrating or opening possibilities for pleasure can be empowering and affirming, especially for those who have hitherto been discouraged from enjoying their sexuality (particularly many women, people living with HIV/AIDS, people with disabilities, and LGBT people). Promoting the pleasures of safer sex can also help prevent transmission of STIs and increase possibilities for happy sex lives for people living with HIV/AIDS.

There is now some discussion of sexual pleasure as a women’s human right, to counter the expectation some women are brought up with that sex is a marital duty rather than a source of pleasure – such as in the trainings by Women for Women’s Human Rights in Turkey featured in the following chapter. Various Muslim scholars are involved in an effort to reclaim women’s right to sexual pleasure within marriage, which is recognized in the Quran (Boudhiba 1998; Shaikh 2003). The sexual pleasures of lesbians and gay men in homophobic (African) societies have been argued to be of political importance in that they challenge the pressures from those who believe these people either do not exist or should suffer (Reddy 2005). Initiatives to promote the rights to pleasure and fulfilment are among the interventions featured in the following chapter, which looks at efforts to implement these newer directions in sexual rights. Further examples can be found in the SRC.
7. Putting the new thinking into practice

The previous chapter looked at new directions in sexual rights debates. This chapter will look at examples of action which link in with the new directions and attempt to put them into practice. These will include initiatives which:

- go beyond narrow health and violence approaches, to approach sexuality more holistically and take into account gender and other power dynamics
- go beyond negative approaches to support positive rights and pleasure, particularly for those for whom gender norms obstruct opportunities to seek pleasure and fulfilment
- take an inclusive approach to sexual rights open to all – women who may be denied their rights by gender inequality, transgender whose very existence may be ignored, and straight men who may be assumed not to need these rights as they already have it all
- build strength for inclusive sexual rights movements, through supporting alliances between minorities, as well as with majorities, and at the same time challenging the gender and other inequalities within and between these groups.

7.1 Women

While many women worldwide continue to be denied their sexual rights, there is at the same time a range of programmes and activism trying to tackle the obstacles. The first part of this chapter selects cases which attempt to get beyond narrow health and violence approaches to women’s sexuality and take more holistic rights-based approaches. The next part of the chapter looks at positive and affirming interventions aiming to empower women.

7.1.1 Beyond narrow health and violence perspectives – gender and rights approaches

As described in chapter one, sexuality and gender oppressions interconnect with devastating effects around HIV/AIDS. The United Nations Fund for Women (UNIFEM) has attempted to support women and challenge these dynamics by using CEDAW to introduce a broad gender- and rights-based approach to tackling HIV/AIDS. The Latin American and Caribbean Women’s Health Network (LACWHN) likewise promotes a gender- and rights-based approach in both governmental and non-governmental sectors through mobilisation, advocacy, information exchange and training. Jagori, an Indian NGO, took an approach to sexuality that started neither with violence nor health, but with the structure of marriage and the needs of those women both included in and excluded from this structure.

Using CEDAW to tackle HIV/AIDS

In 2002 UNIFEM published ‘Turning the Tide: CEDAW and the Gender Dimensions of the HIV/AIDS’. This manual applies CEDAW to different aspects of the pandemic, such as gender-based violence and sexual exploitation, access to health services, gender inequality and safer sex, issues of care and
care-giving, education, and discriminatory cultural practices and stereotypes. The implications are, for example, that governments should ensure that prevention education programmes are specifically designed to reach women and girls and that these programmes take into account the barriers to information that are created by stereotyped gender roles of both men and women. The guide has now been translated into Russian and Chinese, and used as part of training programmes to mobilise women’s and HIV/AIDS organisations to take a gendered approach to dealing with the epidemic. Other agencies, such as DFID China, have also used the guide to inform their programmes (Jolly with Wang 2003).

Women join forces for sexual and reproductive rights in Latin America

LACWHN is one of the oldest regional women’s networks working on sexual and reproductive rights in Latin America, founded in 1984 in Colombia by 60 women from 13 countries. Its mission includes the affirmation of women’s reproductive freedom and control over their own bodies; affirmation of women’s right to enjoy their sexuality freely and without being subjected to violence or coercion of any kind; defence of the separation of Church and State; and respect for and appreciation of diversity and opposition to all forms of discrimination based on sex, age, ethnicity/race, class or sexual orientation. In collaboration with other global, regional and national networks, LACWHN supports campaigns, such as for the decriminalisation of abortion and access to women’s health services. LACWHN also trains women in gender perspectives on health; formulates public policy favourable to women through dialogue with pertinent sectors of the government and the legislature; monitors the implementation of international agreements; and strengthens regional coordination and information exchange among networks, organisations and individuals who work in women’s health (adapted from LACWHN, http://www.reddesalud.org/english/sitio/002.htm).

Supporting those inside and outside marriage

In many contexts, everyone is expected to get married, and marriage can bring you social approval, a place where you are allowed to have sex, access to land or income or reproductive care, and possibly emotional connection and intimacy. Marriage can also be a place where rape goes unrecognised, domestic violence is allowed, resources are distributed unequally, and people are irritable rather than intimate.

Jagori had long focused on supporting women dealing with oppressions within marriage, such as domestic violence and dowry murders (murder of a woman by her husband’s family because they consider her dowry payment too low). However, Jagori members became increasingly aware of the challenges women faced if outside ‘the safety net of marriage’ – whether widowed, divorced or never married. In 1991, Jagori carried out an ‘action research project’ with single women in a Delhi slum. One of the outcomes was the creation of a single women’s collective in the area of Dakshinpuri, which has become stronger over the years and expanded to become a women’s collective, taking on cases of violence in the community, other disputes, cases of corruption against civic and municipal bodies, struggles for civic amenities, and so on. Various other programmatic activities and materials were produced out of the single women’s study including a book of profiles of single women in Hindi.
‘Kinaron par ugti pehchaan’ (The emergence of a marginalised identity). The issue was consequently raised independently in national-level women’s conferences (this case adapted from http://www.jagori.org and Living Feminisms, Jagori 2004).

7.1.2 Promoting positive rights and pleasure for women

<table>
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<tr>
<th>We want orgasms not sexual harassment!</th>
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(Slogan of the campaign against sexual harassment, Taiwan 1990s)

Sexuality-related programming still tends to focus on sex as a problem – to do with violence, STIs, HIV/AIDS, or as something needing to be controlled through family planning. However, initiatives are emerging which include both calls for women’s rights to be free from violence, and also for some positive rights to follow one’s own desires and seek one’s own pleasure. This section provides some diverse examples.

**Realising rights to bodily integrity and sexual pleasure in Turkey**

Since its inception in 1993, the Turkish national NGO Women for Women’s Human Rights (WWHR) has worked from the analysis that control of sexuality lies at the core of gender inequality, and that an affirmative approach to sexuality is essential for women’s empowerment.

Since 1993, WWHR has run training courses on human rights for women, including in the least developed and most conservative areas in Turkey. This four-month training aims to empower women in a broad sense. It includes three modules on sexuality and reproductive rights that talk about ‘sexual pleasure as a women’s human right’. These modules come in the 9th, 10th and 11th week after the women have already built up mutual trust and have had space to discuss sexual and other violence. The modules on sexual pleasure have proved to be the most popular! Over 5,000 women have been trained so far, and are now acting as educators on women’s issues in their communities (see chapter five of the SRC for more detail on the trainings).

Between 2001 and 2004, WWHR initiated a successful campaign for reform of the Turkish penal code from a gender perspective, which radically transformed the code from one that mainly aimed at regulation and control of women’s bodies and sexuality, to one that safeguards women’s and girls’ autonomy. Before the reforms, the penal code categorised sexual crimes as ‘crimes against society’ rather than ‘crimes against individuals’, the premise being that women’s bodies and sexuality are property of men, family or society. The term used for rape was *irza gecemek* (penetrating one’s honour). If a man who had raped or abducted a woman subsequently married his victim, honour was restored and charges dropped. Marital rape could not be criminalised, as sex within marriage did not violate honour. The criminal code also granted reductions in sentencing of up to seven-eighths to perpetrators of honour crimes. In contrast, all sexual intercourse with a person between 15 and 18 years, even if consensual, constituted a crime punishable by six months to three years imprisonment. And sexual harassment was not recognised.
WWHR was very clear that this code needed to be challenged comprehensively and replaced with a new framework affirming the bodily integrity of women and girls. The campaign resulted in over 30 amendments, which include criminalisation of marital rape and removal of provisions granting sentence reductions for honour killings (WWHR-NEW WAYS 2005). Rape is redefined as 'an attack on the inviolability of sexual integrity of a person'. Sexual harassment in the workplace, perpetrated both either superiors or co-workers, is explicitly recognised.

*Tackling female genital mutilation (FGM) through pleasure promotion in Kenya*

Despite its illegality, FGM remains widely practised in Kenya. In the Somali community, where the most serious form is practised (infibulation), 97 per cent of girls undergo FGM. In 2005, the Population Council in Kenya initiated a research project to understand the extent and rationale of the practice. In-depth interviews, focus group discussions and a structured questionnaire revealed that the Somali community perceives FGM as intimately related with controlling female sexual desires and ensuring family honour, believing it will preserve female virginity and monogamy in marriage, through decreasing female sexual desire before and during marriage, and increasing male sexual pleasure. Those interviewed often justified this practice in Islamic terms.

This study concludes that strategies for reducing this practice should challenge the equation of stitching and cutting with virginity, and also open discussions about sexuality which challenge norms around female desires and chastity. Education should draw on the clauses found in Islamic texts which justify equality of sexual pleasure in marriage. This study forms part of a larger WHO-sponsored research programme on connections between FGM and control of women’s sexuality (Sheikh 2006).

7.2 Men

*Men as allies and men’s sexual rights*

For every young man who recreates traditional and sometimes violent versions of manhood, there is another young man who lives in fear of this violence. For every young man who hits his female partner, there is a brother or son who cringes at the violence he witnesses men using against his sister or mother.

Contemporary gender roles mean men have some power over choices around sexuality made by women – about if, when and how to have sex, condom use and family planning, and the use of health care facilities. Spurred on by the recognition that men’s attitudes and behaviours are absolutely pivotal to the success of sexual and reproductive health programmes, many development agencies and NGOs have designed initiatives to encourage positive male involvement. One example is the HIV prevention project ‘Young Men as Equal Partners’ (http://www.rfsu.se/tanzania_zambia_ymep.asp) which works in Tanzania and Zambia to motivate young men to adopt healthy and responsible sexual behaviour. Teachers, Church leaders, medical staff and young leaders are all involved in encouraging young men to engage in HIV prevention and sexual and reproductive health-seeking behaviours,

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6 This section adapted from Esplen, E., 2006, Bibliography 15: Engaging men in gender equality: positive strategies and approaches, overview and annotated bibliography, BRIDGE
through activities such as peer education and counselling, gender awareness workshops, and drama performance. Current use of condoms among young men increased from 55 per cent to almost 78 per cent during the three-year project period.

As described in the previous chapter, the issue is not only men’s relations with women, as oppressors or allies, but also the sexual rights of men themselves, whatever their sexual orientation, and however far they do or do not conform to norms of masculinity. For programmes to be effective they need to give attention to men’s specific needs and vulnerabilities – both to support men themselves, and to enable constructive behaviour change in relation to their partners, whether male or female. There have been many efforts to make sexual and reproductive health services more ‘male-friendly’, by having male-only nights, separate entrances or waiting areas, hiring more male clinic staff, offering free condoms, and training staff to treat male patients with sensitivity (Boyd and Moore 1998, in Flood 2005).

The Mexican-based NGO, Salud y Genero (Health and Gender, http://www.saludygenero.org.mx/), goes beyond narrow health approaches, seeking to enable new ways of being a man or woman by highlighting the health consequences of rigid gender norms. Through workshops and awareness-raising activities, Salud y Genero seeks to facilitate men’s understanding of the relationship between traditional masculine behaviours – risk-taking, little or no involvement in childcare, denial of sickness, or vulnerability – and men’s shorter life expectancy, their failure to form intimate relationships with partners and children, and their inattention to their own mental, physical and reproductive health (Interagency Gender Working Group (IGWG) 2003). Workshops held by Salud y Genero use a number of exercises to deal with the problems that male socialisation pose for men’s health. One such exercise – ‘The Male Body’ – involves participants writing down what they associate with being a man. The idea that ‘men are strong’ is most prominent. Hats, belts, pistols, machetes, mobile phones and alcohol all tend to feature highly. References to emotions are rare – with the exception of ‘loneliness’. In eight years of working with men’s groups, the word ‘father’ has been suggested only eight times (ibid). Yet many men, after seeing the male image they have created, say: ‘But that’s not us’ (ibid).

Men are generally assumed to have greater access than women to the pleasures of life, sexual or other. However, the experiences of Salud y Genero described above illustrate men’s alienation from their own bodies and emotions, which can inhibit their enjoyment. The ‘Association of Men Against Violence’ formed in 2000 in Nicaragua not only works with men to tackle violence perpetrated by themselves or others, but also, through workshops, encourages men to discover the pleasures of tenderness, intimacy and equality in both sexual and non-sexual relations.

HIV/AIDS funding has meant more resources to support men who have sex with men (MSM), to enable communities to organise and gain the confidence needed to access information about and practise safer sex. Nevertheless, the majority of MSM worldwide still face stigma and discrimination, which make their lives more difficult and obstruct access to HIV/AIDS information and services. Many MSM are reluctant to go to hospital for treatment of STIs due to the hostile responses they receive from hospital staff. Others may be driven ‘underground’ as a result of the violence they suffer at the
hands of the police, pushing them away from services and information about sexual health and into secretive sexual relationships (Greig, in Cornwall and Jolly 2006).

The Gay Men’s Community Care Organisation in the city of Chengdu, China, has attempted to tackle such problems by training doctors in STI clinics in Chengdu to treat MSM with respect and understand their needs. They have also mobilised far more broadly. They are the first openly gay NGO to officially register in China, and in October 2005 they hosted a national conference on MSM and HIV/AIDS. Over 20 gay organisations from throughout the country participated, as well as the AIDS Association of Beijing, which is part of the Ministry of Health. The conference included one session on gender, the main theme of which was inequality between LGB women and men, with men having access to HIV/AIDS funding (due to their association with higher-risk behaviours such as anal sex), and lesbian organisations having almost no access to funds. Other issues discussed in gender training were how to encourage MSM with wives or other female partners to talk about and practise safer sex with women partners as well as with men.

7.3 Transgender

Many people do not fit neatly into the categories of ‘male’ and ‘female’—such as hijras in South Asia and travestis in Latin America. Travestis make up a significant and visible part of the population in Latin America. They are generally born with male bodies, grow up to dress and act feminine, sometimes go to great lengths to have surgery to build up more feminine bodies, usually have male lovers, although may also occasionally marry women and have women partners, and see their own gender identity as male or as travesti.

Hijras may be born intersex or male, portray themselves as feminine, live in kinship groups of other hijras rather than with people related to them by genetics or marriage, undergo surgery or not, see themselves as women, men or a third sex, usually but not necessarily have male lovers, and may also have women partners. It is estimated that there are between half and one million hijras in India (Bondyopadhay 2002).

There are many other examples elsewhere, such as tommy boys and lesbian men in Africa; ladyboys in Thailand; third spirit among native American Indians; the globalised identities of queer, trans, female-to-male transsexuals and male-to-female transsexuals; and intersex people born with genetics and bodies that combine elements of male and female. The existence of all these people shows that there is more to gender than ‘male’ and ‘female’.

Expanding the sex categories of male and female by adding ‘transgender’ helps towards a more inclusive approach. However, it also needs to be recognised that some people will fit into more than one category, and that some people’s gender identity will fall outside the ‘male/transgender/female’

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1 The term ‘men who have sex with men’ was created by people working in HIV/AIDS to describe men who have sexual relations with other men but do not necessarily identify as gay or bisexual. The term has provided a constructive way to address the issues without imposing a globalised/Western identity on people. However, it remains contested because it reduces relations to sex while ignoring emotions or love, it depoliticises gay culture/identity, and because it is sometimes used to describe transgender people who may not see themselves as men at all.
options. A recent Sida-sponsored study argues that the clear-cut divisions of gender into male/transgender/female are more of a Northern way of thinking (Samelius and Wagberg 2005). Gender identity may mean different things in different contexts.

To be genuinely inclusive, the whole system of categorising people by sex would have to be challenged, or a ‘gender pluralist’ approach adopted which recognises that there may be multiple and diverse gender identities, possibly with the majority clustered around ‘male’ and ‘female’ but with many variations around and between these (Monro 2005). IGLHRC Latin America has been actively promoting such an approach: ‘We no longer understand gender as male/female, but [instead] as a gender spectrum of personality manifestations, intersexuality, transvestites, and whatever other categories may develop in the future’ (Alexandra Sarda, IGLHRC, cited in The National Network of Autonomous Women’s Groups (NNAWG) et al: 9).

7.3.1 Rights to recognition and inclusion

In many contexts transgender people face extreme stigma and marginalisation. Many are organising for their rights. Activists in Peru have demonstrated against the violence and discrimination they face and organised a travelling exhibition to celebrate travesti history and contemporary life (see the In Brief newsletter that accompanies this report). In 2006, the first transgender association was founded in Africa.

The women’s movement has mixed responses to transgender – sometimes hostile, sometimes forging alliances. In Bangladesh, Naripokkho, a national women’s rights NGO admitted a hijra organisation into their network in recognition of the common struggle to challenge gender oppression (Huq 2006). While transgender people have been recognised as part of the ‘LGBT’ acronym, they are not always included in lesbian and gay organisations in practice.

‘Two is not enough for gender (e)quality’ Conference in Croatia

In 2005, four women’s and LGBTI NGOs in Central and Eastern Europe, DEVE (Serbia and Montenegro), Organization Q (Bosnia-Herzegovina), CESI (Croatia), and the Women’s Room (Croatia), organised a conference entitled ‘Two is not enough for gender (e)quality’ in Zagreb, Croatia. The aim was to promote dialogue between women’s, LGB and transgender/intersex movements to generate a better understanding of overlapping dimensions of gender oppression, violence and transphobia, as well as to redefine and clarify existing definitions of gender. Discussions combined concepts from feminist, transgender and gender perspectives in a search for more effective ways to further gender rights and freedoms, on the local level and internationally.
7.3.2 Sexuality issues

Currently, transgender people are likely to face particular challenges in living out their sexualities, for example how to negotiate their own sexual interactions in societies which refuse to recognise their gender identities, high levels of rape and sexual violence from police and others, discrimination by sexual health services, as well as the fact that in some areas, labour market discrimination means that sex work is virtually the only way to generate income (IGLHRC 2001, Monro 2005).

Transgender sex workers organise

The Asia Pacific Network of Sex Workers (APNSW) was formed in 1994 by members of some of Asia’s first organisations to work on health and human rights with sex workers: Empower Thailand, Sweetly Japan, Pink Triangle Malaysia, the Scarlet Alliance Australia and Sonagachi from India. The APNSW has advocated on several high-profile issues in recent years including bringing about review and subsequent rethinking and refinement of ‘100 per cent condoms’ programmes and challenging unethical drug trials with sex worker subjects. Recently, the APNSW has formed a network of transgender activists that will monitor and take action on transgender health and human rights issues. One demand is for transgender people to be able to self-determine, rather than be labelled as men within the MSM framework.

7.4 Forging alliances for change

As illustrated above, sexual rights concern us all – women, men and transgender – and we all lose out from norms around gender and sexuality in different ways. All people need sexual rights, including those who may not have been considered to need such rights, either because it is assumed they do not or should not have sex (unmarried women, young, old, disabled or HIV-positive people) or because they are assumed already to have it all (straight men). The promise of the sexual rights framework is to get beyond identity politics and allow divergent groups to come together to challenge sexuality and gender hierarchies, as described in chapter three. Some of the most powerful examples of action are those which deal with sexuality in an integrated manner and bring together diverse groups in common alliances for change. This section provides examples of these.

7.4.1 Regional Sexuality Resource Centres

In 2002, the Ford Foundation sponsored the establishment of three sexuality resource centres, in Nigeria, Brazil and India, and a national centre in the United States. They facilitate innovative thinking and action on sexuality through workshops, trainings, online discussions and publications. They bring together scholars and activists working on a wide range of issues, including FGM, early marriage, safer sex, HIV/AIDS, LGBT, women’s rights, masculinities, positive rights and pleasure. By supporting such exchanges they enable people to look beyond their own issue and see the interconnections with other themes and with norms around gender and sexuality, and see where forging a common movement around sexual rights could build strength. A European centre has since also been established.
7.4.2 Promoting solidarity between HIV/AIDS ‘key populations’

Being associated with HIV/AIDS can bring huge stigma, driving underground those groups considered at higher risk, such as sex workers, drug users, and MSM. This makes it harder for them to access information on how to protect themselves and others, and to gain the confidence and power to practise safer behaviours. It can also mean that people who know they are HIV-positive face stress and hostility, making their lives more difficult, and discouraging them from being open or adopting safer behaviours which will betray their HIV status.

In 2004, the International HIV/AIDS Alliance ran joint trainings in China for peer educators from different ‘key populations’ – people living with HIV/AIDS, sex workers, MSM, and drug users. Instead of separating people out into supposedly clear-cut and distinct identity groups, they brought these different groups together to tackle mutual stigma and promote solidarity in face of general prejudice against ‘high-risk groups’. This also allowed people with intersecting practices – such as lesbian sex workers, or people who had contracted HIV/AIDS from buying or selling sex, to be able to talk about different aspects of their lives at the same time.

7.4.3 Sex workers and migrant women ally against trafficking

As described in chapter five, the Bush administration intentionally conflates sex work with trafficking. There is a connection between the two in that some people are trafficked for sex work. However, many sex workers are not trafficked, and many people are trafficked for other kinds of labour such as domestic work. People trafficked for whatever purpose may suffer horribly. However, the efforts and policies aiming to reduce trafficking do not necessarily help these people. The idea underlying much of the concern is that both sex workers and migrants are victims, and should not be here at all. Policies follow which continue to treat these groups as victims, rather than as people who may have the capacity to make their own decisions and whose opinions should be respected. Accusations of trafficking are used to justify deportation of migrants and denial of visas or entry into the country for young women.

Other approaches have been recommended to tackle the problem of trafficking, which avoid falling into these traps. These include, for example, mobilising around ‘migrant rights’ and ‘sex workers rights’ which would include challenging forced labour where this is occurring, but not assume that these
people are all victims (see discussions by the Global Alliance Against Traffic in Women, http://www.gaatw.net). The project described below, initiated by sex workers, represents an innovative and pragmatic approach to tackling the issue.

x: talk – cross: talk

A project of English classes for workers in the sex industry in London

x: talk – a network of sex workers, sex workers’ rights, and migrants’ rights activists are organising the development, co-ordination and delivery of free English classes for workers in the sex industry in London. The project has been endorsed by the International Union of Sex Workers (IUSW). This is a project to put into action our critiques on the "trafficking" politics as producing criminalisation, victimisation and exploitation of migrants and workers in the sex industry.

(x-talk Project Proposal 2006: 1)

Non-English-speaking sex workers in the UK generally have less leverage with managers, bosses and clients, and are less able to negotiate the same payment and conditions as English-speaking sex workers. Migrant sex workers with illegal immigration status may be particularly vulnerable, especially if they are in some kind of debt bondage relation with those who took them there. There is also anecdotal evidence that clients worried about buying sex from ‘trafficked’ women are tending to buy more from British sex workers, meaning migrant sex workers are left with the clients with less of a social conscience. Also, some sex workers say that the price for sex in London has fallen over the last two years, and this may be connected with migrants selling at cheaper rates.

The English classes due to start in early 2007 will include content based on sex working environments. They will attempt to support non-British sex workers to get a better deal for themselves (and possibly keep prices up), and to build solidarity between sex workers of different backgrounds and origins, reducing competition and racism in the workforce. Because the project is organised by sex workers themselves, they are likely to be able to reach more vulnerable migrant sex workers, providing them with support and language skills which make them better able to protect themselves.

As workers in the sex industry we are often … considered only passive victims, we are taught to be ashamed of our work. We are made invisible by discriminatory laws that illegialise our work and us. And we are spoken for and about but rarely are we allowed to speak for ourselves. As migrants even more so. Sometimes our voices are not heard even amongst each other because we don’t speak the same languages. We have plenty to communicate about – which is why we are involved in x:talk.

(Extract from x:talk leaflet 2006)

7.4.4 A dialogue between movements

Social justice movements do not always recognise the importance of gender and sexuality, and sexual rights and women’s rights movements do not necessarily recognise intersections with other issues. The ‘dialogue between movements’ hopes to break down such barriers and build understanding and solidarity in their place.

A part of their agenda was to bring about the inclusion of sexuality issues and sexual minorities by other social movements. Some organisations responded to their calls, such as in the ‘dialogues between movements’, also held at the forum, with representatives from international women’s, dalit/race, labour and LGBT organisations getting together to discuss commonalities and differences.

In the dialogue an LGBT spokesperson said that the LGBT movement had started out as a more middle-class organisation like the women’s movement, and a more male organisation like the labour movement, but was now working on becoming more inclusive. Spokespeople from dalit and landless workers’ organisations talked of the gradual overcoming of the resistance to discussing sexuality in their movements. Veronica Laurenco, from a black women’s organisation, asked why the LGBT movement was fighting for rights to same-sex marriage when her organisation was struggling against marriage as a patriarchal institution. And rising fundamentalisms were identified as a common challenge for all. This was the first in a series of ongoing dialogues to promote greater cooperation between social movements. Further dialogues were held in 2005 at the World Social Forum in Porto Alegre, Brazil, and at the AWID conference in Bangkok, Thailand (NNAWG et al 2005).

7.4.5 Disabled and able-bodied people of all sexual orientations party together for sexual rights

“How could you do it?” was a question which had many nuances and was put to me by many people during and after my pregnancy. The general practitioner wondered how I could have had intercourse in my “predicament” … you see, not only was it immoral to be an unmarried mother, it was doubly immoral to be an unmarried mother AND a severely disabled person …

(A disabled woman, Disabled Women’s Network (DAWN), Ontario)

People with disabilities, either physical or mental, are often expected not to be sexual, whether in India (Nisha 2004), Cote D’Ivoire (Zamblé 2006) or Canada, as suggested in the quotes above. And, due to prejudice, they may not often have the opportunities to do so. At the same time, disabled people, particularly women, are also vulnerable to various forms of sexual abuse in educational, employment and health-care centres, as well as in the family.

Outsiders, founded in 1978, is a UK-based organisation for people who feel isolated because of physical disabilities or social disabilities such as shyness, phobias or mental illness. Outsiders helps them gain confidence, make new friends and find partners. People of all sexual orientations are welcome. The person’s sexuality is acknowledged, and support is offered in seeking love or sex in a society where attractiveness usually depends on good looks and social status. People are supported in finding their own sexual preferences and gender identities including if these diverge from gender and sexuality norms. Gender equality, respect and consent are emphasised.

The organisation also runs a national sex and disability telephone hotline, has founded a self-led group for disabled women, and is now setting up an LGBT disability network. Outsiders is funded in part through donations and in part through proceeds from a huge charity sex party. The party, called ‘The Night of the Senses’, is held annually in London both to raise money for the organisation and to provide an opportunity for disabled people to be recognised as sexual and to have sex! It brings
together both able-bodied and disabled people, with diverse sexual orientations and preferences (http://www.outsiders.org.uk/).

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**I only have sex once a year, at the Night of the Senses**

(Outsiders member, a man with Asperger syndrome)

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**7.4.6 The Coalition for Sexual and Bodily Rights in Muslim Societies**

The Coalition for Sexual and Bodily Rights in Muslim Societies is a network of more than 60 NGOs and academics from the Middle East, North Africa and South and Southeast Asia involved in activism and advocacy for the promotion of sexual and bodily rights in Muslim societies. The network, founded in 2000, has brought together a broad range of people and organisations with diverse backgrounds and constituencies, including those working on women's rights, sexuality education, LGBT, HIV/AIDS, and sexual and reproductive health. It has been founded on the fundamental principle that all people, regardless of their gender, citizenship, class, age, religion, marital status, ethnic identity, sexual orientation, and mental and physical ability, have the right to bodily and sexual integrity and autonomy, and the right to freely decide on all matters concerning their sexuality and fertility.

The network has been influential in breaking the isolation of NGOs working on sexuality in various Muslim societies, encouraging the foundation of new organisations in this area, and increasing their visibility and legitimacy both in country and internationally (e.g. at UN level). It has also helped people make linkages between different sexuality issues, and develop more holistic perspectives on sexuality.
8. Reflections and recommendations

People have a right to pleasure, desire, sexuality, as well as a right not to experience these if they don’t want to.

(Henry Armas, Working Group for Participation, Peru, in Jolly 2006)

Sexuality is an important part of people’s lives. Many people suffer from sexual harassment or violence – many women, girls, boys, transgender, and some men. Many people, sometimes the same people, are denied the opportunities to seek the kind of sexual fulfilments or pleasures that they desire. Gender and other social expectations around sexuality mean that some people are not expected to be sexual, and may risk legal censure or violence if they are, for example young people, people with HIV/AIDS, people with disabilities, LGBT, and many women, such as unmarried women in places where sex is only expected to take place in marriage.

Even if people are happy with whatever sex they do have, or with not having sex, gendered norms around sexuality can damage their lives. Such norms can result in controlling women’s movement and freedom more generally, put demands on men to be macho in their sexual lives and beyond, and fail to provide any recognition for transgender. Obeying the rules can be a sacrifice; for example, if women are careful not to spoil their reputations, this might involve living a very limited life or accepting a marriage approved by family and friends which was not actually what they wanted. At the same time, breaking the rules can also involve paying a price. It can result in poverty, if women stay unmarried in a place where marriage is vital to economic and social survival. It can even cost you your life – whether through honour killing, queer-bashing or death through illegal abortion.

But it is not always so bleak. Sex and sexuality can be a source of joy, a bonding with someone you like, a way of affirming a happy marriage, a celebration of a gay relationship, a source of income for a sex worker, a means to produce a much wanted baby, a way to keep warm in winter or spice up a moment of boredom, or many other good things. Luck, emotional make-up and chemistry play a part in influencing how our sex lives go and what the repercussions for us are more broadly. But, as outlined above, sex and sexuality are also influenced in a large part by gender, race, class and other structures of oppression. This means there is work to be done to increase the possibilities for sexuality to bring greater well-being instead of poverty, marginalisation and even death. Development agencies, international institutions, governments, NGOs, the women’s movement, human rights activists, and others can play an important role here. Some recommendations are listed below as to how they can play such a role.
Recommendations

**Recognise the importance of sexuality**

- Recognise the importance of sexuality and sexual rights in people's lives. Recognise that sexuality is more than a health and violence issue. Identify the interconnections with well-being and ill-being, wealth and poverty, integration and marginalisation, and the significance of sexuality in political struggles.

**Take an inclusive, gendered and positive approach to sexuality**

- Recognise the links between different sexuality issues. Support integrated approaches to sexuality which challenge gender, race, class and other structures of power

- Build strength for inclusive sexual rights movements, through supporting alliances between different groups, and at the same time challenging the gender and other inequalities within and between these groups

- Take an inclusive and gendered approach to sexual rights open to all – women who may be denied their rights by gender inequality, transgender whose very existence may be ignored, and straight men who may be assumed not to need these rights as they are perceived to already have it all

- Go beyond rights to be free from violence, to support positive rights and rights to pleasure as well

- Draw inspiration from and connect with the exciting initiatives already happening!
References

All web links are current as of November 2006.


