

# Introduction

## Sexual Rights Policies across Countries and Cultures: Conceptual Frameworks and Minefields

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“Sex is always political,” and its politicization involves the continual attempt to draw boundaries between “good” and “bad” sex based on “hierarchies of sexual value” in religion, medicine, public policies, and popular culture. These hierarchies “function in much the same ways as do ideological systems of racism, ethnocentrism, and religious chauvinism. They rationalize the well-being of the sexually privileged and the adversity of the sexual rabble.” But in some historical periods, negotiations over sexual “goodness” and “badness” become “more sharply contested and more overtly politicized.”

These were the insights of U.S. feminist and sexual rights activist Gayle Rubin, in an article written more than two decades ago.<sup>1</sup> But clearly the ethical and political conflicts Rubin warned us about, far from being resolved, are more prevalent today than ever — on a global scale. The revival of religious extremisms of all kinds, the “war on terror” with its rationalization of unrelenting militarism and torture, the shadow of U.S. military hegemony, and an atmosphere of unbridled power create unusually dangerous times for those committed to

<sup>1</sup> Rubin, G. (1984). Thinking sex: Notes for a radical theory of the politics of sexuality. In C. Vance, (Ed.) *Pleasure and danger: Exploring female sexuality*. London: Routledge and Kegan Paul.

social justice, peace and human rights — particularly the rights to health, bodily integrity, and pleasure. As Rubin suggested, popular anxieties (of straight men, hegemonic and warring ethnic groups, the economically rapacious or insecure) often take the form of “moral panics” that target the sexually vulnerable and marginalized. It is dangerous in very particular ways for sexual and gender outlaws, whether they be gays and lesbians, transgender and inter-sexed people, unmarried youth, commercial sex workers, or heterosexual women trying to live a “non-traditional” social and erotic existence. Concurrently, however, sexuality, more than ever, is part of open public discourse in societies at large, particularly through the media and other communication systems but also in parliaments, courts, and global policy arenas where, in the last two decades, key achievements have been attained in regard to sexuality, health, and human rights.

### **Background to the research**

These are the paradoxical conditions that inspired the International Working Group on Sexuality and Social Policy — now Sexuality Policy Watch (SPW)— to launch an ambitious transnational, cross-cultural research initiative that might capture some dynamics of sexual politics in our time. What we originally (and rather grandiosely) called the “global monitoring project” began in 2004 with a set of framing questions intended to give some kind of common ground to 10 very diverse political, social, and historical settings. We started with a broad meta-question: How and why are gender and sexuality being used in political power struggles within and across countries and institutions? The researchers in all 10 case studies were asked to investigate this question through three analytical streams — hegemonic discourses, political processes, and key actors — and to contextualize existing policies within the following areas of inquiry or second-order research questions:

1. *Cultural assumptions (cultural context)*: What are the commonly circulating discourses about sexuality and gender that form part of the landscape behind the formation and implementation of policies in this setting? The objective here was to identify the most prevalent assumptions (about normative sexuality, “manhood,” “womanhood,” appropriate behavior of youth, etc.) lurking behind the policies and processes being investigated and to uncover deployments of sexual and gender discourses to promote particular political and social agendas.

2. *Risks and opportunities (historical context)*: What circumstances and conditions — both internal and external — seem to trigger moral panics, controversies, hysteria, taboos, repression or liberalization regarding sexual issues and particular bodies? We aimed to chart specific moments or conjunctures when gender and sexuality emerge as public problems and to identify “triggers” of such panics, such as regime changes, epidemiological crises, ethnic or communal conflicts, etc. At different times, we anticipated, these moments might be largely regressive, largely progressive or contain both regressive and progressive elements.
3. *Tensions within/between norms and realities*: What are the dominant discourses at work concerning the politicization of sexuality, gender, and the body, and the tensions and contradictions among different normative frames? These might include contradictions between constitutional law and customary practice; adoption of a civil rights law or international human rights agreement with no intention or plan for implementation; tensions between individual rights and group rights, or between national or local norms and international ones; or tensions between or among opinions of courts and policies of executive, legislative, or religious authorities.
4. *Alternative discourses and new sites of resistance*: What alternative discourses and sites of resistance bearing on the case at hand (including assertions of new visions and alternative identities) are emerging both locally, within the site, and globally? What role do diverse constituencies and actors — for example, women’s groups, youth, LGBT movements, people with AIDS, sex workers, religious groups, indigenous groups — play in formulating these alternative visions?
5. *State and civil society responses to 2), 3) and 4)*: What is the process of negotiation whereby local and global forces are presently contending over sexuality issues as framed by different actors? What sorts of political power struggles — including backlashes, conflicts among actors, and trade-offs — have emerged in relation to these public debates?
6. *Outcomes, expectations for the future and strategy recommendations*: What are the most important outcomes — both negative and positive — in terms of law, policies, implementation, practices, and public opinion that these battles over sexuality have produced? What possible scenarios for the future do these outcomes and the foregoing analysis portend, and how should we analyze the potential consequences — for heterosexual women, lesbians, gay men, transgender people, sex workers, youth — of these different scenarios? What lessons can we draw for progressive strategies and campaigns?

Selecting the eight countries (Brazil, Egypt, India, Peru, Poland, South Africa, Turkey, Vietnam)<sup>2</sup> and two international institutions (United Nations, World Bank) that have formed the basis of this project involved both a commitment to capturing a degree of global and inter-regional diversity and an unavoidable arbitrariness. The vagaries of finding available, willing, and knowledgeable researchers to take on and complete a long (three years, as it turned out) and somewhat murkily defined task partly determined the choice of cases as well as the regrettable geographic gaps in the studies that follow. At the same time, the decision to include two global institutions along with the country-based cases was quite deliberate. It reflects a strong sense among the SPW researchers, coordinators, and advisory group — based on our collective political experience — that the local and the global are always and necessarily intertwined and that our studies needed to show this two-way reverberation.

Conceptually, we borrowed a number of insights from at least two decades of intellectual work across the globe on the history, cultures, and politics of sexuality.<sup>3</sup> Primary among these were certain motivating propositions that formed a common theoretical framework, just as the six questions above formed a common methodological framework, for the project. First, we agreed that *sexuality is not reducible to a body part or a drive; it must be understood as integral to an entire matrix of social, economic, cultural, and relational forces; it is constructed rather than given*. This proposition has important theoretical implications. For one thing, it belies the conventional sex-gender dualism that has been a mainstay of women's studies and sexology literatures for decades — that is, the assumption that one can clearly distinguish between “sex,” understood as some fixed biological substratum or drive (whether genetic, hormonal, anatomical, or psychic), and “gender,” understood as the behavioral and social meanings and power relations attached to sex. To the contrary, the work of scholars such as Michel Foucault, Judith Butler and Anne Fausto-Sterling demonstrates that sex, the body, “simultaneously produces and is produced by social meanings,” and that, most dramatically in the case of inter-sex infants, culture, discourse, and

<sup>2</sup> The project originally included a U.S. country case but in the course of project development a decision was taken to publish it separately. See Di Mauro, D., & Joffe, C. (2007). The religious right and the shaping of sexual policy: An examination of reproductive rights and sexuality education. *Sexuality and Social Policy*, 4(1): 67-92.

<sup>3</sup> For a selection of these works see the bibliography at the end of this article.

society influence the material body from its prenatal and neonatal beginnings.<sup>4</sup> On another level, as the case studies that follow illustrate so well, the forces with which sexuality most crucially intersects — though differently in distinct cultural and historical contexts — are those related to gender, race, ethnic, class, and colonial relations of power.<sup>5</sup>

A second theoretical proposition has to do with the *independence, yet interdependence, between sexuality, sex and gender*. Social historians and ethnographers of sexuality have generated compelling qualitative data to show that sexuality, like gender, is complex and multi-layered. This means that sexual *behavior* (what people do) is different from both sexual *orientation or desire* (object choice or fantasy) and sexual *identity* (which may or may not coincide with behavior or desire). And all three are distinct from gender behavior, gender orientation, and gender identity (subjectivity).<sup>6</sup>

“Pluralist” or “developmental” theories of sexuality shatter nature-culture dualism and biological determinism in regard to sexuality as well as gender. This is because, notwithstanding certain religious dogma, sexualities are complex and changing (over the life cycle or even from one week to the next) and develop *always within a social system*. As Fausto-Sterling makes very clear in her repudiation of the notion of a “gay gene,” such a notion is based on a misunderstanding of biology itself. Genes do not function in isolation; they need a whole environment of proteins and cellular structure to operate. At the cellular level as much as the societal and planetary ones, living things can only develop in interdependent, interactive relationship with other living things. Thus it makes no sense to say that a particular gene or a particular sex organ or anatomical structure can determine something as complex and variable as sexuality or gender.

<sup>4</sup> According to Michel Foucault (1978) in *The History of Sexuality, Volume 1: An Introduction*, (New York: Pantheon): “Sex . . . is the most speculative, most ideal, and most internal element in a deployment of sexuality organized by power in its grip on bodies and their materiality, their forces, energies, sensations, and pleasures.” See also, Butler, J. (1993). *Bodies that matter: On the discursive limits of “sex.”* New York and London: Routledge, and Fausto-Sterling, A. (2000). *Sexing the body: Gender politics and the construction of sexuality*. New York: Basic Books.

<sup>5</sup> For a selection of related texts see the bibliography at the end of this article.

<sup>6</sup> “. . . it was quite possible in the ancient Mediterranean world for a male to desire and to pursue sexual contact with other males without impugning in the slightest his own masculinity or normative identity as a man — just so long as he played an insertive sexual role, observed all the proper phallic protocols in his relations with the objects of his desire, and maintained a normatively masculine style of personal deportment. Unlike the modern homosexual, then, the *kinaidos* was not defined principally by his sexual subjectivity [but rather by his] betrayal of his masculine gender identity.” Halperin, D. (2002). Forgetting Foucault: Acts, identities, and the history of Sexuality. In M. C. Nussbaum & J. Sihvola, (Eds.) *The sleep of reason: Erotic experience and sexual ethics in Ancient Greece and Rome*. Chicago and London: University of Chicago Press.

Third, we affirmed that *sexuality is not a side issue but a core issue that lies at the heart not only of the HIV/AIDS pandemic but also of realities and debates about the family, the place of women in society, reproductive self determination — in particular abortion — the meanings of masculinity, and expressions and corruptions of political power.* Writing in the early 1990s, during some of the bleakest moments of the pandemic, Australian social scientist Dennis Altman suggested that AIDS had a positive side because it had opened up a space for talking more publicly about what was previously taboo: diverse sexualities, gender identities, and inequalities. “AIDS has made it harder to deny the enormously political significance of what is often defined as belonging to the personal sphere,” he wrote.<sup>7</sup>

What Altman was referring to, of course, was the growing recognition and public visibility of a large array of human sexual and gendered life patterns that deviated from traditional conjugal norms and dualisms of “man”/“woman” or even “heterosexual”/“homosexual”: bisexuals, transgender and inter-sexed people, commercial sex workers of many sorts, and a huge diversity of adolescent, inter-generational, and extramarital heterosexual relations. As Gayle Rubin had observed a decade earlier, these diversities and popular anxieties about them are often the subtext of public debates over “morality,” masculinity and femininity, and family relations. By the time of the Toronto World AIDS Conference in 2006, however, even UNAIDS had come to attribute the stark gender disparities in infection rates among young women and men — particularly in Africa, South Asia, and low-income communities in the United States — to the power differentials that still govern heterosexual intercourse in many local cultures. Moreover, its 2006 report on the AIDS epidemic<sup>8</sup> clearly recognized “men who have sex with men” (MSM) and sex workers as among the most vulnerable and neglected groups whose human rights and access to “the full panoply of HIV information, commodities, and services” should be given top priority.

Altman was prescient in envisioning that the catastrophe of AIDS would, paradoxically, create openings not only for talking about sexuality in all its diversity, but also for understanding sexuality in a holistic, socially contextualized way. We know from extensive, evidence-based

<sup>7</sup> Altman, D. (1995) Political sexualities: Meanings and identities in the time of AIDS. In R. Parker & J. Gagnon (Eds.) *Conceiving sexuality: Approaches to sex research in a postmodern world*. New York: Routledge.

<sup>8</sup> UNAIDS. (2006). *Report on the Global AIDS Epidemic*. Geneva: UNAIDS.

social science research in Southern Africa, Nigeria, Thailand, India, Brazil, Peru, Haiti, Australia, the United States, Nicaragua, and other settings across the globe that HIV infection always occurs within a complex matrix of sexual, gender, race-ethnic, class, age, and geographic relations of power. Dozens of studies reveal a complex and layered set of social conditions that combine to result in the biological outcome of seropositivity.<sup>9</sup>

Sex workers, for example, may have achieved official status as a “vulnerable group” for public health purposes, but their actual needs — and effective interventions — are unimaginable without considering the concentric circles of dilemmas that envelope them. Here are just a few:

- How can a person avoid trading sex for money if she/he has no viable alternative sources of livelihood, no education or training, and/or no geographic mobility?
- How can a sex worker avoid becoming infected if punitive criminal laws and abstinence-only policies prevent her/him from getting access to condoms?
- How can she/he use a condom if the police might raid at any time and seize it as evidence, or if the client will refuse to pay, or beat her/him up, if she/he does?
- If she/he becomes infected with HIV, how can she/he access antiretroviral (ARV) treatment if patent laws and market prices make it inaccessible in that country, or inadequate health infrastructure or confinement to an armed conflict zone or refugee camp make delivery of the drugs impossible?
- How do poverty, gender, age, ethnicity, and geographic location compound all these risks beyond measure, making infection almost a certainty?
- Even under the best of circumstances — say international NGOs and liberal donors make the female condom (an “ideal dual protection method”) available in her community — won’t its “correct and consistent use” still require training, organization, and some degree of empowerment?

These questions raise profound issues of social justice, but they also illuminate the enormous, and indeed tragic, gap between the breadth of our current knowledge base about sexuality, and specifically the socio-sexual conditions and determinants of HIV transmission, and

<sup>9</sup> For a selection of related texts see the bibliography at the end of this article.

the inadequacy of prevailing policy responses. In too many countries and institutions those responses have over the past decade narrowed into two simultaneous trends that threaten to close the space that Altman saw opening up for sexual and gender rights discourse. On the one hand we see in a variety of contexts the predominance of biomedical/technological approaches that tend to sanitize and de-sexualize the debate over the AIDS policy agenda as well as other issues, such as the treatment of inter-sex and transgender people or legal restrictions on abortion. Biomedical discourses and methods may be irresistible not only to government and international agencies but also to advocacy groups, for whom they create an aura of technical expertise rather than political and social resistance.<sup>10</sup>

Even the very important struggle for wider or universal access to ARV drugs has had the unanticipated consequence of deflecting attention from sexual and social conditions, causes, and preventive strategies. Moreover, the language of “harm reduction,” “risk groups,” “vulnerable populations,” “MSM,” and the like — as both the World Bank and the Peru studies show all too well — create a “silencing” discourse that advances “a standardized view of sexuality” that not only de-politicizes social movements but also denies the complexity, fluidity, and variability of sexual relations in real people’s lives.<sup>11</sup>

On the other hand, we have witnessed the growing political power of conservative religious forces, within countries and internationally, who insist on strategies of abstinence and moral “purity.” In this case, whether through the influence of the U.S. Christian right, the Vatican, or radical Islamists, the effect is not to de-sexualize the debate but rather to *re-sexualize* it, in a sectarian and highly conservative direction. Consider, for instance, the open attack on sexual plurality and reproductive self-determination unleashed by Pope Benedict XVI since his nomination. The encyclical *Deus Caritas Est*, launched in December 2005, develops a long and complex argumentation to qualify same sex relations as a “weak love” because they do not lead to procreation. In relation to abortion, the new Pope has maintained the line of his

<sup>10</sup> See Rafael de la Dehesa, *Sexual Modernities: Queering the Public Sphere in Latin America*, forthcoming; and (see below) Cáceres, C., Cueto, M. & Palomino, N. (2007). Sexual and reproductive-rights policies in Peru: Unveiling false paradoxes, p. 129, who observe: “. . . by suppressing or marginalizing the ‘sexual’ in official policies related to sexuality in favor of a low-profile ‘public health’ discourse, advocacy groups sometimes create opportunities for important legal changes” but at the same time may “fail to confront the public agenda and challenge conservative powers” with regard to creating full sexual citizenship for sexual minorities and women.

<sup>11</sup> (See below) de Camargo, K. & Mattos, R. (2007). Looking for sex in all the wrong places: The silencing of sexuality in the World Bank’s public discourse, p. 359.

predecessor, using all possible occasions to condemn women who abort. In his speech to the General Assembly of the Pontifical Academy for Life, held in February 2007, Pope Benedict reiterated his fear of abortion decriminalization across the world, especially in Latin America: “It is necessary to admit that threats against life have expanded and multiplied throughout the world, also assuming new forms. Pressures for the legalization of abortion are increasingly strong in Latin America and developing abortion under the pretext of reproductive health.”

Right before the Pope’s visit to Brazil, the Cardinal of Rio de Janeiro interrupted the main Easter mass in the city cathedral to condemn abortion. Benedict himself virulently attacked abortion in conversation with the press during his flight from Rome to São Paulo. In between, the Vatican threatened parliamentarians who voted to legalize abortion in the Federal District of Mexico. One main outcome of the meeting of Latin American Bishops in Brazil, which was the formal reason why the Pope visited the country, was a systematic condemnation of pregnancy termination, equating the practice with “terrorism.”

Likewise, the U.S. — through its foreign assistance policy regarding reproductive health (the so called Gag Rule) and AIDS prevention and treatment (The President’s Emergency Plan For AIDS Relief, known as PEPFAR) — also deploys punitive moral conditions dictated by conservative Christian groups. These policies require that groups receiving funds for family planning sign a clause stating they will not address abortion in any of their programs. Recipients of PEPFAR funds are pressured to emphasize abstinence over condoms in prevention programs and to sign an anti-prostitution pledge (thus excluding and repudiating sex workers and their advocates). Last but not least, HIV/AIDS funds are increasingly channeled through U.S. and local “faith-based” organizations.<sup>12</sup>

This pincer movement of biomedical and fundamentalist religious approaches is eerily familiar to feminists who have worked for the past 25 years for reproductive rights and faced an anti-natalist, neo-Malthusian population establishment on the one hand, and pro-natalist religious forces on the other. On a more theoretical level, they recall Michel Foucault’s analysis of modern political power having displaced older forms of sovereignty with two

<sup>12</sup> Girard, F. (2004). *Global implications of US domestic and international policy on sexuality*. SPW Working Paper No. 1. New York: Columbia University. See also <http://www.pepfarwatch.org>. The ultimate irony, and exposure of hypocrisy, occurred when Andrew Tobias, the USAID administrator of PEPFAR, was forced to resign in May 2007 for patronizing a Washington, DC based prostitution business.

new forms. On the one hand, according to Foucault, modernity replaces the power over life and death with “discipline,” or *biopower* — techniques aimed at training and producing individual bodies in particular ways and administered not only or primarily through the state but also through decentralized institutions such as medicine, psychiatry, religion, and penal law. On the other hand, the methods of *biopolitics* are aimed at regulating whole populations — their size, growth, movements, mortality, and morbidity, and are deployed through state and international agencies as well as medical and religious institutions.<sup>13</sup>

These two forms of power — disciplining bodies and biopolitics — correspond directly to the two trends or approaches to AIDS and sexuality policies described above. In fact, the biomedical and conservative religious approaches may seem to be in opposition, but they share a common reductive view when it comes to both sexuality and HIV/AIDS. Both see sexuality in simplistic biological terms, as something fixed and given, located in the body (genes, genitals, hormones) or the soul, disconnected from social and contextual realities. Both see HIV/AIDS as a mechanical matter of sexual transmission that can be prevented by a single step: either use of a “method” or abstaining from its use (and from sex). In the process they both deny how infection rates and risks are inseparable from social, sexual, and gendered power relations, revealing a shared agenda of containing the emerging vitality of voices for sexual rights that the epidemic has unleashed. So they are two sides of a coin, and the whole coin is counterfeit.

Many of the case studies presented below illustrate how biomedical or biopolitical and religious or disciplinary policy agendas tend to work in tandem rather than in opposition, sometimes coexisting in uneasy alliance, sometimes directly reinforcing one another. A few examples will suffice. In Vietnam, according to Le Minh and Nguyen, the Government’s HIV/AIDS prevention and treatment program continues the pattern established with its family planning program, treating human bodies — and especially female bodies — as components in “general biological processes” that can be subjected to collective regulatory mechanisms by the state. Yet side by side with this exercise of biopolitics are the government’s punitive policies toward sex workers, who are seen as a “social evil” and, as in U.S. policy under

<sup>13</sup> Foucault, M. (2003). *Society must be defended (Lectures at the Collège de France, 1975-1976)*. New York: Picador; (1978). *The history of sexuality, Volume 1: An introduction*. New York: Pantheon.

PEPFAR, subjected to stigmatizing criminal penalties. Hence a “continuum” of biopolitical control — whether of “unprotected procreative sex” within heterosexual marriage or of “unsafe non-procreative sex” outside marriage — coexists with older patriarchal and moralistic discourses of “goodness” and “badness.” Poland, in Nowicka’s account, seems to be the mirror image of Vietnam, basing its virtual abolition of abortion after 40 years of legality and a vicious campaign against homosexuality on Catholic religiosity as the instrument of biopower. Yet Polish authorities marshal pro-natalism in the service of “modernization” as vigorously as Vietnamese authorities do anti-natalism; in both cases, the objective is to discipline deviant female and gay male bodies in order to build the globalized post-communist nation.

Peru represents another complicated scenario. There, a strong biopolitical approach to population control under the Fujimori government, including egregious forced sterilization campaigns targeting indigenous women, gave way under Toledo to policies deferring to the Catholic hierarchy with regard not only to contraception and sterilization but also to HIV/AIDS treatment. This has meant, simultaneously, the medicalization of the epidemic and the excising of terms like “gender,” “sexual orientation,” and “sexual rights” from official documents — thus cloaking a punitive, moral approach under the mantle of a biomedical one. A similar complexity appears in the India case. The infamous Section 377 of the Indian Penal Code, dating from 1865, is a classic example of sexual discipline as part of the colonial project, but now appropriated into a Hindu nationalist agenda. Police targeting of, and brutality against, LGBT and HIV/AIDS outreach groups under this provision reveal its strongly disciplinary nature. At the same time, as in the case of Peru, the recruitment of LGBT groups into government agencies as epidemiological “bridges” to HIV risk populations suggests that biomedical discourse and regulatory strategies are alive and well in the Indian context.

Of all the case studies, that of the United Nations may be the most ambiguous and frustrating and simultaneously the most promising, showing how institutions are never monolithic but always terrains of political contestation. A biomedical, regulatory model with regard to population and sexuality has prevailed in many UN agencies — UNFPA, WHO — in the past (and certainly in the World Bank). Yet this model has had to coexist with conservative religious influences — particularly the Vatican, the U.S. government under Bush, and the Islamic regimes — working within the proceedings of the General Assembly, the Human

Rights Council (formerly Human Rights Commission) and elsewhere, where these forces have fiercely contested any recognition of reproductive rights, sexual rights, sexual orientation, or even the word “gender” (seen by the Vatican as a code word for sexual and gender diversity). Despite powerful biopolitical and religious fundamentalist forces within the UN, as Girard’s analysis shows, it has nonetheless been possible to advance an alternative discourse — that of sexual rights as human rights.

As defined by Special Rapporteur on the Right to Health, Paul Hunt, this means “[S]exuality is a characteristic of all human beings. It is a fundamental aspect of an individual’s identity. It helps to define who a person is.... the correct understanding of fundamental human rights principles, as well as existing human rights norms, leads ineluctably to the recognition of sexual rights as human rights. Sexual rights include the right of all persons to express their sexual orientation, with due regard for the well-being and rights of others, without fear of persecution, denial of liberty or social interference.”<sup>14</sup>

The failure thus far to win approval of the resolution on sexual orientation in the Human Rights Council suggests how far this struggle still has to go, even at a discursive level. Yet, as Girard persuasively argues, the language is now circulating in the halls and chambers of the institution and cannot easily be put back in the bottle. Beyond this, a human rights approach to sexuality and sexual policy implies the principle of indivisibility — meaning that sexual rights are inextricable from economic, social, cultural, and political rights. Freedom to express one’s sexual or gender orientation or to be who one is as a sexual person, to experience erotic justice, is interdependent with a whole series of other rights, including health care, decent housing, food security, freedom from violence and intimidation, and to be in public space without shame.

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### **Broad coalitions making gains**

More than anything else, the case studies in the SPW monitoring project illustrate one unequivocal common finding: a human rights approach to sexuality is only as strong as the civil

<sup>14</sup> Hunt, P. (2004, February 16). Economic, social and cultural rights: The right of everyone to the enjoyment of the highest attainable standard of physical and mental health. Report of the Special Rapporteur. UN Commission on Human Rights, 60<sup>th</sup> Session.

society coalitions pushing it forward. Where these coalitions have been as broad as possible — encompassing feminist, LGBT, youth, sex worker, and other groups seeking bodily integrity rights and erotic justice as inseparable from social and economic justice — they have made some significant, if partial, gains. This has been true of South Africa’s inclusion of sexual orientation in its constitution; India’s continuing struggle to repeal Section 377 of the penal code; Peru’s exposure and defeat of forced sterilization; Turkey’s criminal law reform with its elimination of references to chastity, honor, and virginity; Brazil’s campaigns for treatment access for all HIV+ people as a human right and for “Brazil without Homophobia;” and the advances of sexual rights language in the UN. Indeed, it seems clear that the momentum, energy, and experience of the country-based movements for sexual and gender rights have been the formative basis for achievements at the international level. Simultaneously, normative principles and coalitions generated in international arenas, such as the UN conferences of the 1990s and the more recent mobilizations at the Human Rights Council and in creating the “Yogyakarta Principles on the Application of International Human Rights Law in relation to Gender Identity and Sexual Orientation,”<sup>15</sup> have undoubtedly been inspired by and will feed back into the local and national movements. In this spirit of local-to-global and global-to-local hybridity, we hope these case studies will be useful to groups everywhere seeking to build a world where pleasure and well-being are no longer exceptional or the prerogative of a few.

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<sup>15</sup> The Principles affirm binding legal standards with which all states must comply. They were adopted by a group of distinguished experts in international law following a meeting in Yogyakarta, Indonesia. Among the group of experts are a former United Nations High Commissioner for Human Rights, UN independent experts, current and former members of human rights treaty bodies, judges, academics, and human rights defenders. The Yogyakarta Principles call for action from the UN human rights system, national human rights institutions, non-governmental organizations, and others. They were launched on March 26, 2007 at the 4th UN Human Rights Council’s session in Geneva. In 2006 54 States called for the Council to act against egregious violations of the rights of lesbian, gay, bisexual, and transgender people. See <http://www.yogyakartaprinciples.org/>.

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