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Spring 2014

Sexual Rights For Marginalized Populations

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Available at: https://works.bepress.com/louis_graham/4/

Chapter 8

SEXUAL RIGHTS FOR MARGINALIZED POPULATIONS

Louis F. Graham and Mark Padilla

Sexual rights broadly refers to the freedoms, opportunities, and protections for individuals, groups, and communities to engage in sexual self-expression, develop healthy sexualities, and have those diverse sexualities accepted by society (Tolman, 2006). These rights include equal access to sex education, romantic relationships, and the socioecological contexts to achieve them free of violence, discrimination, and harassment. These rights also include having the resources and support to produce empirical knowledge of sexuality, to disseminate sexuality research to publics, and for this knowledge to inform policies and social change in meaningful ways. Relevant topics include institutionalized oppression and persecution, structural inequalities, embodiment of sexualities, sociocultural meanings ascribed to sex and sexualities, creation of language by groups used to name themselves and discuss their sexualities, denial of one's sexuality, and policies like prohibition of sex and sexuality education in schools.

Marginalized populations are groups or communities that lack some representation, rights, or resources that typically are afforded other populations. Marginalized populations also tend to lack access to the benefits that technological, sociological, and economic advances offer communities and groups that do not exist on the fringe of society. Marginalized groups or communities usually have inadequate or no political representation, have poor economic infrastructure and support, and have difficulty gaining admission into or successfully navigating public and civic institutions, such as education and employment organizations (Gatta, 2006; Graham, Brown-Jeffy, Aronson, & Stephens, 2011). Thus, marginalization implies a high degree of social, institutional, and economic isolation. Such isolation creates environments conducive to—and is a result of—human and sexual rights violations.

Structural violence (e.g., racism, homonegativity) and "othering" marginalizes, dehumanizes, and denies individual, group, and community sexual rights (Farmer, 2003). Around the world, sexualities positioned outside of a narrow, often ideologically sanctioned, purview are demonized and disparaged. Sexual rights are especially important for marginalized populations whose sexuality falls outside of heteronormative (gender binary in which heterosexuality is centered and considered standard), monogamous marriage (Rubin, 1984) and for those who already may confront negative attitudes and beliefs toward their other oppressed identities related to gender, race, ethnicity, citizenship, or other designation. Sexuality, gender, race, ethnicity, citizenship, and the many other socially constructed designations, along which marginalization and privilege play out, are never disconnected from each other, as Crenshaw's (1994) intersectionality suggests.

Marginalization is a key contributing factor to and a result of the absence or violation of sexual rights and gender equality. Marginalized populations often lack the resources and civic support necessary to advocate for their sexual rights and to institute real and substantial change. Addressing marginalization can help create an environment in

http://dx.doi.org/10.1037/14194-008
APA Handbook of Sexuality and Psychology: Vol. 2. Contextual Approaches, D. L. Tolman and L. M. Diamond (Editors-in-Chief)
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which sexual rights can be improved or restored, and extending sexual rights to disenfranchised groups can decrease their marginalization. Sexual rights strongly influence sexual health, psychosocial well-being, and overall quality of life (see Volume 1, Chapters 11, 21, and 23, this handbook; see Chapters 7, 9, 10, and 11, this volume).

BRIEF HISTORY OF SEXUAL RIGHTS

Though being researched and practiced long before in various forms (Joffe, 1986), the idea and movement of sexual rights in the United States can be traced back at least to the "sexual revolution" of the 1960s, second-wave feminism, and the beginnings of the gay rights movement (Epstein, 1999; Parker, 1999). Sexual rights, traditionally a field of political, social, and cultural study, became a topic of inquiry in many other related disciplines like psychology, medicine, and public health, drawing on the women's health movement of the 1970s and in response to the Reagan-era "cultural values" push (Duggan, 2003) and the emergence of the AIDS/HIV epidemic in the late 1980s. This spurred a new era of inquiry on the relationships among health, identities, identity politics, sex, and sexuality. Sexual rights were advanced in part by grassroots groups with newfound resources (Dowsett, 1996).

Throughout, medical practitioners, public health scientists, and academics have been criticized for being slow to act and respond to the challenges of government-sponsored sexual inequity and, in some cases, have been implicated along with government, at least until the World Conference on Human Rights in Vienna in 1993 (Herdt & Lindenbaum, 1990; Petchesky, 2000) when this perception began to slowly change. A number of meetings, conventions, and declarations have made headway in sex, gender, and sexuality language in human rights framings (Petchesky, 2000; see also Table 8.1), including the International Conference on Population and Development (ICPD). Held in Cairo in 1994, the ICPD created a Program of Action to promote gender equality and girls' education, which influenced sexual and reproductive practices in meaningful ways (Misra & Chandiramani, 2005). Of note at ICPD was moving beyond protection from harm language to include positive rights (Klugman, 2000; Petchesky, 2000) that gave more attention to sexual satisfaction and interpersonal relationships (see Chapter 9, this volume). The protections language was strong and forceful: "take full measures to

TABLE 8.1

Select Sexual Rights–Related International Conference Timeline

Year	Conference (location)	Significance
1968	International Conference on Human Rights (Tehran)	One of the first human rights conferences where 53 nongovernmental organizations participated as consultants
1975	World Conference on Women (Mexico City)	International Women's Year, women's day, and women's decade established; 6,000 people attended
1993	World Conference on Human Rights (Vienna)	Declaration and Program of Action called for eliminating gender-based violence, sexual harassment, and exploitation
1994	International Conference on Population and Development (ICPD; Cairo)	ICPD Program of Action: sexual health rights that should be protected, where sex and sexuality are part of somatic and psychosocial wellbeing
1995	Fourth World Conference on Women (Beijing)	Platform for Action: reproductive rights; freedom to decide matters of sexuality
1997	World Association of Sexology (Valencia)	List of sexual rights codified for men and women that focus on sexual health
1999	Cairo +5	Sexuality education; access to services for adolescents
2001	Special Session of the United Nations General Assembly on HIV/AIDS (New York)	Close involvement of gay men and people living with HIV/AIDS with a full United Nations negotiation

eliminate all forms of exploitation, abuse, harassment, and violence against women, adolescents, and children" (Program of Action of the ICPD, 1994).

Following in 2001, Surgeon General Satcher's report on sexuality, "Call to Action to Promote Sexual Health and Responsible Sexual Behavior," was a significant marker in U.S. sexual health policy. The report advocated for more resources toward research, education, and intervention (Kirby, 2001; see Chapter 11, this volume). It was in part a response to abstinence-only policies of the 1996 Welfare Reform legislation that impeded open and honest dialogue about sexuality in schools and placed young people at risk of sexually transmitted infections (STIs; Irvine, 2002). Sexual rights–related conferences and programs of action are vitally important because they help establish a global social contract regarding sexuality and they could frame national legislation (Corrêa & Parker, 2004). More rigorous research is needed on the impacts of international conferences and calls to action on the policies of countries. One such qualitative investigation (Hardee et al., 1999) related to ICPD attempted to describe, with interview data, the ways in which ICPD documents influenced the adoption of particular definitions of reproductive health, implementation of national programs, mobilization of resources, and development of services.

The development and protection of sexual rights historically has been difficult and especially challenging for doubly (e.g., poor gay men) or triply (e.g., undocumented lesbian women) marginalized communities. To achieve and maintain sexual rights, marginalized populations have relied on both intracommunity pressures, allies within broader communities, and oversight and cooperation of international bodies (Exhibit 8.1). A number of international organizations and bodies have outlined sexual rights objectives that include sexual decision-making autonomy, gender equality, sexual diversity, and other principles (Exhibit 8.2). These lists have been used around the world to make advances in sex education and sexual health services (Lottes & Adkins, 2003) and have been used to develop measurement tools for research (Lottes & Adkins, 2003). Two new journals were also established that address health, sexuality, and rights: *Health and Human Rights* and *Culture, Health, and Sexuality*.

Exhibit 8.1
Select International Organizations and Bodies Addressing Sexual Rights Issues

Association for Women's Rights in Development
Economic and Social Council of the United Nations
Health Empowerment Rights and Accountability
Health Global Access Project Coalition
International Center for Reproductive Health and Sexual Rights
International Gay and Lesbian Human Rights Commission
International Human Rights Law Group
International Planned Parenthood Federation
International Union for the Scientific Study of Population Committee on Gender and Population
International Women's Health Coalition
Latin American and Caribbean Committee for the Defense of Women's Rights
Legislative Advocacy Coalition of Violence Against Women
United National Population Fund
World Association of Sexology
World Health Organization

FEMINIST EPISTEMOLOGY AND SEXUAL HEALTH OF WOMEN

The concept of sexual rights as theory and praxis grows out of feminist epistemology and philosophy of science to the extent that it interrogates previously held notions of sex, sexed bodies, ownership over sexed bodies, and justifications for social policies and sanctions that systematically harm women and other marginalized groups (Diamond, 2006; see Volume 1, Chapter 1, this handbook). Feminist epistemology and philosophy of science consider how gender and other socially constructed identities, in essence subjectivities, do and should shape knowledge production, knowledge production strategies, and criteria by which to judge the quality and authority of this knowledge (Murphy, 2004). Dominant orientations to knowledge production disadvantage women in the following ways (Anderson, 2011):

1. Affirmatively excluding women from discourse and inquiry
2. Rendering women epistemically powerless
3. Denigrating "feminine" qualities, characteristics, and attributes and the contribution of the "feminine" to ways of knowing

Exhibit 8.2
Sexual Rights Objectives

Sexual Rights: An International Planned Parenthood Federation Declaration

Principle 1
Sexuality is an important part of being human, whether or not a person chooses to be sexually active
Principle 2
People under 18 years old are rights holders
Principle 3
The basis of human rights protection and promotion and enjoyment/fulfillment is nondiscrimination
Principle 4
People should be able to enjoy their sexuality and be free to choose whether or not they want to reproduce
Principle 5
Everyone has the right to be protected from all harm
Principle 6
Sexual rights can only be limited by law to ensure recognition and respect for the rights and freedoms of others in accordance with human rights law
Principle 7
States have the obligation to respect, protect, and fulfill sexual rights for all
Article 1
Right to equality, equal protection of the law, and freedom from all forms of discrimination based on sex, sexuality, or gender
Article 2
The right to participation for all persons, regardless of sex, sexuality, or gender
Article 3
The rights to life, liberty, security of the person, and bodily integrity
Article 4
Right to privacy
Article 5
Right to personal autonomy and recognition before the law
Article 6
Right to freedom of thought, opinion, and expression; right to association
Article 7
Right to health and to the benefits of scientific progress
Article 8
Right to education and information
Article 9
Right to choose whether or not to marry and to decide whether or not, how and when, to have children
Article 10
Right to accountability and redress

Valencia Declaration on Sexual Rights

We, the participants of the XIII World Congress of Sexology, declare that:

Sexuality is a changing and dynamic dimension of humanity. It is constructed through the interaction between the individual and social structures. It is present throughout the life cycle, harmonizing identity and creating and/or strengthening interpersonal bonds.

Sexual pleasure, including autoeroticism, is a source of physical, psychological, intellectual, and spiritual well-being. It is associated with a conflict-free and anxiety-free experience of sexuality, allowing, therefore, social and personal development.

We hereby urge that societies create the conditions to satisfy the needs for the full development of the individual and respect the following SEXUAL RIGHTS:

1. The right to freedom, which excludes all forms of sexual coercion, exploitation, and abuse at any time and in all situations in life. The struggle against violence is a social priority. All children should be desired and loved.
2. The right to autonomy, integrity, and safety of the body. This right encompasses control and enjoyment of our own bodies, free from torture, mutilation, and violence of any sort.
3. The right to sexual equity and equality. This refers to freedom from all forms of discrimination, paying due respect to sexual diversity, regardless of sex, gender, age, race, social class, religion and sexual orientation.
4. The right to sexual health, including availability of all sufficient resources for development of research and the necessary knowledge of HIV/AIDS and STDs as well as the further development of resources for research, diagnosis and treatment.
5. The right to wide, objective and factual information on human sexuality in order to allow decision-making regarding sexual life.
6. The right to a comprehensive sexuality education from birth and throughout the life cycle. All social institutions should be involved in this process.
7. The right to associate freely. This means the possibility to marry or not, to divorce, and to establish other types of sexual associations.
8. The right to make free and responsible choices regarding reproductive life, the number and spacing of children, and the access to means of fertility regulation.
9. The right to privacy, which implies the capability of making autonomous decisions about sexual life within a context of personal and social ethics. Rational and satisfactory experience of sexuality is a requirement for human development.

Human sexuality is the origin of the deepest bond between human beings and is essential to the well-being of individuals, couples, families, and society. Therefore, the respect for sexual rights should be promoted through all means.

SEXUAL HEALTH IS A BASIC AND FUNDAMENTAL HUMAN RIGHT.

Note. STDs = sexually transmitted diseases. Data from *Sexual Rights: An IPPF Declaration* (pp. v–vii), 2009, New York, NY: International Planned Parenthood Federation; *Valencia Declaration on Sexual Rights*, approved June 1997 at the XIII World Congress on Sexology, Valencia, Spain.

4. Theorizing women as “inferior, deviant, or significant only in the ways they serve male interests” (Anderson, 2011, para. 1)
5. Ignoring women’s positions and roles in society as both autonomously and relationally constituted
6. Utilizing resources and engaging in knowledge production exercises that are of no use to the marginalized and those of differing cultural orientations

Feminist standpoint theory in particular has helped to shape thinking about sexual rights. Feminist standpoint theory is a type of critical theory that seeks to empower oppressed groups by theorizing the social world from and through the perspectives of women who are situated uniquely to see, understand, and explain phenomena that affect them—in particular, phenomena resulting from power structures—because of their subordinate position and experience in society and the lens it offers them. In the way of sexual rights, women have exposed and resisted dominant groups’ misrepresentations of them by producing shared understandings of themselves and their positions in societies through declarations, and have acted on these declarations through campaigns against sexual harassment, restrictions on reproductive freedom, and other measures.

The literature on sexual rights largely focuses on women as a result of the widespread and various forms of sexual inequality and victimization in male-dominated societies. Fundamental sexual rights issues for women include survival sex-work and women forced into the sex industry, women exposed to disease and infection without treatment, access to sexual education for young women, reproductive freedom, and protection from forced marriages (Güven-Lisaniler, Ugural, & Rodriquez, 2008). Sex- and gender-based violence includes such issues as forcing women to undergo abortions because of the sex of the child (usually female) being considered undesirable, forcing women to suffer some form of genital cutting, sex trafficking, and emotional and psychological battery. Women face an inordinate number of sexually and gender-related illnesses related to childbirth, pregnancies, wanted and unwanted abortions, HIV/AIDS, and reproductive and urinary tract infections (Sundari Ravindran & Balasubramanian, 2004).

TYPES OF SEXUAL RIGHTS CLAIMS

Many researchers, policy makers, activists, and organizers have used the language of sexual rights to describe the subject of their inquiry, advocacy, and efforts, but there are different conceptualizations, sometimes competing, of what exactly constitutes sexual rights or lack thereof. Parker (1997) noted that “a concept of sexual rights capable of serving as the cornerstone for a more progressive, global response to the relationship between sexuality and health” (p. 31) was needed. Richardson (2000) contributed to answering this call by outlining three categories of sexual rights: conduct-based, identity-based, and relationship-based rights claims. This section draws heavily on Richardson’s work, slightly recasting her framework as follows:

- Conduct or practice-based rights: rights to engage in a wide range of interpersonal sexual activities and practices (e.g., sodomy)
- Identity-based rights: rights through membership in a collective cultural group (e.g., the right to be lesbian, gay, or same-gender loving)
- Relationship-based rights: rights within social institutions, including public promotion and validation of a wide range of sexual relationships and identities (e.g., same-sex and interracial marriages)

Practice-based rights can be subdivided into two related and overlapping areas: behavioral regulation (directives for what we can and cannot do sexually) and autonomy (control over our own bodies). Here, we focus primarily on behavioral regulation. In one sense, sexual rights can be understood as the freedom to have sex and engage in sexual activities, or not. The right to have sex, however, does not necessarily include the right to engage in all possible sexual activities; these rights should not be conflated.

Some people have advocated sexual behavior regulation rooted in perceptions of purpose. The essentialist perspective understands the evolutionary biological or religiously informed purpose of sex, sex drive, or instinct to be reproduction (Weeks, 1990). Others view sex as a means to pleasure and a means of communication or signification (express feelings or emotions), whereas others

contend that sex has no one or inherent purpose and need not be governed. Resultantly, rights in relation to purpose-driven behavioral regulation are concerned with the policing of sexuality to most effectively promote, for example, reproduction (e.g., sodomy laws hoped to encourage vaginal sex), pleasure (e.g., teaching about and encouraging oral sex, masturbation, and other pleasurable acts), or some other perceived purpose of sex.

Pleasure-driven purpose of sexual rights are concerned with a claim to enjoyment and to not have one's gratification compromised to serve someone else's pleasure. This conceptualization of pleasure-driven purpose rights, in part, developed as feminists revealed women's sexuality as "male defined" and positioned for male pleasure. Feminists exposed the double standard that exists wherein men enjoy greater sexual rights (greater sexual freedom and power) and fewer responsibilities than women. Pleasure-driven purpose of sexual rights goes beyond simple protection from harm and discrimination toward positive and fulfilling sex and sexuality for its own sake (Norr, McElmurry, & Tlou, 1997). Additionally, in behavioral regulation discourse, a distinction between public and private spheres is often a focus, as claims to practice-based rights have been rooted both in respect for privacy and the right to public forms of sexual expression (Bell, 1995; Ingram, Bouthillette, & Retter, 1997).

Some feminist analyses have exposed the public–private binary as a false distinction, however, to the extent that what happens in private always has broader social implications (D. Cameron & Frazer, 1993). Our lived experiences and what we learn in private is carried with us into other social domains in our attitudes, beliefs, actions, and a myriad of other ways. We cannot suspend or divorce ourselves from our private histories. The 1986 U.S. Supreme Court case *Bowers v. Hardwick* illustrated how the issues of sex and privacy historically have been dealt with by states (Richardson, 2000):

> In 1986, the US Supreme Court decided that individuals did not have a right to engage in "homosexual sodomy" (Currah, 1995). Hardwick, the plaintiff, challenged the court's decision, claiming that it violated his right to privacy since he was engaging in consensual sex with another adult male in the privacy of his own bedroom. The two men were "discovered" by a police officer who was delivering an arrest warrant and inadvertently had been directed to Hardwick's bedroom. The Supreme Court's decision upheld the right of the State of Georgia to send individuals convicted of engaging in anal intercourse with someone of the same gender to prison for up to 20 years. At the same time, the court refused to rule on the constitutionality of laws that apply to "heterosexual sodomy." (p. 111)

Still others have advocated for sexual behavior regulation, not necessarily rooted in perceptions of purpose, but rather to achieve certain goals (e.g., STI prevention, ideological conceptions of moral fortitude). Related claims might include rights to information about HIV and safer sex (Watney, 1991) and criminalization of male homosexual sex and knowing HIV transmitters (Sieghart, 1989). Practice-based rights as autonomous control over one's own body are a form of self-determination. These claims include integrity, safety, the right to say no and to have sex without fear of violence, harassment, pregnancy, and STI contraction (Segal, 1987, 1994). The degree to which one or more of these ideas and assumptions about the purpose and goals of sex are institutionally normed and established as natural to the exclusion of other ideas and assumptions about purpose and goals, and legally inscribed or socially sanctioned denial of the right to engage in certain sexual acts is likely to abound. In this way an "ideal" form of sexual behavior and relations becomes the standard by which all other forms are judged.

Identity politics became front and center during the 1970s and 1980s, signaling a slight shift away from a practice-based focus in sexual rights discourse, although the two are related in complex ways (see Chapters 7 and 9, this volume). Disparate identity designations or communities are treated and regarded differently by society, in the law, and institutionally (e.g., the U.S. military's policy, Don't Ask

Don't Tell). Identity-based rights were advanced by gay liberation movements through laying claim to a right to publicly and openly affiliate with a cultural group devoid of violence, discrimination, and harassment and, furthermore, to have social institutional affirmation, support, and promotion of healthy sexuality development without preference or centering of any particular identity (The Gay Liberation Front Demands, cited in Jeffery-Poulter, 1991). This is important because it signals a distinction between mere tolerance of queer, non-normative, and marginalized identities in the private sphere, on the one hand, and intentional and proactive integration, propagation, and cultivation of new or "re-valued stigmatized identities" (Pakulski, 1997, p. 83) on the other.

In the structural determinist view, to achieve identity-based sexual rights for marginalized populations, social institutions must be reconstituted so as not to maintain and reproduce hegemonic sexuality (Cooper, 1993; Wilson, 1993). In this way, without assimilating, marginalized populations can become "a legitimate and equal part of the cultural landscape" (Richardson, 2000). There have been important critiques of identity politics as a strategy to achieve sexual rights on the basis of social construction and poststructural conceptualizations of identities as relationally, contextually, and temporally fluid, dynamic, and unstable (Phelan, 1995; Robson, 1992). Given progression of discourse around critical race theory, intersectionality, queer theory, and others that simultaneously caution against being essentialist and detrimentally reductionist, there is still merit in and a place for addressing identity-based rights.

Although rights often are considered at the intrapersonal level (Lister, 1997), institutions also grant and deny rights to dyads and other groupings at the interpersonal level (Delphy, 1996). The ways in which social welfare are differentially allocated based, in part, on marital status and gender, exemplifies this added layer of dyadic rights issues (Carabine, 1996) and the normalization of heterosexuality to the detriment of other sexualities. Relationship-based rights focus on policing with whom we can have consensual sexual partnerships and public validation related to various sex and sexuality components. The issue at hand is the right to establish, maintain, and develop certain kinds of relationships emotionally, sexually, physically, publically, and in other ways with members of specific social groups.

Let us consider an example to distinguish between practice-based, identity-based, and relationship-based rights in this regard. Outlawing sodomy applied regardless of how one identifies (e.g., gay) and regardless of one's relationship status (e.g., male stranger, female partner) falls within the purview of practice-based rights. Proscription of self-declaration as gay regardless of whether one has ever engaged in sex, sexual activity, or sexual relationships of any kind falls within the purview of identity-based rights. Prohibiting men from having sex with men regardless of the sex act (e.g., sodomy) and regardless of how the men identify (e.g., straight), falls within the purview of relationship-based rights.

The right to choose with whom one has sex has been of concern not only to feminist and lesbian and gay politics but also to heterosexuals in regard to interracial relationships. There is a long and significant civil rights history related to interracial sexual intercourse and marriage on which current discourses surrounding gay marriage has heavily drawn. At issue is public institutional recognition, legitimacy, and validation of sexual relationships. Recent organizing and activism on marriage equality (access to legal benefits of being married) within lesbian and gay rights movements highlights this issue. The United Nation's Declaration of Human Rights calls for rights to marry, but few countries grant same-sex relationships this right. In many countries, the right to marry is also tied to tax, immigration, inheritance, and next-of-kin benefits. Homosexual sex is illegal in nearly half of the U.S. states and in many countries around the world. In the United States, 11 states permit same-sex marriage, but the Defense of Marriage Act of 1996 that defines marriage as between a man and woman is still in effect.

Case Study: Male Sex Workers in the Dominican Republic

To more concretely illustrate the impact of sexual rights issues on marginalized

populations and the connectivity between macro- and microlevel factors, consider an ethnographic study of male sex workers between 1999 and 2002 in Santo Domingo and Boca Chica, two cities on the southern coast of the Dominican Republic (Padilla et al., 2008). This case study demonstrates how the lack of acceptance by society related to sociocultural meanings ascribed to sex and sexualities limits free sexual self-expression and opportunities to develop healthy sexualities, and intersects with structural inequalities related to economic disadvantages, to produce and worsen HIV risk and mental health challenges. This study highlights how homonegativity (i.e., negative attitudes and beliefs about homosexuality), biphobia (i.e., fear of bisexuality), and sex-work stigma influence the sexuality, HIV risk, and mental health of bisexual Latin American men already facing structural disadvantages (e.g., poverty, unemployment, low education attainment). With little evidence, bisexual men have been blamed for rising HIV incidence rates among heterosexual women, casting straight-identified bisexual men as vectors of disease, contracting HIV through homosexual sex and transmitting HIV to female partners who are unaware of the homosexual contact (Bingham et al., 2002; Stokes & Peterson, 1998). The homonegativity and biphobia fueling this discourse affects sexual identity and orientation disclosure and sexual risk (Agronick et al., 2004; Montgomery, Mokotoff, Gentry, & Blair, 2003).

Disclosure decisions are made in relation to the sociocultural norms and power structures that characterize particular environments (Link & Phelan, 2006; Parker & Aggleton, 2003). The study explored actual or potential instances of sexual disclosure by male sex workers to their families and potential partners and examined how experiences of social inequality and stigma informed their perceptions, decisions, and practices of disclosure. Seventy-two semistructured interviews (SSI) were analyzed focusing on (a) experiences of and strategies to manage social inequality and stigma related to homosexual practices and sex work, (b) men's predictions regarding social stigma upon actual or hypothetical disclosure of homosexual practices and sex work, and (c) the effects of social inequality and stigma on men's decisions to use risk reduction strategies during heterosexual sex. Participants were, on average, approximately 25 years old, the majority lived with family members, and few were married (29% in Santo Domingo and 9% in Boca Chica).

Many of the sex workers expressed feeling that they were, in the words of one participant, *fuera de la sociedad* (outside of society). "Mainly the society catalogues us as unequal, like a dead person," Eduardo, 19, remarked (Padilla et al., 2008, p. 383). The longing to be "normal" conveyed by some participants was related to social proscriptions against homosexuality stemming from moral and religious condemnations and society's rejection, disapproval, and intolerance of their particular intersections of masculinity (nonconforming behavior by having sex with men), sexual identity and orientation (incongruence between being straight identified and engaging in bisexual behavior), and occupation (sex work with male clients). Homonegativity, prostitution-related stigma, and the prospects of disclosure (often viewed as impossible) evoked feelings of shame in participants and avoidance of public interaction with openly gay men, because this could lead to suspicion among family, friends, and neighbors (guilt by association). One 26-year-old, Samuel, commented that "here, *maricones* [fags] are very low people" (Padilla et al., 2008,

p. 384). Participants in effect employed the stigma-management techniques (Goffman, 1963) of hiding selling sex and avoiding suspicion of engaging in homosexual sex.

The men in this study communicated a strong reluctance to using condoms with their primary female partners because they considered them to be *de confianza* (trustworthy) and unprotected sex signified trust within the relationship. When participants had unprotected sex with one of their clients, they experienced significant fear and anxiety about potential HIV exposure, but they could not share their concerns with anyone, and although they expressed immense concern for their wives' and girlfriends' health, they neither were able to disclose instances of risk behavior to their partners nor use condoms for temporary protection. Participants in this study experienced significant social stigma because of violation of sexual behavior norms. Men were forced to use stigma-management techniques to minimize the effects of dual stigmas that overpowered their fear of HIV infection and potential infection of their partners. This case study shows, through the use of localized language and articulations, how sexuality embodiment and denial intersect with lack of sexual diversity acceptance to further marginalize already marginalized groups and contribute to feelings of isolation and sexual health risk. This study also highlights the direct and intricate ways in which the intra- and interpersonal are strongly influenced by the structural.

SEXUAL RIGHTS MOVEMENTS: LOCAL UNDERSTANDINGS, GLOBAL FRAMINGS

Garcia and Parker (2006) consider how sociocultural norms, political opportunities, and framings of rights contribute to the theoretical conceptualization and development of sexual rights movements that are defined by global discourses, local contexts, and lived experiences. This section draws heavily on Garcia and Parker's casting of sexual rights as a movement, although we focus less on sexual rights as a top-down approach from the global to local and emphasize the cyclical and discursiveness of sexual rights as an articulation between the global and local (Tarrow, 1998). Rafael de la Dehesa's book *Queering the Public Sphere in Mexico and Brazil: Sexual Rights Movements in Emerging Democracies* offers a good example of grassroots sexual rights movements that then interface with the global. de la Dehesa (2010) explained the importance and insights gleaned from understanding gay and lesbian social movements that first appeared in Latin America in the 1970s as a consequence, in part, of regional and national political histories and local specificities rather than stemming largely from the influence of the United States and other western countries (Carrillo, 2011). Carrillo (2011) described how de la Dehesa used archives and more than 250 interviews to document the tactical use of global lesbian, gay, bisexual, transgender (LGBT) rights discourse to supplement manipulations of the local political system. Although we will not draw heavily on de la Dehesa's work, his point that movements are not simply exported from one place to another is relevant and informs our framing.

Everyday experiences with family, friends, and romantic partners at the intra- and interpersonal levels provide the raw material with which social movements are made. As institutional and community-wide injustices are recognized and groups mobilize to protect or expand freedoms, local movements are formed that speak to structural issues and conditions. Consider, for example, how the demonizing and blame of men who have sex with men (MSM), intravenous drug users, and sex workers for the HIV/AIDS pandemic (Parker, 2001) led to shame, stigma, and discrimination, which contributed to the emergence of HIV/AIDS prevention movements that fight against cultural imperialism and supremacy of economic rights over human life and that cast transmission as a result of unjust and failed socio-economic policies rather than individual behavior (Berkman, Garcia, Munoz-Laboy, Paiva, & Parker,

2005; see Volume 1, Chapter 22, this handbook). When local movements form coalitions, act in solidarity with, influence, and are influenced by other movements around the world, transnational movements are formed. Consider, for example, how Rev. Desmond Tutu and other South African leaders recognized similarities in discriminatory practices across ethnicity and sexuality, which led to constitutional protections on the basis of sexual orientation (E. Cameron, 2002).

The degree to which international bodies that promulgated global movements have influence at the local level in part determines the degree to which global discourses influence local understandings and action. In this way, the global and local meet in unpredictable, interesting, and consequential ways that lead to varying outcomes. Globalization (political, economic, and technological integration of nation states) has allowed for the exchange of ideas, recognition of parallels in oppression around the globe, and self and outsider critiques of sociocultural norms. Globalization, the quick and efficient movement of people, goods, and services around the world, includes the exchange of culture and the establishment of international bodies without borders (Appadurai, 1996; Castells, 1998).

Globalization has been facilitated by advancements in communication technology and intercontinental travel and by decreases in policies that prohibit or discourage foreign voice or presence within nation-states (Castells, 1996). As societies, populations, and groups around the world have greater access, interaction, and engagement with each other—and given the constantly evolving nature of cultures—social norms and cultural practices around the globe are influencing each other at accelerating rates. Sexualities and cultural attitudes and beliefs about sex and sexualities are not static; they are highly dynamic. Interpersonal sociocultural norms are especially important in influencing sexual roles.

As communities become more interconnected, some cultural elements regarding sex and sexualities are left behind and some elements are borrowed from other cultures. As cultural attitudes and beliefs regarding sexualities articulate with each other, cultural innovation occurs to produce new cultural elements, and some core cultural elements are even more fiercely protected and maintained (Nzegwu, 2006; see Chapter 6, this volume). Sexuality construction and sexual identity development are constantly changing, formed, and reformed, which has implications for social contracts among citizens, governments, and political systems (Corrêa & Parker, 2004). Sexual rights in the global context can be thought of as a metamovement made up of segments from feminist, gay, HIV/AIDS, queer, transsexual, and other movements.

CULTURE AND STRATEGY

In the context of globalization and its impacts on cultural change, researchers, activists, and service providers have become increasingly concerned with the relationship between sexual norms and the health of populations (e.g., violence against women, HIV/AIDS), which has contributed to the urgency of the development of sexual rights movements to address these concerns (Klugman, 2000; Undie & Izugbara, 2011). Sexual rights are not just a component of human rights but also challenge and critique conventional human rights language and framing as sexist and heteronormative. The ways in which sexual rights are operationalized is consequential for how universal notions of sexual rights are put in dialogue with traditional cultural values that, on their surface, appear to be in opposition to sexual rights. Sexual rights are always and necessarily negotiated in particular sociocultural contexts.

A core issue is the tension between expanding individual and group rights to protect and enhance health, and cultural preservation, sovereignty, and freedom of expression. Careful, nuanced, and sensitive negotiation of rights and culture must occur. In some sociocultural contexts, for example, women are considered property of men, where sexual rights framings from a global perspective consider such constitution in violation of women's human dignity and citizenship at minimum. To protect and expand sexual rights, oppositional value impasses must be navigated by relying both on the mutability of norms and the flexibility of sexual rights operationalization.

Take, for example, the right to sex in regard to cultural proscriptions of promiscuity. On the surface,

these may seem diametrically opposed, or some people may be concerned that the former will lead to the latter, but with careful framing, casting, and negotiation, both can be achieved. Or, take, for example, cultural practices that grant men decision-making power over women regarding sex that may make it difficult, if not impossible, for women to protect themselves against HIV, unwanted pregnancies, or unwanted sex in general. Being cultural cocreators and participants, some women may promote and contribute to this cultural practice, while also wanting the right to protect themselves.

Another example is talking about sexual rights in cultural contexts in which discussion of sex and sexuality is taboo, which in many cases is a result of religious influences. Botswana's National Action Plan for Youth, for instance, calls for culturally sensitive sexual health information in the context of a recognition of secrecy and discomfort in providing such information (Republic of Namibia, 1999), and the Council of Churches in Namibia has stated publicly that people die when sex is not discussed and that they cannot hide behind the Bible (Klugman, 2000). Culture and rights are not always opposed, and even when they appear to be, progress can be made through careful negotiation and integration. Dismantling culture, forced assimilation, and social engineering is as harmful as denying or limiting sexual rights. Well-defined notions of sexual rights must be delineated by considering local needs and engaging citizens in the cocreation of knowledge about sexuality upon which to base rights. The notion of individual versus community rights is a false dichotomy (Corrêa, Petchesky, & Parker, 2008).

Case Study: Public Health as Vehicle to Address Homonegativity in Africa

In the 1980s, small groups began to form in Zimbabwe and South Africa to support sexual rights, self-esteem, and sense of community among lesbians and gays that challenged doctrines of faith-based institutions and some factions of African nationalist politics (Epprecht, 2012). These and later groups formed, in part, in response to policies that increasingly target sexual minorities. As more nation-states adopt anti-LGBT laws and harsh rhetoric, it has become more difficult (life-threatening, in some cases) to come out, confront taboos and myths about sexualities, and maintain solidarity. Consequently, activists have pursued a more inconspicuous approach to encouraging sexual rights that use public health messaging as a vehicle to promote positive gay identity.

Although public and explicit advocacy for rights for the sexually marginalized can be risky and dangerous in some places and contexts, not all African countries or cultures are intolerant and some sexual rights progress has been achieved for sexually marginalized communities. Even so, given the harsh realities in many places, some have taken a more shrewd method, leveraging the HIV epidemic to motivate activism. Sexual rights movements and sexual identities are developing in the context of HIV prevention with funding from Western and European countries that assist with network building and mobilization. This has led to the use of a number of prudent strategies.

First, through network building and mobilization, communities are creating culturally specific language to name themselves, often drawing on double entendres, and enabling them to live somewhat openly in relatively conservative societies. Also, organizations have advanced sexual rights agendas by including diversity as a core value in which MSM are but one target population. Some organizations have changed their names so as not to alert protesters, and others have a stated mission with a focus on health that includes the health of MSM. This has helped organizations become accredited nongovernmental organizations (U.S. Department of State, 2009).

Although espousing a health discourse has worked to some degree, historically rooted mistrust of science, scientists,

> and the medical establishment may limit its effectiveness. African activists and leaders working on sexual rights issues have cautioned against replicating and conforming to Western models and language. As Rev. Rowland Jide Macaulay of Nigeria stressed: “The international gay and lesbian movement is not a model for Africa. The way we approach things is very, very different. Our culture is different . . . Recognize our issues. Consult us before you act on our behalf” (Epprecht, 2012, p. 230).
>
> As a result of the complexities of the intersections of homonegativity, culture, and disease, strategies to progress sexual rights must be socially and contextually variable and complex. Both judicious or covert and aggressive strategies can work together to advance sexual rights for marginalized communities with both local and global support.

RESEARCH AGENDAS, METHODS, AND PRACTICE IMPLICATIONS

Addressing issues of sexual rights is difficult when there is a dearth of reliable scientific information on sexual cultures, relational intersubjectivities, and sociocultural contexts in which sexualities are constructed (Parker & Aggleton, 2003; Parker & Gagnon, 1995). There is a paucity of data on the positive impacts of sexual migration (i.e., the movement of ideas, practices, and identities) on sexual freedom, discrimination, pleasure, sexual identity development, and desire (Altman, 2001; Parker, 1999). Researchers should focus on the economic and political power structures that influence agency and sexual identities (Parker, 1999; Parker, Barbosa, & Aggleton, 2000). Other challenges concern the measurement of rights and effectiveness of policies and practices. Measurement is important as a tool to monitor and hold actors accountable, to warn of potential violations, and to identify neglected issues (Corrêa & Parker, 2004). More narrative research is needed that focuses on stories of community members told in their own voices, as a way of more contextually grounding understandings (see Volume 1, Chapter 6, this handbook). Researchers must address the longstanding mistrust of science and medical establishments that have exploited and harmed vulnerable groups (Dowsett, 2007).

Psychologists, public health practitioners, anthropologists, and others can contribute to sexual rights movements in three primary areas: at the individual and interpersonal level, through public and institutional policy, and by addressing social norms (Harper & Schneider, 2003). Clinical service providers can help clients with healthy gender and sexual identity development by addressing internalization of negative attitudes and beliefs, denial issues, and mental health challenges, such as depression, anxiety, and suicidality. Clinicians might focus on promoting women’s empowerment; encouraging transformative masculinities that decenter heterosexuality, patriarchy, and male privilege (Parrott, Peterson, & Bakeman, 2011); and building and maintaining healthy relationships with romantic partners. This may include working with friends and family to address negative attitudes and beliefs that may be harming relationships.

One study by Weinstein et al. (2012) provided a good example of the impacts psychological research and practice can have on sexual rights–related issues. Weinstein et al. showed that when children grow up with agency-hindering guardians, they may be averted from internal exploration of self-validated externally marginalized sexualities, and consequently they may have delayed identity development or self-rejection of formerly self-endorsed sexual identities. They found that children with relatively low parental autonomy support may be more likely to hide or deny same-sex sexual orientation. This study suggested that therapists and counselors might work with families on parenting styles, autonomy support, and parental influences on children’s self-esteem (see Volume 1, Chapter 19, this handbook).

Social and community psychologists, public health practitioners, and those in related fields can organize and promote advocacy efforts focused on policies related to comprehensive sex education for youth, including STI protection, oral and homosexual sex, masturbation, and other important topics;

economic policies that decrease prevalence and increase safety of survival sex work; and forced marriages, abortions, and genital cutting. Policy makers also may be engaged in issues related to sodomy laws, marriage equality, criminalization of knowing HIV transmitters, and funding for culturally sensitive and comprehensive sexual health services beyond HIV and other infections treatment. Social marketing campaigns, structural (e.g., microenterprise) and group-level interventions, and cultural production and criticism should seek to decrease negative attitudes and beliefs like biphobia and sexism that lead to violence, discrimination, and harassment and that decrease societal acceptance of minority sexualities. One current social marketing campaign, From Where I Stand (FWIS), has shown early signs of effectiveness in addressing HIV stigma and homonegativity. Funded by the Centers for Disease Control and Prevention and administered by AID Atlanta in Georgia, FWIS worked with young Black sexually marginalized men to engage each other and their broader communities through social media, billboards, film, and other outlets.

CONCLUSION

According to the Sexuality Information and Education Council of the United States (2002), sexual rights are

> the rights of individuals to have the information, skills, support, and services to make responsible decisions about their sexuality consistent with their own values. These include the right to bodily integrity, voluntary sexual relationships, a full range of voluntary sexual and reproductive health services, and the ability to express one's sexual orientation without violence or discrimination. (Lottes & Adkins, 2010, p. 263)

By drawing on the work of Tolman (2006), Herdt (2009), Richardson (2000), Padilla et al. (2008), and others, this chapter has shown how heteronormativity, male privilege, and other forms of oppression shape social policy structure that affect sexual rights and, consequently, sexuality development and sexual health. To intervene and respond successfully to the social and political forces that threaten sexual rights for marginalized populations, sex, sexuality, and sexual health must be conceptualized, as Parker (1997) noted, "as a positive part of human experience to be preserved and nurtured" (p. 35). This enables more "affirmative and emancipatory" sexual rights to emerge that extend beyond sexual rights' initial focus on heteronormative reproductive rights and reactions to sexual violence.

Global discourse on sexual autonomy grew out of discussion on violence prevention for women, which led to considerations of primarily heteronormative sex education, and only recently has included sexual diversity and pleasure (Garcia & Parker, 2006). Although programs of action like ICPD and the Beijing Platform have contributed to how some countries frame sexual rights, in many cases, the implications for action lack sufficient detail that enables officials to claim social and economic policy and practice developments in line with international programs of action, while failing to address gender and sexual inequalities and injustices in any real way (Klugman, 2000). Empowering those who are marginalized is key to collective economic and social prosperity. A communal conceptualization of rights, rather than a purely individual approach, seeks a balance between the individual and community and does not see the two as contentious (Undie & Izugbara, 2011). Some have noted a lack of social policy and political science theorizing related to sexual rights, sexuality, and sexual health across a broad range of issues, including education, housing, health care, and others. Advances in transdiciplinary and cross-sectorial theory, research, and practice on sexuality and sexual health are needed.

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