

# id21 insights

research findings for development policymakers and practitioners

## Rethinking sexuality and policy

**What do sexuality and policy have to do with each other? Is not sexuality personal, private, and more to do with your body than your politics? Of course on one level it is. However, if we consider our sexual relations in a little more depth, we discover that the terms for them are set by policies and politics, including social norms and gender dynamics, national policies and international relations.**

Suppose you are touching your spouse, lover, or a sex worker, for example – your fingers on their skin. It may be just between the two of you. You may be luxuriating in your immediate feelings rather than thinking about your professional or public commitments.

But what enables you both to get to that situation? What sets up the dynamics of the relationship between you? What influences how you feel about that contact? And what will the consequences be?

This issue of *id21 insights* considers the policies and politics which start to answer these questions even before your fingers reach out to touch that skin.

For instance, the United States' (US) conditions on HIV and AIDS funding have altered the possibilities for how people live out their sexualities. The Bush administration has introduced a set of conditions including promotion of

abstinence from sex, and condemnation of sex work and abortion as pre-conditions for receiving support. This has had a significant impact on developing countries, including changing the content of sex education, reducing the availability of condoms and leading to clinic closures.

In this issue of *id21 insights*, **Sonia Correa, Richard Parker and Rosalind Petchesky** argue that the US government has violated the rights of people living with HIV and AIDS through its 'moral' policies. They track US efforts to limit production of generic AIDS drugs, and link this economic injustice with the erotic injustices of American policy.

Even the World Bank is there in bed with you! **Ken Camargo's** article analyses World Bank policy documents to show how sexuality is addressed in relation to gender, and sexual and reproductive health and risk. The World Bank's approach to

sexuality assumes medical experts and health economists know best, instead of considering people's own versions of their sexuality experiences and related policy needs. It fails to get beyond the technical and medical aspects to deal with social and power issues, and the view of health stops at absence of disease rather than including any consideration of rights and pleasure.

On a national level, **Xiaopei He** considers how policies in China have both regulated and opened spaces for different kinds of sexual expressions since the communist revolution in 1949. She traces changes through the publicly asexual representations during the Cultural Revolution, where even portrayals of marital relationships disappeared, through to economic reform and responses to HIV and AIDS, which increased spaces for sex workers and gay men in particular. Xiaopei He concludes that the current political climate is more liberal but inconsistent, allowing more possibilities for diverse sexualities, but no guarantee of security from persecution.

**Mauro Cabral** considers the contradictory policies in Argentina regarding intersex children (born with genitalia that diverge from standard male and female embodiments) and transsexual adults (people who identify with a different sex from that assigned to them at birth). In order to access surgery transsexual adults are required to conform to a gender ▶

A gay pride march during 'Gai Jatra' (the cow festival), when everyday citizens dress up in fancy costumes. Most of the marchers are transvestites or transsexuals. Their banners talk of world peace and of HIV, but the march is also meant to draw attention to the persecution of Nepal's small population of 'meti' – men who have sex with other men, but see themselves as woman and therefore not necessarily gay.

Piers Benatar / Panos Pictures

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► stereotyped model of the sex they wish to change to, and to pursue a long and difficult legal process. However, intersex babies and infants, who are unable to give informed consent, are subject to body modifications without any challenge from Argentine law. This practice derives from the idea that their bodies are incomplete until 'properly' sexed (even if their bodies are healthy). Only once clearly cut into shape as male or female can they be properly human and entitled to human rights.

**Dorothy Aken'ova** focuses on the politics of gender and sexual pleasure in Nigeria, reporting on her action research in Niger state. In many heterosexual relationships, sexual pleasure is considered a male prerogative. Through training and counselling for couples, the non-governmental organisation INCREASE challenges such norms, promoting greater equality in relationships, including more pleasure for women.

And it goes both ways. Not only is policy influencing your sexuality; sexuality also plays a significant role in the construction of national identities and their deployment in global politics. **Pinar Ilkcaracan** describes how nationalist Islamic discourses portray a conservative sexual morality as a contrast to the decadent West. These portrayals make it harder to contest marital rape or honour killings, or to legalise

abortion and same sex relations.

At the same time the global war on terror and 'Islamophobia' from the West tend to spread a view of Islam as monolithic and universally oppressive to women. This becomes part of the justification for invasions of Afghanistan, Iraq and maybe Iran. This leads to further backlash in these countries, and drowns out more liberal voices in Islam. And, ironically, at the international level, opposing political forces such as the Bush administration and Islamic states converge at the United Nations in their opposition to sexual rights. These are just some of the challenges with which the Coalition for Sexual and Bodily Rights in Muslim Societies engages.

**Policies and politics in society, the state, and international relations have a huge and often harmful impact on sexual practices and sexual rights**

In summary, policies and politics in society, the state, and international relations have a huge and often harmful impact on sexual practices and sexual rights. And sexuality features as an instrument in political struggles. Who touches whom? Who experiences pleasure? Is a price paid such as facing state persecution, or an HIV positive life without access to drugs? Who undergoes genital cutting without consent?

These are all highly political questions.

Sexuality needs to be clearly recognised as a policy issue. We need to leave behind the World Bank's medical technical perspective in order to recognise and challenge the power dynamics, whether at the level of society, the nation or internationally. We need to shift away from a moralistic view of sexuality as only appropriate within marriage, or in heterosexual relationships which meet the gender conventions of the context.

A new political outlook is needed which promotes sexual rights: rights to seek the relationships of our choosing, based on consent and respect of those involved, rights to enjoy our bodies whatever our gender expression, rights to sexual health free from obstruction by global pharmaceuticals and the US trade regime. Forging alliances between people working on a range of different sexuality issues, and between activists working for sexual rights, economic justice and other progressive politics will help us move towards that goal.

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**see also**

*Sexuality Matters*, IDS Bulletin Volume 37, Number 5, Institute of Development Studies: UK, edited by Andrea Cornwall and Susan Jolly, October 2006

## Sexual and bodily rights in Muslim societies

**A few weeks after the terrorist attacks in New York on September 11th 2001, 19 representatives of non governmental organisations and experts from Algeria, Egypt, Lebanon, Morocco, Pakistan, Palestine, Syria, Tunisia, Turkey, and Yemen met in Istanbul for the landmark meeting, 'Women, Sexuality and Social Change in the Middle East and Mediterranean'.**

The meeting, the first of its kind, aimed to break taboos around sexuality and the role sexuality plays in disempowering women in the Middle East and North Africa. The meeting also put into context the links between sexuality, gender equality, and social and political struggles.

All the participants were working on women's sexual oppression issues, including honour crimes, female genital mutilation (FGM), virginity tests or sexuality and war. They issued a press statement after the meeting stating that sexuality and its control is linked to systems of power, politics, law and domination in society.

The analysis at that time was that increasing global militarism, conservatism and nationalism would add to the mechanisms of political, economic, social, legal and cultural manipulation that oppress

women's sexuality. This has been proved true over subsequent years. The meeting led to the foundation of an international solidarity network, The Coalition for Sexual and Bodily Rights in Muslim Societies (CSBR).

CSBR is founded on the principle that all people have the right to bodily and sexual integrity and freedom. It takes an inclusive and affirmative approach to sexuality. CSBR has played a crucial role in establishing the notion of sexual rights – previously non-existent as a term in Muslim societies – as well as in breaking taboos around lesbian, bisexual, gay and transgender rights. It has also strengthened the work of its members by building links between regions, themes and ways of thinking. The coalition now includes forty NGOs and academics from the Middle East, North Africa, South and Southeast Asia.

Many national laws in the Middle East and South and South-East Asia include discriminatory provisions sanctioning violations of human rights: honour killing perpetrators receive sentence reductions, marital rape is not criminalised, abortion is illegal, same-sex relations are criminalised, and so on. These violations extend beyond sexual, reproductive and bodily rights and gender equality. They are major barriers to development and equality as they obstruct access to economic, political, social and educational opportunities for women and young people.

The so-called global war on terror, which began in response to the 2001 attacks, led to growing Islamophobia and the tendency to view Islam as a monolithic

religion, rather than recognising the diversity of Islamic interpretations and religious practices in Muslim societies. Increasing militarisation and violence, as in Afghanistan, Iraq, Palestine and Lebanon, have led to an unprecedented expansion of Muslim religious and nationalist ideologies, and have marginalised existing liberal voices in the region. Consequently, CSBR has had to work harder to open up spaces for liberal voices on sexuality and rights.

In this challenging context, in order to achieve gender equality, social justice and democratisation, it remains essential to:

- revise and reinforce legal systems to better protect rights, particularly women's rights
- adopt and implement rights-based education and health programmes and policies
- increase budget allocations for programmes and organisations to ensure gender equality
- develop policies and programmes to reduce and eliminate the feminisation of poverty and HIV and AIDS.

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**See also**

*Women and Sexuality in Muslim Societies*, WWHR-New Ways: Istanbul, edited by Pinar Ilkcaracan, 2000

*Gender, Sexuality and Criminal Laws in the Middle East and North Africa*, WWHR-New Ways: Istanbul, by Sherifa Zuhur, 2004

[www.wwhr.org/files/GenderSexualityandCriminalLaws.pdf](http://www.wwhr.org/files/GenderSexualityandCriminalLaws.pdf)

# US trade policy and HIV treatment

## The struggle for treatment access

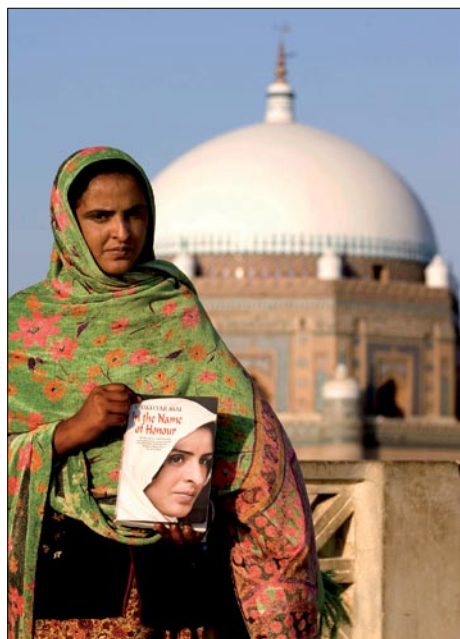
**US government policy has violated the human rights of people living with HIV and AIDS through its 'moral' restrictions prioritising abstinence-only sex education, restricting condom distribution, and stigmatising sex workers.**

The government's close ties with pharmaceutical companies and manipulation of trade in essential medicines have also infringed on the human right to health.

Organisations including the Treatment Action Campaign in South Africa, the Health Global Access Project Coalition, ACT UP (Aids Coalition to Unleash Power), Oxfam, and Médecins Sans Frontières have campaigned to promote access to essential medicines for HIV and AIDS and other life-threatening diseases as a human right.

In Brazil, access to essential medicines is considered a fundamental human right and state-owned pharmaceutical companies manufacture generic AIDS drugs for free distribution. In India and, later, Thailand, manufacturers not yet bound by restrictive patent laws, began producing lower cost anti-retroviral drugs for both the domestic and international markets.

At the 2001 World Trade Organisation



Mukhtaran Mai holds a copy of her autobiography, 'In the name of honour', next to the Mazar Baha Uddin Zakaria mausoleum. Mukhtaran was gang-raped by tribesmen from a rival clan in 2002 and has since defied tradition and sought punishment of the accused rather than taking her own life to protect her family's honour. Her story has become a launch-pad for Pakistani and international human rights groups to mount pressure on the government to do more to protect women.

Warrick Page / Panos Pictures

## Access to drugs in Thailand

**Thailand shows what TRIPS-Plus means in practice. More than a million men, women, and children have been infected by HIV in Thailand. Half a million people have died and around 20,000 new infections still occur each year.**

Yet there is hope because a public health offensive combines aggressive outreach, prevention, and condom distribution strategies (for example, putting condoms in bars and clubs where sexual transactions are set up or occur) with a growing treatment access programme.

Thailand's government pharmaceutical organisation produces high quality generic versions of expensive commercial HIV drugs

and drugs to treat deadly infections. This has made it possible to treat 80,000 HIV-positive people who otherwise would have died.

In November 2006, the provisional Thai government issued a compulsory license on Efavirenz, an important HIV drug under patent to the US-based drug company Merck. It did so in the face of legal threats from Merck and pressure from the US trade representative. In May 2007, as a result of strong advocacy efforts by NGOs working on intellectual property rights, the Brazilian government also issued a compulsory license of the same drug.

Rosalind Petcheskey

ministerial meeting in Doha, Qatar, a bloc of Southern countries secured a declaration affirming that trade rules should not prevent member countries from providing access to medicines for all. The US government did not oppose the declaration outright but undermined it unilaterally. For instance, the US President's Emergency Plan for AIDS Relief stated that 60 percent of funds should go towards free treatment. But since the USA simply used the money to pay pharmaceutical companies for non-generic drugs that would be freely distributed, it has subverted the movement for universal access.

**Technocratic approaches ignore the deeply gendered, racial, and sexual dimensions of HIV and AIDS, as well as the social, economic, and cultural conditions necessary to combat the pandemic**

The US government has also engaged increasing numbers of developing countries in bilateral free trade agreements. Through these agreements the US trade and patents regime, known as TRIPS-Plus, requires signatory countries to give up their rights to produce or import cheaper generic drugs and to extend the patents of US drug makers or risk losing billions of dollars in trade with the USA.

These clashes highlight the connections between broad, macro-economic facts, human development, and health-related rights. Yet the preoccupation with treatment and its economic dimensions has contributed to sanitising and desexualising the politics of AIDS, presenting new challenges to sexual rights and gender justice activists.

World Bank and World Health Organisation economists have sought to reconcile market systems with principles of social inclusion while avoiding sexual controversies. They focus on technocratic approaches such as biomedical quick fixes – the recent emphasis on circumcision, for instance. These ignore the deeply gendered, racial, and sexual dimensions of HIV and AIDS, as well as the social, economic, and cultural conditions necessary to combat the

pandemic. Tensions between the different strategies for addressing the epidemic have been obvious.

- How can economic frameworks be applied to principles such as the right to sexual self-expression and freedom from abuse, or discrimination based on sexual and gender orientation?
- Why should treatment and prevention, social and economic rights, and sexual rights be kept separate?

The fight against HIV and AIDS needs to overcome the tensions between different strategies, and to reintegrate economic justice (access to goods and services) with erotic justice (the affirmation of bodies, pleasures, and desire).

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See also

*Sexuality, Health and Human Rights*, Routledge, by Sonia Corrêa, Richard Parker and Rosalind Petcheskey, 2008

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# Sexual pleasure and safer sex

## The under-explored synergy

**Many things are hidden within the silence, taboo and criminalisation of certain aspects of people's sexualities, especially the pleasure component. There are huge gaps in programming for women's reproductive health and women's sexuality. Is it possible to address issues such as family planning, rape, gender based and domestic violence and HIV and AIDS without discussing sexual intercourse?**

Unless we understand where the power to seek and experience pleasure lies, we cannot resolve the other issues in reproductive health.

The International Centre for Reproductive Health and Sexual Rights (INCRESE) conducted a survey on sexual pleasure among women in Nigeria. Respondents were both male and female, within reproductive age, and from diverse livelihoods. This research was done in Port Harcourt, Lagos, Abuja, Sokoto and Maiduguri – all metropolitan cities.

The survey was followed by an action research project carried out in three semi-urban and rural communities in Niger State, with a balance in representation of ethnicity and religion (Muslim and Christian) and different social groups.

Most respondents admitted that sexual activity can be accompanied by pleasure, and that it is the predominant culture of a group that determines who is entitled to pleasure. In this context, it is the heterosexual male who has the power to experience and express sexual desire and pleasure. He has the power to initiate sexual negotiations including sexual advances. The female is not entitled to any sexual pleasure.

Women are instructed about local herbal preparations and oils, and given tips on how to give pleasure to a male partner. Young women are traditionally taught, for example, how to seduce their male partner and what food to cook to show their partner that they are ready for sexual intercourse. Mothers, aunts, traditional birth attendants and herbalists are key agents in this process. In a few cases, community institutions responsible for preparing young women for marriage play the sex educator role.

**Sexual pleasure can be experienced physically, emotionally, psychologically and spiritually**

Some women are beaten or sent away from their matrimonial homes for making noises like a 'prostitute' while having sexual intercourse with their husband. They dare not ask how the husband knows what noises prostitutes make during sexual intercourse.

The research findings include:

- Sexual pleasure can be experienced physically, emotionally, psychologically and spiritually.

- Sexual pleasure can be hindered by fear, anxiety, guilt, grief and discomfort, in addition to clinical conditions, such as disease and dysfunction.
- Couples can be guided to achieve full sexual pleasure by addressing issues in their relationships, which include poor self esteem, lack of choice in the sexuality of partners, fear of infection or unwanted pregnancy, and fear of violence, including psychological abuse.

A training manual has emerged through this work, containing learning materials and tasks for participants to perform. There are also follow-up counselling sessions for participants who require them.


**Some community leaders and the state government fear that activities such as distributing vibrators would destroy cultural values**

Some community leaders and the state government fear that activities such as distributing vibrators would destroy cultural values. In response, the project was linked with similar community practices. This demonstrated that the programme only modifies existing aspects of culture to respond to issues of concern at the present time. After all, locally made sex aids are openly on sale every day and Viagra is accepted without question.

Participants were given an evaluation exercise with a guide for use. End of project evaluations were conducted six months and one year after the project, to assess how participants used the knowledge and skills acquired, what they found most useful in their relationships, and how the experience affected their lives.

Among those who participated in the project, the evaluation found:

- women were empowered and had improved self esteem
- a drop in domestic violence
- acceptance of family planning and increased use of condoms



**Abstinence has a high failure rate.**

People of Faith Use Condoms  
www.condoms4life.org | CATHOLICS FOR A FREE CHOICE

Catholics for Choice (CFC) serves as a voice for Catholics who believe that the Catholic tradition supports a woman's moral and legal right to follow her conscience in matters of sexuality and reproductive health. Condoms4Life is a worldwide public education campaign, sponsored by CFC and its partners, to raise public awareness about the devastating effect of the bishops' ban on condoms. This advertisement was used in the campaign, which launched in 2001 and was run in countries all over the world.

- behavioural change to adopt healthy life styles, reducing the risk of contracting HIV
- better communication between couples and better parent-to-child communication
- fuller sexual pleasure, especially for women.

Erotic justice can improve safety, and together these two things can yield benefits ranging from orgasms to reductions in domestic violence, maternal mortality, unsafe abortion, sexually transmitted infections and HIV and AIDS.

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# Sexual difference and bodily integrity in Argentine Law

## Why are bodily modifications codified in such restrictive and contradictory terms in the Argentine legal system?

This article is based on research over the last five years, investigating Argentine Law from a philosophical perspective to answer this question.

The area of greatest concern is the apparent gap between juridical and normative considerations of transsexual adults (people who identify with a different sex than that assigned to them at birth, and must receive a specific legal authorisation if they want to change their bodies) and of intersex children (those born with bodies – specially genitalia – that vary from male and female standard embodiments).

In the case of transsexual adults, Argentine Law severely restricts the possibilities of having access to bodily modifications. It makes them conditional on the result of a long and difficult legal process, where transsexuals have to fit the diagnosis and also present a particular story of their life that fits the expectations of the medical system.

In the case of intersex children, Argentine Law states that bodily modifications performed on intersex young children (who cannot give informed consent), with the purpose of 'normalising' their genitalia, are neither a legal nor a moral problem. But with bodily integrity a fundamental principle of Argentine Law, how can this difference be explained?

- From the perspective of Argentine Law, intersex bodies are not bodies yet – or, at least, they are not complete bodies. Intersexuality is considered to be a malformation of the flesh, which makes it impossible to consider something a sexed body.
- Sexed bodies are those that incarnate sexual difference – only male and female bodies are, in fact, considered bodies.
- Within this legal framework, sexual identity is a key component of personal identity and must be incarnated in a clearly male or female body.
- The status of intersexuality compromises not only the possibility of incarnating a sexed body, but also the possibility of developing a personal identity as a man or a woman.
- Surgical procedures intended to 'normalise' intersex genitalia are therefore justified because they grant full enjoyment of the right to identity.
- These procedures are said not to violate bodily integrity because beforehand there are, in law, considered to be not

bodies, but only meaningless intersex flesh.

Surgeries performed on intersex children have been denounced by activists and scholars worldwide as mutilating practices and, therefore, as gross human rights violations. But they are legally and morally justified under Argentine and other national laws, as well as medical regimes, as genuine 'embodying' practices.

According to this interpretation, being a sexed body is one of the necessary conditions of personhood. So, if surgery takes place before personhood, then it cannot be viewed and condemned from a human rights perspective.

To bring such practices within an inclusive human rights framework would require the following changes in how human rights advocates understand embodiment and sexuality:

- Children's sexual rights must be taken into account in any decision concerning their bodies.
- Sexual difference should be identified as a cultural ideal with normative force

and effects, instead of a fact incarnated in specific bodies.

- Assumed connections between bodies and identities should be challenged, making room for the recognition of relationships between both ways of experiencing the self.
- Legal systems should recognise and respect the value of personal and cultural experiences, such as subjectivity, embodiment and pleasure, without making them subject to regulatory ideals of masculinity, femininity and identity.
- Visual, written and oral accounts of bodily diversity should be produced and disseminated, not only showing the mere existence of that diversity, but also celebrating it.

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### See also

*Intersex: A Perilous Difference*, Susquehanna University Press: Pennsylvania, by Morgan Holmes, 2008  
*Undoing Gender*, Routledge: New York, by Judith Butler, 2005

## Policies on sexuality in China

**Chinese society has long been both patriarchal and feudal, partly owing to Confucianism, which treats women as subordinate to men. In 1949 the Chinese Communist Party took power and began building a socialist new China. This article examines how policy in China has affected people's sexual lives since 1949.**

In the name of liberating women from sexual exploitation by men, the Communist Party shut down brothels, imprisoned pimps and trained prostitutes in skills such as sewing. The sex industry was demolished in one night and a few years later the Party claimed the entire country was free from sexually transmitted diseases.

The first law issued by the Communist Party was the Marriage Law in 1950. By raising women's status and promoting sexual morality – for example, forbidding forced marriage and proclaiming husbands and wives equal in marriage – the Party popularised and legitimised its authority.

During the Cultural Revolution (1966-1976), all literature and other cultural forms were tightly regulated. The only shows allowed to be performed were the eight 'Model Theatre pieces', none of which featured sexual or even blood relationships. In these shows, the only families presented were formed on the basis of revolution. Relationships were purely revolutionary rather than sexual, romantic or reproductive.

Marital sex was hidden and pre- or extra-marital sex outlawed. People engaging in heterosexual extra-marital sex were named, shamed and ostracised. Homosexuals were treated by physicians, imprisoned, sent to labour camps, or sentenced to death. Bisexuality was punished, and transgender people and children born out of wedlock were unheard of.

When the Economic Reform started in the late 1970s, the sex industry boomed and attitudes towards pre- and extra-marital sex became more liberal. In 1980, the Marriage Law was revised to make divorce easier

and allowable on the basis of emotional incompatibility. The 'One Child Policy' began in the 1980s and, as a result, abortion became widely used as a birth control method. Marriage and sex were no longer primarily for reproduction.

When AIDS first arrived in 1985, the government built the so-called 'AIDS Great Wall' to stop imports of blood products and to test foreigners for HIV at borders. When this failed to stop the spread of the epidemic, drug users and sex workers were arrested and forcibly tested. However, safer sex information was not available.

Severe acute respiratory syndrome (SARS) broke out in 2003. It was a turning point for opening up health-related information to the public in order to stop rumours and regain government credibility, both nationally and internationally. AIDS was officially recognised as a sexually transmitted disease and information about safer sex began to be provided.

The health authorities only began to work with gay communities and sex workers in combating the HIV epidemic after the SARS crisis. This enabled the recognition of different sexual desires and the provision of health information to vulnerable groups.

However, cultural beliefs do not always follow policies and policies can be inconsistent. Police raided the 2005 Beijing gay film festival and paraded sex workers and clients through the streets of Shenzhen City in 2006. Nevertheless, health officials work with gay communities to prevent HIV and AIDS in many cities; sex workers are accepted by many people; and transgender people can have sex changes performed at hospitals and registered on their birth certificates.

The current government's policies do acknowledge certain desires and lifestyles, but more research and facilitation of movements on sexuality could assist further policy change.

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# The failure of the World Bank to address sexuality

Putting 'World Bank' and 'sex' in the same sentence may at first sight look strange. But the fact is that as the boundaries of the World Bank's areas of intervention (and its supposed expertise) have expanded consistently over the years, it is almost inevitable that its actions and prescriptions will overlap with more aspects of people's lives – including sexuality.

Since the 1960s the World Bank has been involved with reproductive issues, the relations between women and development and, more recently, HIV and AIDS. Sexuality issues play a major role in all these areas, and it would seem inevitable that they would emerge in the World Bank's discussions as well.

The research that led to this article consisted of an attempt to identify how the World Bank's official documents have addressed issues related to sexuality. The research seeks to identify key ideas and meanings that may change over time, but which do so according to strict rules and maintain a consistent trajectory, linking power and knowledge: discursive formations.

The analysis of the World Bank's documents revealed that it does not address this fundamental component of some of the most pressing health emergencies of our time. Rather, its economic rationality and technocratic viewpoint have effectively silenced and sanitised the discourse on sexuality. In doing so the World Bank is limiting the sexuality and gender-related issues that can be tackled in the context of its programmes, and is constraining efforts to advance fundamental sexual rights. Nevertheless, unexpected results may arise from that process, so it does not necessarily further a comprehensive conservative agenda.

Three specific discursive formations dealing with issues related to sexuality were characterised in this study: women-gender; sexual-reproductive-health; and sex-as-a-risk. The analysis led to the following conclusions:

- Technical and scientific principles are assumed to have precedence in dictating norms and priorities in general, whether with regard to public policy or to people's private lives.
- A restricted view of 'health' – namely, the absence of disease – takes precedence over any consideration of rights or pleasure.
- Groups of specialists – medical doctors and, even more powerfully, health economists – are assumed to know 'what is better for you' ('you' being the individual or society), thus effectively producing a normalised, de-politicised and de-sexualised (paradoxical as it may seem) view of sexuality.



## Useful web links

Sexuality Policy Watch  
[www.sxpolitics.org](http://www.sxpolitics.org)

IDS Sexuality and Development Programme  
[www.ids.ac.uk/go/sexualityanddevelopment](http://www.ids.ac.uk/go/sexualityanddevelopment)

International Sexuality Studies Network  
[sexualitystudies.net](http://sexualitystudies.net)

Coalition for Sexual and Bodily Rights in Muslim Countries  
[www.wwhr.org/musulman\\_toplumlarda\\_dayanisma\\_agi.php](http://www.wwhr.org/musulman_toplumlarda_dayanisma_agi.php)

International Network of Sex Work Projects  
[www.nswp.org](http://www.nswp.org)

International Lesbian and Gay Association  
[www.ilga.org](http://www.ilga.org)

International Gay and Lesbian Human Rights Commission  
[www.iglhrc.org](http://www.iglhrc.org)

Behind the Mask  
[www.mask.org.za](http://www.mask.org.za)

The Pleasure Project  
[www.thepleasureproject.org](http://www.thepleasureproject.org)

These conclusions show that the public discourse of the World Bank is yet another important arena where the establishment of an affirmative conception of sexual rights has to be fought for, potentially with repercussions on a global scale.

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### See also

*Global Prescriptions: Gendering Health and Human rights*, Zed Books: London, by Rosalind Petchesky, 2003

**A graphic neon sign above a new generation Beijing sex shop – with stylish exteriors, and young staff – liberating the industry from the pseudo-medical context of 'sexual health' in which it has previously operated and bringing a new set of oppressive forces.**

Mark Henley / Panos Pictures

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