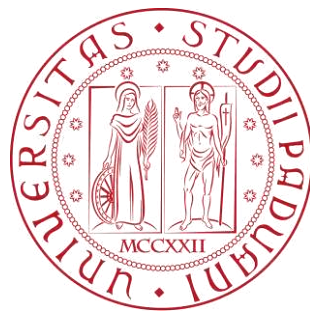


UNIVERSITÀ DEGLI STUDI DI PADOVA

DEPARTMENT OF POLITICAL SCIENCE, LAW,
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**Master's degree in
Human Rights and Multi-level Governance**



TOO OFTEN DENIED, TOO OFTEN NEGLECTED:

WOMEN'S SEXUAL RIGHTS.

On the meanings, controversies, and the need for a comprehensive,
positive approach to sexuality.

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INTRODUCTION

As Gayle Rubin points out, when societies find themselves in times of social and political strife and repression, of dissolution of nations and nation-building, or of globalization as today, discussions over sexual values, identities and erotic conduct gain immense symbolic weight. Disputes over sexual behavior can become the vehicles for displacing social anxieties. She suggests that in general, and especially in times of great social stress, sexuality should be treated with special respect (G. Rubin, 2006). In the context of globalization, arising nationalism and fundamentalisms, sexual rights claims are enduring powerfully driven attacks as they are accused of being excessively individualized Western imposition that leads to irresponsible and destructive sexual behavior and considered directly linked to, for example, the global HIV/AIDS pandemic or the destruction of the family. Human rights strategies are also called on in particular at such moments.

This thesis is aimed at demonstrating that Women's struggles for human rights is directly linked to their struggles for rights related to their sexuality. Indeed, this work argues that without a foundation of women's autonomy in decision-making regarding their bodies and their sexuality, women's human rights cannot be fully realized. At the core of this statement lies the acknowledgement that rights require bodies and, therefore, essential to all the freedoms that human beings enjoy is the right to bodily autonomy and integrity. Bodily autonomy means "my body is for me; my body is my own". It means women can claim an experience of it free from the instructions of the state or other institutions. It is about power and agency. It is about choice and it is about dignity. It is in this sense that the concept of sexual autonomy grows naturally from that of bodily integrity; it involves asserting the freedom to seek consensual pleasure, imagination, and desire. Therefore, the recognition of women's sexual and reproductive rights – that is, their ability to take decisions in relation to their bodies and sexual life – is a prerequisite for ensuring their full enjoyment of rights. The same principles apply to the lives of lesbian, gay, bisexual, trans and intersex (LGBTQI+) individuals: having autonomy to determine their own fate without undue policing of their bodies is a pre-requisite to living a life with dignity. Importantly, although the sexual rights of LGBTQI+ are also compromised by gender norms, heterosexism, class, and race, the contexts and ramifications of non-conforming genders and sexual orientations are complex and distinct enough to warrant separate

consideration. Therefore, the focus of this work is mostly on heterosexual women's sexuality (lesbians and gays rights are nevertheless mentioned in some sections of the work, since sexual rights must imperatively include also such rights).

As the discourse on sexual rights started to enter the international agenda - notably during the Cairo and Beijing World Conferences (in 1994 and 1995, respectively) - dangerous anti-gender narratives that oppose sexual and reproductive rights began to gain traction, thus threatening women's and LGBTQI+ persons' human rights. Such narratives define certain bodies (and reproductive or sexual choices) as properties of the collective, subject to what is considered the common good. The consequence for women and LGBTQI+ persons is that their bodies are taken out of their control and considered as property of the State, the community, or the family. This work will explore the ways in which such a position represents an attack to the most basic women's human rights.

Reproduction has been a particular focus of advocacy on the human rights of women, given the frequency with which women are forced into reproductive roles and denied control over it. The concept of sexual rights advocated for in this work, however, serves in part as a way of recognizing that issues of sexuality cannot be confined only to issues of reproductive freedom. Control of reproduction has long served as a way to control women's sexuality, but free enjoyment of sexuality means, among other things, understanding that not all sexuality falls under the umbrella of reproductive behavior. The conflation of sexual rights with reproductive rights has, by and large, caused sexual rights to be viewed as a subset of reproductive rights, albeit with a less developed articulation. This subset status has "disappeared" an array of people of varying ages and non-conforming sexual identities, as well as non-reproductive sexual practices. Another result of removing non-heterosexual, non-procreative sexual activities from human rights protection has been the surrender of these activities to moral, religious, or criminal regulation. The importance to call for a definition of "sexual rights" separate from reproductive rights lies not only in the possibility for demanding affirmative duties from states and other actors but also to demand provision for diverse sexual activity and expression. It also means that sexuality is worthy of recognition and legitimacy and protection as a right on its own. As the result of an extended series of consultations the WHO has developed a set of working definitions of sexuality, sexual health and sexual rights that have increasingly been adopted by a range of international agencies (World Health Organization; 2002). What do we mean by sexual rights or duties? Although a shared official definition seems to be hard to achieve, this work will try to outline an answer to this question by reviewing what renowned

feminist scholars and organizations like the World Association of Sexology (WAS) have concluded.

It is not by chance that “sexual rights” is used in plural form. Indeed, it suggests that more than one right is needed to address sexuality (for example, freedom of expression or the right to privacy alone will not ensure sexual rights). It also reminds us of the fact that more than one kind of right (civil and political, as well as economic, social, and cultural) is needed to safeguard the enjoyment or expression of sexuality. It is important to note that legal equality, privacy rights, and freedom of information will not suffice to ensure diverse sexuality in the absence of the economic capacity to live independently of restrictive family settings or of social education that builds understanding of diverse sexualities. (A.M. Miller)

Further, Sexual rights are often interpreted as “negative” rights, limitations on state power, connected to the rights of people to be free from violence, coercion, and discrimination. Yet this work seeks to explore and describe a framework of sexual rights that allows for positive claims, including a right to broader sexual freedom or a right to sexual expression and pleasure. Indeed, to advocate effectively against strategies of bodily control would require a positive assertion as well as a negative one—a “right to,” not simply a “right against,” a substantive freedom to be embraced rather than a mere privacy to be protected. Sexual rights principles can be grounded, therefore, in postulating that each human being has a right to experience her sexuality freely, fully, and consensually, in herself and with other adults—with a definition of “sexuality” not as a static identity but as a realm of experience potentially encompassing sexual orientation, gender identity and sexual identity, desire, pleasure, and sexual practices. The phrase “sexual rights” is currently used to include a number of different human rights claims and it is intended to be the place holder for affirmative experiences of sexuality as essential and distinct from protection from violence or exploitation. The objective of this thesis is to demonstrate that politics that resists deprivation and supports pleasure need to be put forward by understanding pleasure as life-affirming and empowering and to speak about it as a fundamental right. It is argued in this work that an alternative, positive vision of sexual rights is possible. What would it look like? It is suggested that it must include two integral and interlocked components: a set of ethical principles and a range of enabling conditions. The work will provide a detailed analysis of these concepts. And ultimately the potential of such a positive, pleasure centered approach to sexuality will be shown.

CHAPTER I: Political and Legal Frameworks for Sexual Rights

Introduction

Women's sexuality is regulated in societies and cultures around the world. It is not only the state that asserts such regulation, but a broad range of places and institutions. Religion is well known to enforce principles that improperly limit women's freedom and rights. The media are a powerful tool that contributes to rule out both desired and stigmatized images and behaviors for women. Most importantly, families, kinship networks, and relationships in the so-called "private" sphere have always been at the front line in shaping women's roles and dictating where freedoms end, and "deviation" begins. All these actors can be seen as working in collaboration with, or as part of, state power in preserving systems of control (Rothschild, 2005). The product of these efforts is a wide range of rules and punishments. There are places where women can be stoned to death, as a legal penalty, for having sex outside marriage while men are rewarded when they do the same. The state can demand involuntary medical examinations for women. Women often are the targets of systemic rape and forced pregnancy in times of war; they are also the targets of the same practices within communities and families, daily. Psychiatric institutionalization and forced medical treatment were common remedies for

the display of sexual desires categorized as “deviant” or “immoral” by state, medical or religious authorities, or when they show “too much” or “not enough” interest in sex. Women’s bodies have been mutilated in the name of culture and false beliefs; their bodies have been altered to elicit male desire and cultural validation. Too many women cannot say “no” to unwanted sex, neither can they easily nor freely say “yes” to sex when desired. Throughout the world, women have too little power to determine when, with whom, and how often to have sexual relationships. They may be ignored in the best case or simply abused if they dare asking their male partner to use a condom to prevent HIV infection or pregnancy. And they are often at risk of violent attacks when they choose to have sex with other women or are even suspected of doing so. All this evidence demonstrates that women are made vulnerable by their sexuality. There would be no doubt in asserting that such actions must be acknowledged as human rights violations, yet the road to their full recognition as such has not been easy. A primary issue has been the relationship mentioned above between the state and other actors in efforts to control women’s bodies and sexual life. Theoretically, human rights may be a powerful tool that has been conceived primarily to prevent state abuses toward individuals. However, as Rothschild argues, when addressing violations of women’s rights, responsibility often proves difficult to attribute: the direct role of the state in enforcing inequality or codifying maltreatment must be weighed against the powerful but less quantifiable influence of religion, culture, or ideology, the influence of the media and the prevalence of ‘private’ violence, among other factors. In this context, women have gathered over time to review and expand how human rights frameworks understand and define states’ obligations. As a result, within the last thirty years,

Women’s human rights advocates have laid a strong baseline for challenging practices targeted at women’s bodies and women’s sexuality. The UN human rights instruments such as the Universal Declaration of Human Rights (UDHR), the International Covenant on Civil and Political Rights (ICCPR), the International Covenant on Economic, Social, and Cultural Rights (ICESCR), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women, and the African Charter of Human and People’s Rights, particularly through the development of the African Protocol on Women's Rights, have become essential binding tools for establishing the foundations of obligations of governments to promote human rights of women. However, it was only in the last decade of the twentieth century that women's rights advocates have succeeded in their effort to write sexuality and the body into the human rights agenda: to interpret covenants and expand protections to recognize and accommodate these issues. In fact, the last decade of the twentieth century marked essential achievements

regarding the recognition of women's human rights in the international arena and is often called the UN Decade for Women. UN conferences made an essential breakthrough in expanding the understanding of human rights in general and women's rights specifically.

Sexual and reproductive health and rights have been increasingly recognized in the international arena, but their evolution and the definition of their scope and content have not been free of controversies. The purpose of this chapter is to present an overview of the historical evolution of sexual and reproductive rights in the international arena. To grasp the complexities of the discourse, the evolution of these rights cannot be considered in isolation but must be analyzed considering the broader social and political movements, ideologies, religions, and revolutions. With these considerations in mind, this chapter will outline how SRHR has been embedded in international human rights law. Beginning with the emergence of sexuality in human rights discourses, the work explores the development of the concept of sexual health and its implications, the evolution of the concept of reproductive health and rights, at first introduced for population control purposes rather than human rights concerns. The chapter continues by illustrating the turning point marked by the 1994 International Conference on Population and Development (ICPD), followed by a so-called “fragmentation period” represented by the United Nations’ development agenda and finally the more recent adoption of General Comment 22 on the Right to sexual and reproductive health by the Committee on Economic, Social, and Cultural Rights in 2016 (CESCR). This first part of the present work emphasizes the development of key legal documents that have marked the evolution of SRHR since these key documents represent the most authoritative sources of obligations regarding the realization of SRHR. The work does not always follow a linear structure and acknowledges that the discussed paradigms coexist(ed).

1.1 The emergence of sexuality in human rights discourses at the United Nations

"Sexual rights" are the newest kid on the block in international debates about the meanings and practices of human rights, especially women's human rights, as Petchesky argued (Petchesky, 2000). To highlight how recent this discourse is, it is important to mention that until 1993 no international human rights instrument refers *directly* to sexuality or sexual rights. Although significant concerns have been raised about sexuality and sexual health over the years, sexuality (as independent subject) did not exist as part of international human rights analysis.

Some consider the World Conference on Human Rights in Vienna in 1993, the International Conference on Population and Development (ICPD) in Cairo in 1994 or the Fourth World Conference on Women (FWCW) in Beijing in 1995 as the moment in which the discussion on matters related to sexuality and rights started to take shape. However, while the term “*sexual rights*” has emerged quite recently, sexuality and human rights have a long and somewhat contradictory record. Throughout history, the focus of international standards on rights and women’s sexuality was on control or protection from sexual activity (Miller, 2000). The rationale behind this approach was that women’s sexual rights were best protected by upholding social norms regarding honor and chastity¹.

The trend towards the politicization of sexuality began in the first decades of the twentieth century, the moment in which the legitimization of all non-reproductive sexual acts started to be advocated for. As early as 1929, the International League for Sexual Reform² drafted a declaration in the attempt to legitimize sexual relations and births outside of marriage, to ensure the provision of enlightened sexual education, to permit birth control and the prevention of STIs, to ensure the protection of the disabled and to medicalize homosexuality in order to protect such persons from criminal prosecution by viewing them as sick persons requiring treatment instead of criminals. The League existed until 1935, when National Socialism came to power. Beyond the thematic approaches presented, the League's work had the merits of introducing the idea among healthcare professionals that sexuality issues are political issues and are an integral part of a project for social justice and emancipation (Giami, 2015).

Numerous UN conferences and documents have focused on human rights since the modern movement for political human rights began in the post-World War II period (see Table 1).

Interestingly but not surprisingly, no document included any direct or specific reference to sexuality until 1993.

The topics related to sexuality made their first appearance in the field of human rights during the United Nations Conference on Human Rights in 1968, but only indirectly through family planning and condemnation of violence against women³.

TABLE 1. Major Human Rights Documents

- ◇ Universal Declaration of Human Rights (1948)
- ◇ First International Conference on Human Rights, Tehran (1968)

- ◇ International Covenant on Civil and Political Rights (1976)
- ◇ International Covenant on Economic, Social, and Cultural Rights (1976)
- ◇ Convention on the Elimination of All Forms of Discrimination Against Women (1979)
- ◇ The Convention on the Rights of the Child (1989)

The 1979 UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) does not mention sexuality. This famous document was intended to bring global attention to the many ways in which women's emancipation can be hampered by government strategies of omission or commission, endorsed sexual equality, women's right to control their own fertility, and women's right to be free from violence and coercion, but does not address specific rights to sexual freedom, sexual health services, or sex education (Tiefer, 2002). Some subsequent authoritative interpretive statements known as General Recommendations have included a mix of protection and empowerment measures⁴. Article 6 for example, asks for protective measures "to suppress all forms of women's trafficking and the exploitation of women's prostitution." In addition, General Recommendation 19 explicitly calls for protections against sexual violence and exploitation and mentions that violence against women results in harms, including mental, physical, and sexual suffering. Article 16, meanwhile, seems to tend to a more empowering language in stating that women should have the ability and means (at least) to freely decide 'on the number and spacing of their children'.⁵ The 1989 Convention on the Rights of the Child only mentions sexuality related to sexuality protections against "sexual abuse and sexual exploitation" and specifies duties to act against "traffic" in children⁶ but does not consider the evolution of forms of child or adolescent sexuality at all.

No other major global or regional human rights treaties prior to 1993 referred explicitly to sexuality, but many discuss such rights as the right to marry and found a family practice that implicitly frames some aspects of sexual behavior.

The idea that "sexual rights are human rights" started to make its way onto the international arena during the 1990s. The emergence of this attitude can be observed in a series of important conferences (and related reports) that were held in those years (see Table 2). It is important to keep in mind that conferences' reports are considered "consensus documents," which means that they express political will but are not legally binding, unlike conventions and Treaties.

1993 marked an essential turning point in the advancement of women's human rights. The Vienna Declaration and the Programme of Action (POA) that was signed at the World

Conference on Human Rights called for the elimination of gender-based violence, sexual harassment, and exploitation, and the Declaration on the Elimination of Violence Against Women reiterated even more specifically the condemnation of physical, sexual, and psychological violence against women. For the first time in history, sexual violence was explicitly recognized as a human rights violation, meaning that, awareness of sexuality as a legitimate issue within the context of international human rights field, started to be raised.

Strategically, focusing on violations has helped overcome resistance to addressing the contested realm of sexuality and diverse sexual identities and practices within conservative international standard-settings. Nevertheless, this narrow approach to sexuality, which encompasses a limited range of practices and identities that have been subject to violations and discrimination, has meant that needs beyond protection against violence were not taken into consideration (Miller, 2000). In this context, it is important to highlight the difference between “freedom from” and “freedom to” which means that there is a difference between so called “protectionist” approaches to sexuality (i.e., the right to be free from sexually based interferences with human rights such as bodily integrity or privacy) and “affirmative” approaches (i.e., asserting the right to sexual diversity, pleasure, or self-expression). Promoting the latter has proven to be more difficult. Defending effectively against bodily control strategies would require both a positive and a negative one—a “right to,” not simply a “right against,” a substantive freedom to be embraced and not a mere privacy to be protected.

The most relevant change compared to previous documents and declarations occurred at the International Conference on Population and Development (ICPD, Cairo, 1994) where, for the first time, sexuality was finally spoken about in terms of satisfaction, safety, and well-being, thus abandoning the exclusive reference to family planning and violence against women in the discourse of human rights. Sex, sexuality, and sexual health finally began to be included in international debates not merely in relation to violence and violation, but as a positive part of the human experience to be acknowledged and nurtured (Parker, 1997).

TABLE 2. U.N. Documents related to Sexual Rights

- ◇ World Conference on Human Rights, Declaration, and Program of Action, Vienna (1993)
- ◇ International Conference on Population and Development Program of Action—Cairo (1994)
- ◇ The Fourth World Conference on Women Program of Action—Beijing (1995)

The concept of a right to an autonomous sexual life dissociated from the obligations of procreation and aimed at pleasure and well-being was reiterated at the Fourth World Conference on Women (Beijing, 4-5 September 1995). Although sexual rights were not

explicitly mentioned or defined in Beijing, Section 96 of the Platform of Action does spell out what its elements would be. The paragraph states that women must have the right to have control and decide free from coercion, discrimination, and violence on matters related to their sexuality and continues to proclaim that *'equal relationships between women and men in matters of sexual relations and reproduction, including full respect for the integrity of the person, require mutual respect, consent, and shared responsibility for sexual behavior and its consequences.'* Considering how thin the conceptual elaboration of sexual rights just one year earlier in Cairo and the strong opposition of countries negotiating the text, the result is significantly important (S. Corrêa, 1997). It is important to point out that such wording was still considered as to contextualize the claims regarding sexuality only within heteronormative relationships and referred to a limited concept of protection that does not extend beyond reproduction, as some commentators have argued (Miller, 2000). Indeed, at any time or in any way in Cairo, sexual pleasure, freedom of sexual expression, or freedom of sexual orientation were discussed as part of a broader, more inclusive, and emancipatory concept of sexual rights (Parker, 1997).

Following Giani's work, it can be argued that the first three international conferences on Human Rights and the Beijing World Conference on Women in 1995 (and their respective five-year review in 1999 and 2000) make up the matrix of what can be defined as the first wave of human rights as applied to sexuality (mostly reproductive life) and based on access for birth control and the fight against violence and discrimination against women. Before ICDP and FWCW sexuality and reproductive matters were only treated in terms of population growth and demographic policies. In ICPD and FWCW, sexuality and reproductive health were considered for the first time from a human rights perspective. For the first time in an intergovernmental agreement, reproductive health and reproductive rights were defined. The focal point of this first attempt to connect human rights to sexuality remained the convergence of sexual life and reproductive health (Giani, 2015). Nevertheless, sexual rights discourse as we now know it has gained significant visibility and support at the international level thanks to the publicity that UN gatherings generated. For all participants who have contributed to them, the common denominator that fueled the need to speak of "sexual rights" has been the need to speak out against the way sexuality, especially women's sexuality, is controlled by states and other actors. The advocacy for the bodily integrity and sexual autonomy of women was increasingly considered central to this framework of human rights. Furthermore, the fact that "sexual

orientation” as a source of discrimination, and protected status, was able to reach the Beijing conference and be discussed as a topic, was already seen by some as a victory.

Since Cairo and Beijing, dramatic developments have occurred in the global understanding of sexuality and sexual health (E. Kismödi et al., 2015). Such developments will be explored on a deeper level later in this work.

1.2 Sexual health: development of a concept and implications

The trend of thinking of sexuality as a public health issue started in the mid-19th century and has been based on political choices and strategies (A. Giami, 2002). Since sexuality was only considered to be concerned with procreation, public health institutions focused on preserving the optimal conditions for procreation within marriage. Sexuality was seen as an activity to be regulated, normalized, and kept somehow under the predominance of procreation. The only social situation in which sexual activity was legitimized was monogamous marriage, and its only legitimate goal was procreation. Against this background, sexually transmissible diseases were considered a threat to procreation, and prostitution was something to fight to save humanity from degeneration. In addition, the concept of “healthy race” that emerged in those years, led to the spread of forced sterilization practices and prohibitions around procreation for those people who were considered unfit to do so. Public health had the task of supporting and restricting sexual activity and procreation within marriage to incentivize population growth and the duty to limit, and possibly eradicate, so-called ‘dangerous sexual practices’ and outcomes, including masturbation, homosexuality, prostitution, sexually transmissible diseases, and pregnancies among unmarried women (F. Mort, 2000).

It was in the 1960s that a dramatic shift of perspective was possible, thanks to the introduction of oral contraception, which had the merit of socially legitimizing non-procreative sexual activity inside and outside of marriage and of radically changing the place and status of sexuality in the field of public health. At the same time, the concept of reproductive health emerged to consider the individual choice behind procreation (A. Giami, 2002). Another factor that contributed to the change in sexuality status in the public health sector was the HIV-AIDS pandemic that started spreading in the 80s. Since sexual activity was the primary way in which the virus could be transmitted and no vaccine was available for prevention, changing individual sexual behavior appeared to be the most indicated option to prevent infection. Until this point,

individual sexual behavior was considered a private matter, so the fact that society could interfere in this field raised some questions. On the one hand, there were those who supported the idea that sexual minorities should be protected and that preventive strategies should be developed accordingly. Conversely, conservative forces were strongly advocating imposing abstinence as the only way to prevent HIV transmission.

It can be argued that including sexuality in public health discourse constituted a paradigm shift in that sexuality was not considered mainly a moral issue anymore. At the same time, considering sexuality as a public health issue can be seen as a sort of moralization of population behavior itself, in the sense that health recommendations could be equated to moral values (Lupton, 1995). As Giami has argued, health becomes an ideological argument that can both attack and reinforce the positions of dominant sexual morality (A. Giami, 2002). The treatment of sexuality as a public health issue in that it threatens procreation is a clear example of this. Indeed, public health interventions were implemented to regulate and repress “deviant” sexual behavior (ie. Sex outside marriage or non-heterosexual sex) while preventing or treating its consequences (pregnancy outside of wedlock, venereal diseases, procreation by “unfit” population). When oral contraceptives were made available, and following the AIDS pandemic coupled with the sexual revolution of the 60s, the approach of public health to sexuality shifted dramatically and nonprocreative sex started to be considered legitimate in the health field, therefore, the concept of sexual health was consequently introduced as to express the contemporary place and status of sexuality in public health. From this moment on, as the complex and intertwined social and political dimensions of the relationship between sexuality and health have come to light, interventions directed to address risks of HIV infection, sexual violence, unwanted pregnancies, and related issues have become essential to public health practice for states.

The next section of this work will provide a historical descriptive overview of the evolving definitions and understanding of sexual health, since the World Health Organization (WHO) first defined it in 1975. It will highlight the different issues that make defining the concept difficult and show how various authors and organizations chose to deal with such issues.

Although similarities can be found in the definitions, they are not alike and this reflects the fact that conceptions of sexual health are embedded in national and political contexts (Giami, 2002). This analysis will show that there is no international consensus on the concept of sexual health and its implementation in public health policies. It aims also at demonstrating that, as Giami

argues, social regulation of sexuality regarding sexual health is directly related to its national, political, and cultural environment just like the choice of which sexuality issues are deemed as important for sexual health and which should be dealt with as well as the individuals and groups for which sexual health intervention are considered necessary.

Generally, the developments that took place in the international arena with regard to sexuality, sexual health and rights, have played a central role in advancing a growing body of theory, research, and practice. These efforts and related work have also been extended at regional, national, and local levels through various initiatives centered around sexual health and rights, thus constituting one of the fastest growing literatures related to sexuality in the 21st century (Parker, 2004).

1.2.1 Antecedents to the definition of sexual health: the concept of health

Before talking about “sexual health”, it is necessary to establish a premise on the concept of health in general, as attempts to define sexual health have been heavily influenced by it. The conceptualization of health first appeared in the preamble to the constitution of the WHO in 1946 in New York.

“Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity”

(WHO, 1946)

The definition, which has never been changed by the WHO since it was conceived, declares that health does not have to be restricted to the treatment or prevention of physical illness and, more importantly, cannot be reduced to the somatic dimension because the psychological and social dimensions of individuals are just as essential. Furthermore, both society and the environment are defined as fundamental conditions for health. The provision of information is defined as central to the individual's ability to play an active role in maintaining their health. Last but not least, health is defined as a fundamental right of individuals and communities. The importance of this definition lies in the fact that health is introduced as a political problem that governments must address and must also guarantee the rights of individuals and communities in this respect.

In 1986 at the Ottawa Conference of the WHO, the notion of “health promotion” was added to the definition of health. It implied that individuals, together with government services and care, were responsible for their own health. Thus, health started to be considered a dynamic process based on both individual and political responsibility. The same can be said about the concept of sexual health that was later developed and is considered to include governmental responsibility and individual responsibility. On the one hand, governments are responsible for setting up efficient and effective services and for guaranteeing equal access to them, on the other hand, individual responsibility lies in behavioral choices directed at preserving individual health.

1.2.2 Evolution of the definition of Sexual Health: World Health Organization (1975, 1987)

Scholars place the birth of the definition and elaboration of the concept of sexual health in the seventies, as a product of the previous sexual revolutions of the 1960s and 1970s and mention the emergence of the HIV-AIDS epidemic as one of the main motivations for the World Health Organization (WHO) to get involved in the debate on sexuality. They refer to the 1975 conference of the WHO, where a report (*Education and Treatment in Human Sexuality: The Training of Health Professionals*) was drawn up by clinical sexologists, including many physicians specialized in psychiatry and gynecology, psychologists, and sociologists.

The outcome of the conference has been the provision of a definition of sexual health, the identification of the main problems related to sexuality, and the organization of various types of related interventions (Giami, 2002).

The first internationally accepted definition of sexual health is as follows:

Sexual health is the integration of the somatic, emotional, intellectual, and social aspects of sexual being, in ways that are positively enriching and improve personality, communication, and love. Thus the notion of sexual health implies a positive approach to human sexuality, and the purpose of sexual health care should be the enhancement of life and personal relationships, and not merely counseling and care related to procreation or sexuality transmitted diseases. (WHO, 1975, p. 41)

This concept of *sexual health* is grounded in the definition of the concept of *health*, in that sexual health must not be considered as the mere absence of disease or the treatment thereof.

In addition, the focus of sexual health moves from being primarily centered on procreation to a greater emphasis on the positive aspects of sexuality and well-being in a range of life domains (e.g., physical, mental, and emotional) rather than simply the absence of disease or other adverse outcomes (J.M. Douglas, 2013). Attention is given also paid to the relationship between sexuality and love and its relevance to the development of personality. Despite the difficulties encountered by the scientific community, this definition has been agreed upon and used throughout the last quarter century (E. Coleman; 2002).

The document outlines a list of health problems that may impact sexual health in a negative way:

(a) Problems related to infection: not only sexually transmitted diseases but also such problems as vaginitis and cystitis, which can cause a variety of sexual difficulties. (b) Problems related to the life-cycle: those sexual problems that occur in conjunction with pregnancy, childbirth, and the postpartum period, those associated with the menstrual cycle, etc. (c) Problems related to a changing technology: e.g., use of condoms, hormonal contraception, IUDs, when breakthrough bleeding may be a problem. (d) Problems that are related to sociocultural factors, including legal and economic factors. (WHO, 1975, p. 52)

It should be noted that the way sexual disorders are described in the document does not consider psychological, psychopathological, and relational factors. Thus, it can be argued that it fails to avoid the medicalization of sexuality, in that sexual health is based primarily on good enough somatic health. Finally, three levels of intervention for sexual disorders are defined, including education, counseling, and therapy (with the latter considered more important, as can be inferred from the fact that it is described in much more detail compared to the others).

As Giami eloquently explains, sexual health has, since its definition, represented a new cultural conception of sexuality that acknowledges the positive nature of nonreproductive sexual activity and its independence from reproduction. Another important aspect of the perspective adopted by WHO is that the dominant values and meanings attributed to sexuality are strongly criticized. Indeed, the way religions view sexuality is seen as an obstacle to the achievement of sexual health, as defined by the WHO perspective. Moreover, the report included an emphasis on sexual equality and the right of women and men to have the means to explore sexual pleasure under better psychological and social conditions. This document also constituted the foundation for the structure of the professional sexologist group and gave them the means to define their conception of sexuality and their interventions.

In 1983, a subsequent effort to define sexual health was made. The WHO Regional Office for Europe conducted a technical consultation meeting to further define sexual health strategies that could be implemented in Europe and to think of general health goals for all by the year 2000. A report was subsequently published in 1986 (Langfeldt & Porter, 1986). The meeting reaffirmed the 1975 definition of sexual health and contained an attempt to define *sexuality*, since it was agreed that the understanding of sexual health was not possible without a corresponding understanding of sexuality.

Langfeldt and Porter (1986) stated:

[Sexuality is] an integral part of the personality of everyone: man, woman, and child. It is a basic need and an aspect of being human that cannot be separated from other aspects of life. Sexuality is not synonymous with sexual intercourse, it is not about whether we have orgasms or not, and it is not the sum of our erotic lives. These may be part of our sexuality, but equally they may not. Sexuality is so much more: it is in the energy that motivates us to find love, contact, warmth, and intimacy; it is expressed in the way we feel, move, touch, and are touched; it is about being sensual as well as being sexual. Sexuality influences thoughts, feelings, actions, and interactions and thereby our mental and physical health. (p. 5)

This definition has been very important in distinguishing the mere biological aspects of sex from the much broader concepts that encompass human sexuality.

In 1987, a follow-up meeting was held in Copenhagen to assess the progress made in the field of human sexuality, family planning, and health since the 1983 WHO Regional Meeting in Europe. The report that followed represented a change from the perspective of the previous ones. Indeed, sexual health was debated as not a scientific concept since “concepts of sexual health concepts are related to culture and time and express values and norms of the society from which they come” (WHO, 1987, p.2). The authors continue to argue that a definition of sexual health was not possible or even desirable, as it would be normative and restrictive. Furthermore, Coleman states that an attempt to create a definition of sexual health was an attempt to establish “norms” for sexual health that are used to define people’s behavior as “healthy” and others who do not fit these norms as “unhealthy.” (Coleman, 2004) An objective definition of sexual health may be dangerous in that it might be used to exclude or label people as unhealthy. Additionally, such a normative concept of sexual health would not represent the reality that sexuality is a fluid phenomenon, changing with time, culture, residence (i.e., home, institutions), sexual preference, class, religious background, relationship status, and ethnic background (Schmidt, 1987, cited in Coleman, 2004). For Giami, the 1987 report took an individualistic approach to sexual issues, considering that each individual is unique and has different needs and expectations; therefore, any discussion of sexual health must recognize the

concordance between an individual's values and behaviors, thoughts, and feelings. Furthermore, to understand sexual health, it would necessarily be necessary to acknowledge the impact that culture, sexual preference, religious differences, age, disability, and socioeconomic factors (among others) can have on the sexual health of an individual's sexual health. Finally, unlike the previous one, this document did not include a list of "sexual health problems" and instead the approach focused on social and cultural issues that affect behavior rather than organic aspects and clinical treatment (Giarni, 2002). It is important to mention that the 1987 WHO report was not considered a formal publication and the WHO did not officially endorse the conclusions of this report.

Several years later, sexual health was included in the stated definition of reproductive health in the 1994 International Conference on Population and Development (ICPD): "Reproductive health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in all matters related to the reproductive system and its functions and processes". Implicit in this definition was the ability of people "to have a satisfying and safe sex life" and the ability and freedom to reproduce if and when desired. Accordingly, the definition of reproductive health care in the ICPD report also included sexual health, the stated purpose of which was "the enhancement of life and personal relations, and not merely counseling and care related to reproduction and sexually transmitted diseases". The decade following the ICPD gave rise to significant advances in the global understanding of human sexuality and behavior, as well as recognition of the huge global health burden – including extensive mortality and morbidity – associated with a wide range of sexual and reproductive health conditions, including HIV and other sexually transmitted infections (STIs); unwanted pregnancies; unsafe abortions; infertility; maternal and genitourinary conditions; gender-based violence and sexual dysfunction. There was also growing awareness of the impact of stigma, discrimination, and poor quality of care on people's sexual and reproductive health.

1.2.3 Towards the consolidation of sexual health: PAHO/WHO (2000)

The technical consultation meeting of the Pan American Health Organization (PAHO), Regional office of the WHO Regional Office in collaboration with the World Association for Sexology (WAS) held in Guatemala in 2000, produced a document named "*Promotion of Sexual Health: Recommendations for Action*". This report contained a further revision of the

definition of sexual health, and although this meeting was similar to the European ones of 1983 and 1987, it represented a shift in perspective since it was focused on the Americas (North, Central, and South) and the document was finalized on the initiative of sexologists from Central and South America working within their own professional organization, in cooperation with the WAS.

The concept of sexual health elaborated on this occasion tried to integrate the strengths and confront the critiques of the previous ones. The difficulties in elaborating a universal definition of sexual health were reiterated. However, a solution was found in framing sexual health within an individually defined value framework (Coleman, 2004). Therefore, the report contains the original definition of “health” and the concept of well-being is defined by values. Consequently, also the concept of sexual health is considered value-based. Another difference that can be found in this document compared to the previous ones is the inclusion of definitions of sex and sexuality, and the concept of sexual health is linked to the concepts of responsible sexual behavior and a sexually healthy society. Finally, these concepts are explicitly associated with those of *sexual rights*, which are clearly asserted in this document as a necessary condition to achieve sexual health. Although previous documents considered sexual health as a right, the current one included, for the first time, sexual rights in the definition of sexual health:

Sexual health is the ongoing process of physical, psychological, and sociocultural well-being in relation to sexuality. Sexual health can be identified through the free and responsible expressions of sexual capabilities that foster harmonious personal and social wellness, enriching life within an ethical framework. It is not merely the absence of dysfunction, disease and/or infirmity. For sexual health to be attained and maintained, it is necessary that sexual rights be recognized and exercised. (PAHO, 2000, p.9)

The authors took a bold step in defining the responsibilities of societies to guarantee the conditions for the promotion of sexual health and argue that a precondition for this would be to include sexual rights as basic and fundamental human rights. Accordingly, the WHO and other international organizations are invited to advocate for the Declaration of Sexual Rights of the World Association for Sexology (World Association for Sexology, 1999). The choice to associate sexual health and sexual rights can be seen as part of an overall strategy to reach an international consensus toward a renewed sexual morality based on the principle and ultimate objective of health, as put forth by Giami.

In conclusion, the report outlined specific goals and related strategies to promote sexual health. These include eliminating barriers to sexual health, providing comprehensive sexuality

education, providing training for professionals working in fields related to sexual health related fields, and supporting research and evaluation in sexuality and sexual health.

1.2.4 Recent developments

Recognizing the need to define sexual health more clearly, WHO convened a group of global experts to take on this task in 2002 and published the resulting working definition for “sexual health”, as well as for related concepts of “sex”, “sexuality” and “sexual rights” in 2006, with further updates to the latter in 2010. These definitions are presented in *Table 3*. Additionally, in 2010, a framework for the design of sexual health programmes was published (WHO, 2010). The framework identified and contextualized five multi-sectoral factors that influence sexual health: laws, policies, and human rights; education; society and culture; economics; and health systems. More recently, WHO published a report on sexual health, human rights and law (2015) to help governments and policymakers improve sexual health by aligning relevant laws and policies with national and international health and human rights obligations (WHO, 2015). Furthermore, the Sustainable Development Goals adopted by the General Assembly of the United Nations in September 2015, include a goal for health: ensure healthy lives and promote well-being for all of all ages (SDG 3). In support of this goal, there is a specific target to ensure universal access to sexual and reproductive health care services by 2030 (target 3.7). For countries to reach this SDG target, it is necessary to improve the operational understanding of what constitutes sexual health services, as well as clarify the distinctions and links between sexual health and reproductive health.

TABLE 3. WHO Working Definitions

<p><i>Sexual health</i> Sexual health is a state of physical, emotional, mental, and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction, or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected, and fulfilled.</p>
<p><i>Sex</i> Sex refers to the biological characteristics that define humans as female or male. Although these sets of biological characteristics are not mutually exclusive, since there are individuals who possess both, they tend to differentiate humans as males and females. In general use in many languages, the term sex is often used to mean “sexual activity”, but for technical purposes in the context of sexuality and sexual health discussions, the above definition is preferred.</p>
<p><i>Sexuality</i> Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles, and relationships. Although</p>

sexuality can include all these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious, and spiritual factors.

Sexual rights

The fulfilment of sexual health is tied to the extent to which human rights are respected, protected, and fulfilled. Sexual rights encompass certain human rights that are already recognized in international and regional human rights documents, other consensus documents, and national laws. Rights critical to the realization of sexual health include: § the rights to life, liberty, autonomy, and security of the person § the rights to equality and non-discrimination § the right to be free from torture or cruel, inhuman, or degrading treatment or punishment § the right to privacy § the rights to the highest possible standard of health (including sexual health) and social security § the right to marry and to establish a family and enter into marriage with the free and full consent of the intended spouses, and to equality in and at the dissolution of marriage § the right to decide the number and spacing of one's children § the right to information, as well as education § the rights to freedom of opinion and expression, and § the right to an effective remedy for violations of fundamental rights. The application of existing human rights to sexuality and sexual health constitutes sexual rights. Sexual rights protect all people's rights to fulfil and express their sexuality and enjoy sexual health, with due regard for the rights of others and within a framework of protection against discrimination.

Sources: WHO, 2006 and 2010

1.3 Rethinking the Health & Human Rights approach to sexuality of health and human rights

The proliferation of the use of the concept of sexual health raises fundamental questions: What does sexual health mean? Although it is often used in a self-evident way, the concept is far from being uniformly understood and applied. Through the analysis of the ways in which it is employed, one can notice that the understanding of the concept differs and is related with context and purpose, and normative orientation (Sandfort and Ehrhardt, 2004). Furthermore, it is crucial to address the possible consequences of creating a concept of sexual health, also considering that the concept of "health" has been widely used as a major argument to regulate and control sexuality.

The definition of sexual health provided by the WHO has included some useful, broadly encompassing characteristics, and has contributed to efforts to reduce stigma by acknowledging positive sexuality and sexual experiences as key public health outcomes. The WHO definition has framed sexual health in a way that includes not only physical and mental aspects, but also a social framework. Furthermore, an affirmative approach has been used to define sexual health, one that emphasizes well-being rather than only referring to the absence of negative qualities. Sanford and Ehrhardt argue in their paper that sexual health, as defined by the WHO, is a worthwhile goal to pursue, rather than an adequate representation of the real-life condition of most people's real-life condition. It has been discussed how the global stance of the WHO definition of sexual health makes it supposedly adequate for global adoption.

However, local adoption of the concept of sexual health would require considering the history and culture of societies and the ways in which social conditions (including religious and cultural values, as well as the category of people in terms of age, gender, ethnicity, orientation, etc., and its intersections). It is important to highlight how a clearly defined concept of sexual health could be useful for the adoption of a framework for setting goals to be reached and issues to be addressed, despite cultural diversity. This conceptualization would provide a framework for evaluating investigations and policies and would help conceptualize and specify goals for health policies, interventions, or advocacy. Some authors point out that the hidden danger of engaging in a sexual health discourse may be that sexual health becomes the standard for what is considered sexually legitimate (Sandfort and Ehrhardt, 2004). For example, Miller has made the point that placing sexuality (particularly homosexuality) under the “health” framework cannot be assumed to be a positive choice (A. Miller, 2001). The skepticism behind this statement is justified by the history of medical interventions that oppress sexual minorities. Indeed, it is recognized that medicine can and has also functioned to control sexuality, especially when combined with law, including criminal law and public health policies. It is true that by focusing on sexual health, it was possible to develop and claim “sexual rights” and that this approach has led to important gains, but medicalization of the discourse must be carefully considered, especially considering the evidence that sexual rights encompass a variety of social and biological processes that include domains of imagination, expression and communication, law, religion, and economics, as well as the body (CS. Vance, 1992). Finally, as history teaches us, concepts of “sexual health” and “healthy sexuality” have too easily been deployed to connote “normal” sex and create a hierarchy that stigmatizes various sexualities (A. Miller, 2001). Since it has been common practice in public health and medicine to use “health” as a pretext to suppress or regulate sexual practices, such as, for example, masturbation pathology or the “war” against STD and prostitution, an overall suspicion against promoting the perspective of health in relation to sexuality seems reasonable. Furthermore, health is certainly not the main reason why people engage in sexual activity, therefore, embracing an exclusive health perspective would necessarily limit understanding of sexual practices of people and the place of sexuality in their individual lives, as well as in society at large. Indeed, the result of merging sexuality research in a public health context is that most research focuses primarily on risk behaviors. Researchers who deal with matters related to sexuality are most likely to receive funding when they address the sex negative effects of sexual behaviors that constitute problems of public health. Sexuality researchers who propose projects that steer away from the medical model of sexuality receive little to no support, therefore, the available content on human

sexuality continues to be produced by those who regard sex as problematic and normal sexual diversity as deviant (O'Sullivan et al. 1998).

The risk of medicalizing sexuality, thus reinforcing an understanding of sexuality in terms of normal and abnormal, is worth considering. This would mean that sexual problems and respective solutions are investigated only in biomedical terms rather than considering sexuality as a social practice, occurring in specific social and historical contexts. Indeed, the unidimensional focus on biological processes usually adopted by the public health sector, renders sexuality a medical problem. Instead, the analysis must be reframed to take into account the social, cultural, political, and historical dimensions of human sexual experience (DE. Easton, 2001). Finally, an autonomous sexual rights approach, will of necessity develop the concepts of both mental and physical sexual health.

To put it in simple words, as Yamin points out, human rights seek justice, while public health approaches seek wellbeing. In practice, this means that the objective of human rights approaches is to ensure an accountable legal and policy framework, while public health approaches' goal is to provide adequate health facilities and services. Although health is critical to sexual rights, not all sexual rights fall within health rights. However, activists often adopted a health focus because it provides a neutral and effective way to mobilize state resources and gain support for sexual rights. However, actors who work on sexual and reproductive health generally consider sexuality and sexual health as “natural” matters because people need protection from violence, coercion, inequality, risk of disease, etc. This view medicalizes and excludes lust and pleasure from the discourse on sex and constitutes an oversimplification of sexuality too, since it fails to consider its diversity, its connection with pleasure and importantly its relationship with power (AM. Miller, 2016). Many support the plausible hypothesis that the health approach to sexuality is pushed by funders who support the provision of services at the expenses of sexual rights advocacy, which is contentious. It is true that health-based approaches to sexuality have the potential to promote and repress sexual rights. It is also true that they tend to focus more on providing services or changing individual behavior than on merging service provision with strategies for structural change (AE. Yamin, 2004). Progressively, reproductive and sexual health scholars are overcoming traditional public health approaches to services and are also paying attention to how laws and policies impact women's health outcomes. It is increasingly recognized that law and policies must not just be secondary considerations but crucial components of a public health analysis for it to be effective (AE. Yamin, 2004). Indeed, laws and policies can advance or negatively impact the development of programmatic and

service delivery interventions on sexual health, dissuade or encourage people's experience of sexuality, and enable or prevent people from seeking and receiving the information they need to protect their sexual health and exercise their sexual rights (S. Gruskin et al., 2019). Clearly there can be a valuable synergy between health and human rights. A human rights framework must be invoked to counteract the medical establishment's historical strong-hold over health decisions (K. Moore & al., 1997). For the synergy to be effective, health professionals must pay attention to the human rights implications of their work, and human rights advocates must consider the health rights connected to their claims. Both fields must be in contact with grassroots advocates to share data about health issues and inform public debate and understanding of health rights. In addition, the creation of a framework for health and human rights collaboration, needs first to define human well-being, and consequently it is possible to clarify how the tools of public health and human rights can be used to advance such a vision. In addition, when human rights principles are applied to health, the strategic, political basis through which to mobilize across the divides of nation, culture, class, race, and religion, in support of each other and in pursuit of change begins to be built. Furthermore, public health tools can be useful in identifying health issues as socially constructed human rights issues and what needs to be done about them. This is important for positive rights for which the objective is also for the state to identify the social conditions involved and then act to improve them (L.P. Freedman, 1995). Finally, to guarantee sexual health and healthy sexuality, there is a need to move beyond the focus on individual risk to consider conditions of vulnerability; to expand beyond a traditional public health model toward an analysis that includes the role of economic and social development and the opportunities offered by a human rights framework. Surely a universe where positive intersections between sexual health and sexual rights are reinforced in law, in programming, and in advocacy, can strengthen health, wellbeing, and the life of people globally.

Another important aspect to be considered and that has been pointed out by scholars is that, although the concept of well-being is mentioned in the definition of sexual health developed by the WHO, it is only included as an adjunctive element. Indeed, as previously mentioned, public health approaches to sexuality are still rooted in the medical and biological sectors and largely focus on adverse health outcomes and concomitant risks. The risk-focused approach to sexuality fails to consider other essential aspects of sexuality, and, most importantly, conflating sexual well-being and sexual health hinders the diversity of individual's experiences, thus limiting our ability to understand and address sexual issues (R. Mitchell et. Al.; 2021). It is for

this reason, advocates have stated the need to expand the scope of public health intervention to include sexual well-being as a separate concept. This proposal was put forward at a WHO–UN Population Fund meeting in 2007 but since then efforts to adopt sexual well-being as part of a comprehensive, holistic, and progressive goal for public health did not lead to a definitive and effective solution. The next section will provide a viewpoint that tries to overcome this impasse.

1.3.1 Recognizing well-being as a distinct concept for a more comprehensive approach of public health to sexuality

Mitchell and colleagues have developed a perspective that places sexual well-being in relation to sexual health and in relation to sexual pleasure and sexual justice, which are in turn considered essential pillars of public health inquiry that are needed to address structural determinants of sexual inequalities (Mitchell et. Al.; 2021). The authors believe that recognizing well-being as a distinct concept and not as a mere extension of sexual health would bring conceptual clarity to understanding sexual health and shed light on a broader public health perspective on sexuality that goes beyond sexual health alone.

This revolutionary model identifies four pillars for a comprehensive approach to public health to sexuality, including sexual health, sexual pleasure, sexual justice, and sexual wellbeing. In the WHO definition of *sexual health*, as well as the point of view expressed here, the key issues of fertility regulation, prevention and management of sexually transmitted infections (STIs; including HIV), sexual violence prevention, and sexual functions (including sexual desire and arousal), are explicitly linked to physical, emotional, mental, and social well-being in relation to sexuality and are included in an interconnected framework of sexual health influences, including attention to human rights and positive approaches to sexuality (K. Wellings, 2012).

The distinct relevance of *sexual pleasure* to sexual well-being has slowly been recognized. Sexual pleasure has recently been defined by the Global Advisory Board for Sexual Health and Well-being to include “the diverse physical and psychological satisfactions of sexual experience, and key enabling factors, such as self-determination, consent, safety, privacy, confidence, and the ability to communicate and negotiate sexual relations” (The Global Advisory Board for Sexual Health and Wellbeing, 2018). In addition, it is noted that pleasure requires fundamental social and cultural conditions of sexual rights in terms of equality, non-discrimination, autonomy, bodily integrity, and freedom of expression.

Sexual justice is intended to ensure social, cultural, and legal supports for equitable sexual and reproductive experiences. In this effort, public health plays a key role in promoting equal access to distributive and restorative justice, which in turn contributes to combating ongoing restrictions on sexual citizenship based on ethnicity, sex, and sexual and gender identity. To enact social justice in practice, scholars propose trauma-informed, sex-positive public health practices, which also implies approaches that acknowledge and address adverse sexual experiences, trauma, and their effects on sexual wellbeing. They stress the importance of approaches that link and emphasize the role of sexuality and sexual expression in overall well-being. Finally, the distinct role of sexual well-being in overall well-being is framed as essential to address inequities related to sexuality and sexual behavior, especially those driven by gender and sexual identity (Mitchell et. Al.; 2021). To accomplish this, the authors stress the importance of operationalizing and measuring wellbeing, a task that is rendered difficult by divergent perspectives on its meaning. Mitchell and colleagues identify seven pillars of sexual wellbeing, namely sexual safety and security, sexual respect, sexual self-esteem, resilience in relation to past sexual experiences, forgiveness of past sexual events, self-determination in one's sexual life, and comfort with one's sexuality (Mitchell et. Al.; 2021). In conclusion, it is argued that the concept of sexual well-being must be considered as distinct from sexual health, sexual satisfaction, sexual pleasure, and sexual function; it must be applied to all people (not only sexually active and irrespective of their relationship status); and it must focus on individual experience and assessment of prospects for sexual well-being in the near future. Like for the concept of sexual health, critics to wellbeing as a valid concept for public health are based on the subjective and variable quality of the concept itself. In addition, resistance could arise from government that is not willing to give prominence to sexual well-being as opposed to an exclusively risk-based approach. Despite the resistance that might be encountered, there are many ways in which sexual well-being would be highly relevant to the core functions of contemporary public health. Speaking of the pervasive inequities related to sexuality and sexual expression (I.e., systemic and pervasive racial, ethnic, or immigration- based discrimination, gender-based violence, sexual identity-based violence, STIs, and HIV), a sexual well-being approach that recognizes the unique needs of stigmatized and marginalized populations would support anti-oppressive, intersectional and culturally appropriate health approaches, thus making sexual well-being a marker of health equity (G. Adelsberg, 2018). Since sexual well-being has been shown to be an essential component of overall well-being by a broad set of research, the former constitutes a meaningful indicator of the well-being of the population. Furthermore, the concept of sexual well-being refers to outcomes that are related to, but not

the same as, a biomedically focused sexual health intervention. Finally, in the words of Mitchell, placing sexual well-being as a central aspect for public health innovation would refocus the ethics, form, and practices of public health. The consistent body of research demonstrates that conflating the two concepts of sexual health and sexual wellbeing hinders the relevance of the latter. The conceptualization of sexual well-being presented by the researchers cited in this work is related to sexual health and pleasure, as well as to social, cultural, and political frameworks of sexual justice. In conclusion, it is believed that the adoption and integration of sexual well-being in the fight against sexual inequities would be crucial for the field of public health.

1.4 REPRODUCTIVE HEALTH & RIGHTS: From family planning and population control to the emergence of reproductive health and rights in the United Nations

Growing attention to reproductive health started spreading in the 1960s and 1970s, as can be seen by the vast amount of population and fertility studies of those years. The hidden agenda of this attention was population control (DE. Easton et al., 2008). At the international level and especially in South and East Asia with authoritarian governments, population policies and programs reflect the idea that rapid growth jeopardizes development and environmental sustainability, and that “family planning,” achieved through a greatly increased use of modern contraception, was the solution (S. Corrêa, 2016). Top-down approaches to family planning, policies, and programs targeted vast populations of women and were deliberately designed and managed outside of larger health systems. Crucial factors that intersect with fertility outcomes and contraceptive use were ignored, especially the centrality of sexuality in human life and the related need for accurate information and education on sexuality, health, and childbearing, the overall quality of family planning services, and the larger cultural norms and social conditions that affect marriage, sexuality, and women’s reproductive choices.

A key intervention in the adoption and reframing of family planning by the United Nations resulted from the initiative of the Commission on the Status of Women. Helvi Sipilä was appointed as the Commission Chair to conduct extensive research on family planning programs

around the world and their impact on women. The Commission published a series of reports between 1969 and 1974 in which family planning was assertively placed as a women's rights issue (M.A. Bracke, 2022). In the first report, the objective was to resituate the narrative of family planning closer to the social roles and rights, but without confronting the consensus on the need for 'global population management'. In fact, the latter was still strong among international representatives. However, Sipilä stressed that since family planning had never been clearly defined, it was her duty to do so. In this attempt, she highlighted the need for an explicit recognition of choosing the number and spacing of children as a right belonging to parents, as well as their right to obtain information on family planning programs. In particular, she stressed the access to birth control and information, embedded in cultures of 'responsible parenthood' and 'marriage education' as central points of the family planning framework. (M.A Bracke, 2022). It can be stated that this work represented the first attempt at exploring what family planning meant on the ground (CSW, 1968). Although various organizations (including PAWO) supported the general views, critics were raised against the continued formulation of family planning in relation to demographic imperatives and the continuous subordination of families' procreative decisions to national and global demographic targets in the reports by ECOSOC and UNFPA. Instead, they advocated for a framework that would consider family planning in relation to child and maternal health, rather than in relation to the "population explosion" (CSW, 1969). In the second report to the Commission of 1970 new points were incorporated in the discussion; specifically, it was concluded that family planning programs must be incorporated into healthcare infrastructure and education and literacy programmes aimed at women, and women themselves should be appointed with leading roles in designing family planning services. A paradigm shift occurred due to a series of meetings held in Africa (Nairobi, 1971), Central and Latin America (Dominican Republic, 1972), and Asia (Indonesia, 1972). During these regional seminars, women activists drew attention to human rights abuses by the international family planning movement in developing countries, including not only forced motherhood but also forced denial of motherhood, both of which were considered as reproductive control strategies of colonial authorities. New principles started to be included in the discussion: human rights regarding family planning must encompass not only the right to reject motherhood, but also the right to be a mother, and family planning interventions must be grounded in principles of bodily autonomy rather than pro- or anti-natalists agendas. This paradigm shift was articulated at the Commission's 24th session in 1972, which concluded that the personal freedom and dignity of individuals must be respected regardless of whether they wished to have many, one, or no children. In addition, it was stated

that family planning should be reframed in such a way as to contribute to the women's rights agenda in the following ways. Family planning services must be integrated with programs that enhance women's social status and rights. In practice, this would refer to the revision of family laws (including raising the minimum age in marriage and laws regarding spouses' equal rights in marriage), maternity healthcare, women's education (including sexual education), and women's access to waged work and financial independence (including maternity cover provisions), according to Sipilä. Importantly, the Commission affirmed that family planning was 'a basic human right' that was 'extremely important to women' (CSW, 1972). In 1974 the report produced by the Commission's representative was approved by the General Assembly. Its central concept (that started to gain traction around the U.N.) was that family planning must link development with women's rights. The UN Intergovernmental Conference on Population held in Bucharest in 1974 produced the Bucharest Plan of Action, which helped to reframe the discourse on population and development by reversing the causal relationship between demography and socioeconomic development. Indeed, the plan of action stated that "socio-economic development would create conditions for the 'modernization' of family life and reproductive practices" because the "population problem" was a consequence and not a cause of underdevelopment and that the crux of the problem was not the scarcity of resources, but rather their distribution. In this way, fertility and most importantly women's rights became essential in the narrative of socioeconomic development. Despite increasing attention to women's role in "third world" development, women's rights remained very vague in reference to reproductive choice: not even close to defining a notion of reproductive rights based on individual self-determination, the Plan of Action highlighted rivaling claims of state and nonstate actors regarding the intervention in individual reproductive choices and the different visions of the Global North and the Global South on the matter. As explained by Miller and Rosenfield, industrialized nations focused on the demographic consequences of high birthrates, and wanted to discuss direct governmental interventions in the form of family planning programs while Third World and Communist Bloc nations viewed demographic effects as secondary to (and emergent from) economic conditions, and focused their interventions on a proposed "new international economic order." Consequently, the discussion devolved to an entrenched north/south dialogue with cold war connotations, and little was accomplished with regard to population policy. It was concluded that states have the duty to formulate and implement policies likely to promote the well-being of the family and the international community, by formulating general principles that could help states to find optimal solutions to demographic problems. Human

rights principles were embedded in the conversation in that it was stated that measures taken by governments regarding family planning must not violate human rights. Furthermore, the affirmation that ‘all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children’ was reiterated. Finally, the benefits of equality between women and men in the family and society were mentioned together with the statement that the ‘improvement of the status of women in the family and in society can contribute, where desired, to a smaller family size, and the opportunity for women to plan births also improves their individual status’. Nevertheless, the commitment to women’s rights in family planning has remained very limited (K. Miller and A. Rosenfield, 1996).

Throughout the 1970s and especially after the Bucharest conference (1974) feminists began to criticize fertility control policies. It is important to point out the differences in the agendas around family planning among feminists around the globe when taking into consideration its intersection with race, class, and geography. The principle of full bodily self-determination was central in the agenda of feminists from the West in the 1970s, and access to contraception and safe abortion, the transformation of sexual cultures, and the battle against sexual violence were the focal points of their activism, probably as to demonstrate fundamental opposition to the repressive legal frameworks in place up to the 1960s–70s, but also as a stark rejection of pronatalism and the obsession with motherhood that had characterized western societies in the early post-war years (L. Forster, 2016). On the other hand, activists from the global south rightly accuse this white perspective of failing to consider that for many women around the world the denial of motherhood was as much a human rights violation as forced motherhood and that reproductive choices are related to socioeconomic context and embedded in the long histories of violations of reproductive bodies in the context of slavery, colonialism, and neocolonialism (M.A. Bracke, 2022).

At the first UN Conference on Women held in Mexico City in 1975, despite the emergence of the aforementioned divisive issues among women activists, some important connections were established. Importantly, abortion emerged as a point of convergence: women from both sides of the discussion called for women’s self-determination. Furthermore, the notion of “reproductive rights” was coined and framed to include (but go beyond) access to birth control and abortion and is based on unalienable bodily autonomy. It encompassed the right to use contraception, have an abortion, or be sterilized, as well as the right to be safe from such interventions being enforced (P.W. Eager, 2004). The Mexico City Plan of Action that was produced at the conference included various resolutions on family planning, which was since

then intended as the programmatic and discursive framework for a new set of obligations and norms to which member states could be held to account. Family planning was established by the UN first and foremost in relation to women's rights, health, and socioeconomic development. It was clearly stated that women had the same rights in the decision on the number of children as men, and most importantly, the language of "parents" and "couples" was replaced in the plan of action with that of "women".

In sum, the 1960s and 1970s represent a key moment in the emerging articulation of reproductive rights norms at the U.N. The Commission on the Status of Women was a key actor because in the late 1960s it defined family planning in relation to an expanded definition of human rights and placed it as a women's rights issue. In addition, the principle of bodily autonomy in procreation was defined at the Commission, including both the right not to be a mother for those women fighting against the postwar pro-natalist policies, as well as the right to choose motherhood for other women pushing back against forced family planning programs and the racialized anti-natalism deriving from colonialism. Despite the difficulties encountered, at the subsequent UN conference in Bucharest and Mexico City, family planning was placed within the framework of human rights principles. Women's empowerment in multiple social roles was placed at the center of a discourse as the way to potentially improve their reproductive autonomy. However, despite the increasing efforts of reproductive rights activists around the world, however, at this point reproductive rights were still framed in the context of population management.

1.4.1 ICDP: A Change in perspective

At the International Conference on Population and Development (ICPD) in Cairo in 1993, which became a turning point in the international discussion on population, the concept of reproductive health was defined for the first time as '*a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in all matters related to the reproductive system and its functions and processes.*' *Reproductive health implies that people can have a safe and satisfying sex life; the ability to reproduce; and the right to decide if, when, and how frequently to reproduce*".

This event marked the culmination of three decades of shifting international debates on population, "third world" development and women's rights (K.M. Eriksson, 1999). The

definition of SRH agreed in Cairo moved beyond this to a more comprehensive definition anchored in the context of human rights and the right to health. It not only focused on problems and diseases but also on what should be positive experiences around pregnancy, parenthood, sexuality, and relationships. The political strategy behind this move of women's health activists was to introduce a concept that would counter the "population control" strategies that were implemented for the past 30 years and to critique the biomedical approach to women's health that dominated human reproduction research (S. Corrêa, 1997). In the framework of population programs, the health needs of women including access to safe abortion services, to maternal health services, to services for sexually transmitted infections, and services for child health were either spoken about only in relation to population management or not considered at all. Population programs did not recognize that family planning was just one piece of the complex puzzle in which sexuality and sexual health are intertwined with reproductive health and that they could also have something to do with pleasure, desires, and well-being (J. Cottingham et al., 2019). Finally, gender subordination, together with the pursued objective of furthering social and (mostly) economic goals, brought about subtle and pervasive social control of women's reproductive capacities. Against this background, the Cairo document (together with the health section of the Beijing Platform of Action adopted in 1995) mirrors years of tireless commitment by women's health and rights movements who fought for the recognition of women's reproductive and sexual self-determination as a basic health need and human right. The program emphasizes a language that emphasizes reproductive and sexual health and rights instead of family planning discourses, integrating also principles of gender equality and women's empowerment. Specifically, the Programme of Action focused on six issues: reproductive freedom and the wide availability of family planning methods without coercion, access to reproductive health services, the right to reproductive and sexual health, adolescent sexual health, human reproductive rights, and voluntary choice. Importantly, it defines reproductive rights, linked to primary health care, as fundamental human rights of women (R.P. Petchesky, 1995). The conceptualization of reproductive rights was primarily linked to the struggle for the right to safe, legal abortion and contraception in industrialized countries in the 1970s and 80s. On the 4th International Women and Health Meeting held in Amsterdam in 1984, feminists from North and South reached an agreement – although temporarily – that the use of the term 'reproductive rights' would promote their goals of improving the reproductive aspects of women's lives throughout the world (I. Lottes, 2000).

Building on the documents adopted in Bucharest (1974) and Mexico City (1984), the 1994 Cairo Program contains a whole chapter dedicated to “Gender Equality, Equity and Empowerment of Women”. Additionally, Petchesky notes that it explicitly opposes the view of women’s equality as simply a means to the ultimate goal of fertility reduction by stating that *“The empowerment and autonomy of women and the improvement of their political, social, economic and health status is a very important end in itself.. (and) essential for the achievement of sustainable development”* (U.N., 1994). It is made clear that women's empowerment concerns their improved decision-making capacity and transformation of power relations at every level of society in the realms of education, nutrition, work, politics, domestic labor, and child care, as well as reproductive health and sexuality. This reasoning comes from the acknowledgment of the fact that discrimination in access to services and goods in the public sphere cannot be separated from discrimination within the private sphere (the household) that causes women loss of choices, power, and status (A.E. Yamin, 2004).

For the first time in an international document, the elimination of all forms of discrimination against women is cited as a prerequisite for combating poverty and promoting sustainable development. Chapter 7 builds on the language of previous instruments and follows in the definition of “reproductive rights” as essential rights of individuals to decide freely in reproductive matters and their right to receive information and means to do so, the right to attain the highest standard of sexual and reproductive health, and the right to make decisions concerning reproduction free of discrimination, coercion, and violence. The Cairo Programme of Action adopts the WHO definition of “reproductive health” encompassing sexual health and involves a range of affirmative objectives, namely: complete physical, mental and social well-being referring to all reproductive and sexual matters; access to safe, effective, affordable and acceptable methods of family planning of their choice; and the ability to have a fulfilling and safe sexual life. In sum, it replaces both antinatalist and pronatalist ends with those of personal well-being, pleasure, and freedom (Petchesky, 1995). It is important to note that the ICPD programme did not include access to safe, legal abortion as a necessary part of women’s reproductive health and rights. Yet in Chapter 8 it is recognized that “unsafe abortion” needs to be considered a major public health concern that contributes to high rates of preventable maternal mortality and morbidity and calls for government to adopt policies and practices that make abortions safer wherever they occur. Such discourses contribute to understanding that making abortion illegal does not eliminate the need for abortion of women and their recourse to it, however unsafe. In various scattered but nonetheless important paragraphs, the Cairo

Programme explicitly frames respect for bodily integrity and security of the person as basic human rights principles encompassing reproductive and sexual health rights. Many of the commitments to rights that arose at the ICPD and the FWCW have shaped the applications of rights by the UN treaty bodies and in other venues (A.M. Miller, 2000). For example, the Committee on the Elimination of All Forms of Discrimination Against Women and the Committee on Economic, Social, and Cultural Rights have or are developing interpretive standards regarding governmental obligations on health under the treaties that include concepts on sexuality.

It goes without saying that declarations of rights remain merely words when they are not followed by mechanisms, resources, and political will to enforce them. Yet, they serve the purpose of having something to enforce. In conclusion, Petchesky argues that what has been achieved in Cairo regarding embedding the language and conceptual framework of reproductive rights and gender equality and – to a certain extent, sexual rights – in population and development discourse, is a major historic achievement. On the other hand, global economic and political structures, implementation mechanisms, development models, and the enabling conditions necessary to realize reproductive and sexual rights, are far from being put in place. Since the ICPD, human rights have been applied in many ways to improve sexual and reproductive health. Much has been achieved, but much remains to be done. In the words of Brown and colleagues, “Human rights are not a panacea, but play a crucial role in clarifying state obligations for the legal, policy, and programmatic frameworks set out at the national level, interactions between governments and civil society, and ultimately the actions states take within their own borders and beyond” (Brown et al., 2019).

1.4.2 The Post-ICDP Era

The momentum achieved by the ICDP in 1994 was followed by an era of “fragmentation”, as defined by scholars (L.B. Pizzarossa, 2018). Indeed, after the conference, the discourse on SRHR became fragmented, leaving the discussion to be addressed in a dispersed manner. Timid developments occurred in various forums. During the discussion of the Millennium Development Goals (MDGs) in 2000, opponents of SRHR were able to divert attention from the importance of the realization of SRHR for the achievement of the goals. Indeed, the MDGs were completely silent on the importance of SRHR in improving women's health and their role in promoting economic and gender empowerment. The political backlash from various forces

at the global level significantly hindered efforts to address women's rights as a fundamental determinant of women's health. The opposition of the Holy See, conservative Islamic states, and evangelical Christians in the United States are considered responsible for the deliberate focus of MDGS on maternal health rather than sexuality and reproduction. Consequently, reducing SRHR to maternal health caused the failure to achieve the goal and also negatively impacted the achievement of other goals such as gender equality (Yamin and Boulanger, 2013).

Moving forwards, the 2030 Agenda for Sustainable Development (2015) makes explicit reference to human rights instruments such as the ICPD and the Beijing Platform and includes goals and targets worth achieving in the areas of SRHR⁷. Specifically, SRHR is considered one of the key objectives of the Sustainable Development Goals (SDGs) and specific references to human rights treaties can be found in the targets. For example, SGD 3 states that by 2030 governments will “ensure universal access to sexual and reproductive health care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes” (Target 3.7). Furthermore, the SDG5 reports that governments would “ensure universal access to sexual and reproductive health and reproductive rights as agreed according to the ICPD's Program of Action and the Beijing Platform of Action and the outcomes of their review conferences” (Target 5.6). It can be noticed that, differently from the MDGS, the SDGs endorse an approach that reframes women's health around SRHR and takes a life-cycle approach that is not limited to maternal health and exists independently from reproductive capacity.

1.5 General Comment 22 (2016) on the Right to Sexual and Reproductive Health: the Definition of State's obligations.

The discourse on SRHR took a quantum leap in 2016 when the CESCR (the treaty monitoring body of the ICESCR) adopted General Comment 22 on the right to sexual and reproductive health (GC22). In the GC22, the CESCR adopted a truly human rights-based approach to sexuality and reproduction. In practice, the General Comment extensively addresses the legal obligations of states to realize the right to sexual and reproductive health (UN Committee on Economic, Social, and Cultural Rights, 2016). Because definitions of SRHR were born in highly politicized settings and that they were used with various meanings depending on the actors involved, the CESCR states that such volatility and ambiguity of definitions was an obstacle to the full realization of these rights.

General Comment 22 includes four key aspects: It adopts a life cycle approach, thus it does not reduce SRHR to “maternal health”, it affirms that SRHR are indivisible and interdependent with other human rights, it rejects all forms of coercive practices in SRHR, and recognizes the gendered experiences of SRHR, stating that due to women’s reproductive capacities, the realization of women’s right to sexual and reproductive health is essential to the realization of the full range of their human rights. Furthermore, GC 22 affirms that the right to sexual and reproductive health is an integral part of the right to health that has enjoyed long-standing recognition based on preexisting international human rights instruments⁸. Furthermore, the document clearly states that the right to sexual and reproductive health includes the right of each person to make autonomous decisions about their own body and their sexual and reproductive health without violence, coercion, or discrimination.

In addition, GC22 provides guidance to governments by clearly identifying the legal obligations to respect, protect, and fulfill the right to sexual and reproductive health. GC 22 states that the duty to respect requires states to refrain from interfering with individuals’ right of individuals to exercise their sexual or reproductive health. Examples of such interference include limiting or denying access to health services and information, such as laws or practices that criminalize abortion or exclude certain health services from publicly or donor-funded programs. Under the obligation to protect, states must protect individuals’ right of individuals to sexual and reproductive health from interference by third parties (L.B. Pizzarossa, 2018). Finally, the obligation to fulfill requires states “to adopt appropriate legislative, administrative, budgetary, judicial, promotional and other measures to ensure the full realization of the right to sexual and reproductive health”. States must take steps to ensure universal access to sexual and reproductive healthcare, including emergency contraception and access to safe abortion services. States are required to provide comprehensive education on sexual and reproductive health for all and to take steps to eradicate social barriers that prevent individuals from exercising their right to sexual and reproductive health. Importantly, the Comment formally recognizes that lesbian, gay, bisexual, transgender, and intersex persons and persons with disabilities undergo multiple and intersecting forms of discrimination that exacerbate their exclusion in both law and practice and that “their enjoyment of sexual and reproductive health is further restricted.

Although GC22 did not elaborate on sexual health or sexual rights, it represents a victory in elucidating the elucidation of states’ international obligations of states regarding SRHR. It is

hoped that this achievement will lead to better legal frameworks and policies and ensure accountability for the violations undergone by women and the LGBTQ+ population worldwide.

Conclusions

This chapter has discussed how the discourse around sexual rights has emerged in the international arena, from the first appearance of the term in international human rights documents to the most recent developments. Particularly relevant for the discussion are the achievements reached at the world population conference in Cairo and the women's conference in Beijing, in 1994 and 1995, respectively – that have brought to light a still embryonic concept of sexual rights. It has been analyzed how the issue of family planning and the fight against violence and discrimination against women has emerged in the discourse on human rights, followed by a further phase in which human rights issues were included in the field of sexual health, leading to “sexual rights”. Indeed, it was primarily due to concerns over the social implications of issues such as population, reproductive health, and AIDS that the inclusion of sexuality, and its social and political dimensions, would necessarily emerge as central to the debates taking place in the international arena in the late twentieth century. It has been highlighted how the emergence of sexual health in the mid-seventies was a way to legitimize nonreproductive sexual acts and relationships, and sexual activities and relations outside marriage and importantly including sexuality in the discourse of public health constituted a paradigm shift in that sexuality ceased to be considered mainly a moral issue. It is true that by focusing on sexual health it was possible to develop and claim sexual rights. The problematic aspects of such an approach have also been pointed out. Nevertheless, as Miller argues, a health and human rights approach to sexuality can, if constructed critically, be part of politically relevant coalition strategies. Despite the progresses made in the realm of sexual rights, there is still a lack of a positive/affirmative concept of sexual rights, as in the words of Petchesky, “one that goes beyond the more acceptable struggle to combat the discriminations and abuses committed against sexual minorities” (Petchesky, 1997). The work will proceed by laying out some general reflections on the fragile place where sexual rights debates and politics currently hang suspended.

CHAPTER II: Sexuality and Human Rights: towards the formulation of key principles and legal rules

Introduction

The first chapter of this work was dedicated to the review of the birth and development of the concepts of sexual and reproductive rights in the international arena, from their first appearance to the present days. It is now well established that sexual and reproductive health policies, programmes and practices must be based on gender equality and human rights and ensure that women can exercise their rights related to sexual and reproductive health, free from discrimination, coercion and violence. New challenges have nonetheless emerged, ranging from outright resistance and ideological attacks against gender equality and sexuality, to confusion and difficulties over the creation of a common conceptual framework and key principles. The problem today is no longer whether human rights will engage with sexuality, but rather involves very particular practical questions: on what terms, for whom, for what purposes, about which aspects of sexuality, and with what limits. The work will proceed with setting out many of the questions, conflicts and dilemmas that mark these discussions of sexuality and sexual rights. Is a set of rights related to sexuality as distinct and separate from reproductive rights necessary to realize their full potential? As Corrêa and colleagues brilliantly put it “simply linking these two analytically questionable clusters is much akin to a marriage of convenience or an arranged marriage between two very different clans; the parents assume the liaison makes sense in terms of the combination of family assets, but what does it have to do with the offspring’s desires? Or yet, more poignantly, is this simplified articulation an evasion of the conflicts and confusions at play in each family’s household?” (S. Corrêa et al., 2008).

The chapter goes on to explore further questions like, what is the rationale and scope for state regulation of sexuality in public and private life? Further, the chapter goes on to examine how a lack of clarity, aggravated by various ideological differences and the dramatic opposition of religious groups, undermines sexual rights as a coherent set of claims within human rights discourse. Finally, after giving an overview of the major international organization’s declaration on sexual rights drafted in the twentyfirst century, the chapter will explore

according to which principles, and in agreement with which standards and jurisprudence, human rights work on sexuality has developed.

2.1 The links and distinctions between Sexual Health & Rights and Reproductive Health & Rights

The concepts of reproductive health and rights have gained some broad acceptance albeit contested and limited (Miller, 2000). It is true that women's reproductive health rights advocates have built an important site through which claims to sexual rights could emerge. Importantly, the health and human rights approach has been successful in avoiding the limitations posed by the so-called "violation model". Indeed, a health and human rights approach to sexuality has allowed scholars to examine conditions, education, attitudes, and legal structures that determine the ability of women (and men) to control their bodies and the outcomes of reproductive sexual behavior (Miller, 2000). As it has been shown in the first part of this work, the processes and results of the ICDP and the FWCW have contributed extensively to the advancement of sexual rights claims under the language and activities of reproductive rights. The choice to include sexuality and the concept of sexual rights into the reproductive rights one was made to try to overcome the limitations posed by the limited ways in which reproductive health services and family planning providers addressed sexuality and power relations based on gender, race, age, class (R. Dixon-Mueller, 1993). It is strange but real that until Cairo, family planning programs were functioning ignoring the role that sexual behavior plays in contraception, for example. Scholars place the outbreak of the AIDS pandemic as the driving force which brought to light sexuality in the field of public health. After that, the struggle of feminist movements to end sexual violence against women have contributed to include sexuality in family planning work and most importantly under the fight of reproductive rights advocates. It is fair to say that this approach that incorporates sexuality within the realm of reproduction and sexual rights within the one of reproductive rights, has been an attempt to give voice to women and, in the words of Miller, ensure them rights to autonomy, dignity and civic participation (Miller, 2000). Moreover, in the struggle of feminists who were lobbying official delegations for the inclusion of the term "sexual rights" in the paragraph 7.3 (which contains the definition of reproductive rights) of the Cairo document, by suggesting a further radicalization of the language they were aiming at keeping "reproductive rights" in the final text. Nevertheless, this framework has not a few limitations. Indeed, "sexual rights" have been scarcely (if at all) elaborated in their meaning in the context of "sexual and

reproductive rights”. Consequently, sexual rights have been conflated or submersed by reproductive rights thus erasing a whole set of people and their claims of rights from the discourse, including lesbians, gay men and people with diverse sexual identities and, as Miller argues, the unique and distinct nature of sexual rights themselves. In fact, to follow this approach means that all non-procreative behaviors also among heterosexual and couples, like for example masturbation, anal sex, “play-acting expressions of desire”, are excluded from rights work (Miller, 2000). Consequently, rights-based claims for sex education, for safety and respect for diversity and conditions needed for the full enjoyment of sexual rights have remained in the shadow. Scholars, like Ketting (consultant for the IPPF) have defined reproductive health problems as “medical problems related to pregnancy, childbearing and infancy “(Ketting, 1996), whereas sexual health involves “helping people to gain full control of their own sexuality and to enable them to accept and enjoy it to its full potential. It does not primarily concern diagnosis, treatment, or medical care but rather lack knowledge, self-acceptance, identity, communication with partners and related issues“ (Kettings, 1996). It has been also argued that because of the different nature of sexual and reproductive health problems, more effective services could be provided if the two areas of focus were considered separately. It is true that there are certainly points of overlap between the two, for example, sexually transmitted diseases can impact one’s sex life including one’s enjoyment of sexuality and therefore one’s sexual health and, at the same time, STIs might also negatively impact women’s reproductive health (Lottes, 2000). Although the ability to decide freely on the number and spacing of children is an aspect of reproductive health, it is also directly connected to having access to safe and effective contraceptives. Furthermore, to be able to enjoy one’s sexuality, an aspect of sexual health, also depends on being able to experience sex without the fear and worry of an unwanted pregnancy. It is because of these connections and overlaps that an argument can be made to combine sexual health and reproductive health. Furthermore, in the family planning and health fields, it is argued that using the terms sexual and reproductive together has the potential to widen the scope of and legitimize services and education to include more comprehensive coverage of both sexual and reproductive matters. While it is true that sexual and reproductive health are closely linked, essential aspects of sexual health risk to be ignored when put under the umbrella of reproductive health. For this reason, among others, in order to ensure that sexual health and reproductive health both receive full attention and recognition in programming and provision of services, protection from abuses and fulfillment of such rights, it is important that sexual health and rights are defined separately. There are of course some risks associated with the attempt to remove sexual rights from the realm of

reproductive rights. First, separating sexual and reproductive rights would require the mobilization of a huge range of forces for the material, medical, legal and attitudinal conditions to bring such change, including a shift in power. Importantly, when trying to separate sexuality from the realm of heterosexual reproduction, powerful attacks and opposition from fundamentalists groups with their strategic claims under culture and tradition, are obviously to be expected. A possible answer to this problem would be to build cross-cultural and cross-sectoral coalitions around sexual rights, between groups and people who act or speak in diverse ways or from different sexual identities (S.Fried and I. Landsberg-Lewis, 1996) in such a way that discrepancies between gender-specific or sexual-identity-specific agendas are clearly discussed and resolved (Miller, 2000). Finally, an argument can be made also about the fact that reproductive health should be defined as part of sexual health rather than the opposite view currently endorsed in international documents that sexual health is included reproductive health. In fact, reproduction constitute only one of the reasons why people engage in sexual activity while sex must be considered to have a variety of purposes. Many would support the stance that most sexual behaviors are not for reproductive purposes. Finally, it is certain that the concept of reproductive health excludes gays and lesbians or transexual people which must not be seen as a secondary aspect when drawing conclusions on the matter. Miller has argued forcefully against 'a conflation (or submersion) of sexual rights with reproductive rights that inadvertently erases entire sets of people' (such as diverse age groups, 'nonconforming sexual identities', and kinship arrangements)(Miller; 2000) It can be concluded that delinking sexual health from reproductive health and rights although necessary to form the basis for a possible existence of sexual rights, has not quite happened (A. Giami, 2015). Indeed, the concepts of "health" and "reproductive" tend to denote "good behaviour" and are viewed as acceptable concepts by institutions while "rights" and "sexual" sound more radical and always run the risk of being left out from the drafting and application of policies. In this way, reproductive health policies may merely remain semantic interpretations of conventional maternal and child health or family planning programmes still without including the related reproductive rights agenda, the sexuality dimension, or the definition of abortion as a public health issue (S. Corrêa; 1997). Hence, in circumstances characterized by stark disputes about meanings, it becomes crucial to revisit the original premises of the feminist agenda, and to make explicit once again the conceptualization of this terminology. Miller calls for a framework that would both '[link and delink] sexual rights to reproductive rights'. It would 'at a minimum require removing prohibitions against non-procreative sex', both protecting against private or state coercion and violence in sexual matters while also empowering the capacity 'to say "yes", free of

limiting stereotypes and with knowledge of the implications for one's safety and contentment' (Miller, 2000).

2.2 What's in a definition: “Sexual Rights” to include sexuality in a human rights framework.

The global debate around sexual rights includes the contributions of organizations and individuals from diverse constituencies. Among the participant in the discourse are representatives of the reproductive health community, including women's health activists and family planning organizations; sexology researchers and sex educators; feminist groups; human rights organizations; young people's networks; associations of people living with HIV; organizations of sex workers; and coalitions of persons of diverse sexualities (R Dixon-Mueller et al., 2009). Each of these groups brings to the table a different set of issues and each reflects individual views as well as the political, economic, and socio-cultural conditions of specific world regions, countries, and social communities.

To build a common foundation for sexual rights discourse based on an understanding of sexual ethics that encompasses individual responsibilities as well as rights, to promote sexual equality and social justice, some necessary steps must be taken. First, it is important to define how coherent claims of sexual rights would be able to be constructed from the diverse and often fragmented conversations about sexuality and sexual rights. By 2008 the concept of “sexual rights” has been deployed with more regularity in discussions in the international arena. However, its legal content has been, and remains, shady. This is especially worrisome when considering the extremely powerful attacks on sexual rights disguised as national security concerns, coming from a mixture of political interests that draws on religion, culture, and nation to undermine human rights at the United Nations (Girard, 2005). As mentioned in the first part of this work, initially the focus of the framework of human rights to sexuality was protection from harm, including sexual harm for women and grave abuse and killing for LGBTQ+ people. In the words of Petchesky, this approach has caused a vacuum in the process of building a set of coherent rights-based claims for diverse sexualities (Petchesky, 2000).

It has been argued by scholars, NGOs, and UN experts that reaching an agreement on what constitutes “sexual rights” would be essential to overcome the scattered development in their work on violence against women, sexual and reproductive health, HIV/AIDS, children's rights, and LGBT rights. While building bridges between different constituencies, a unified concept

of sexual rights would contribute to bringing to light how different ways of subordination come together and, most importantly, would help address the intersections between sexual orientation, discrimination, and other sexuality issues. Finally, supporters of sexual rights claim their universality, since they are related to a common factor of all humanity: their sexuality. Indeed, building an affirmative concept of sexuality as an inherently fundamental aspect of all human beings and central to the complete development of their personality would bring its transformational potential to all, not only to sexual minorities (Miller, 2000).

It was a long time that NGOs, feminists, and advocates for sexual rights in general, were trying to bring to light the fact that sexual rights are human rights and that the content of sexual rights should be incorporated into human rights law. This was finally legitimized by the UN Special Rapporteur on health that in 2004 stated that “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” and, while still not articulating them specifically and fully, contributed to clarifying some specific aspects of sexual rights, namely: liberty from abuse or discrimination based on practice or identity, for example, and entitlement to contraception services and information about safer sex” (P. Hunt, 2004). Further, today at the UN Human Rights Council, a working group that deals with sexual rights issues across sectors has been established under the name of “the Sexual Rights Initiative”.

Although the concept of sexual rights has been defined by the WHO¹ (as reported in the first chapter of this work), the WHO itself states that such a definition does not reflect an official WHO position and it was only meant to be an initial working draft to start dealing in agreement with some aspects of sexuality but waiting for a more definite concept (Miller, 2004). The fact that a timid elaboration of a set of sexual rights has been made surely represent a step forward, but it is yet lacking. Indeed, there are many limitations to the definition proposed by the WHO. First, it focuses on the individual human body, so it fails to address sexuality as a political and public construct through which sexuality is given meaning and judged. Nor does such set of rights mention public and participatory rights – rights to advocate, assemble, organise and call

¹ Sexual rights embrace human rights that are already recognized in national laws, international human rights documents and other consensus statements. They include the right of all persons, free of coercion, discrimination and violence, to: (1) the highest attainable standard of sexual health, including access to sexual and reproductive health care services; (2) seek, receive and impart information related to sexuality; (3) sexuality education; (4) respect for bodily integrity; (5) choose their partner; (6) decide to be sexually active or not; (7) consensual sexual relations; (8) consensual marriage; (9) decide whether or not, and when, to have children; and (10) pursue a satisfying, safe and pleasurable sexual life. The responsible exercise of human rights requires that all persons respect the rights of others.

for change. Further, it is reported by Miller that since the WHO deals specifically with health, when speaking of access to information it refers only to “sexual health information” thus ignoring the crucial role those other kinds of information play in concepts of sexuality and identity. Lastly, the WHO ignores the access to resources that afford people the right to exercise sexual and other rights. In sum, the power of sexual rights when put this way is very weakened.

Another aspect that represents an obstacle to identifying and defining what makes up sexuality is that diverse belief systems are at work in the international arena. This confusion constitutes an obstacle because it is not clear what laws and policies should address and protect. This work is further rendered difficult by the fact that the terms used in discussions over sexual matters and gender originate in different cultural models (modern, Western, pre-modern, Eastern, Southern, traditional, medical, moral, etc.). Each of these cultural models intends the rules that regard sexuality and gender in a very specific way. However, it must be noted that sexual orientation (how individuals organize their identity and public life around heterosexual or homosexual behaviors) arose only in the last century (J. Weeks, 1986). It is clear then how the concept of sexual orientation as a characteristic that defines a person might not resonate with people from different cultural systems of defining sexual practices and diverse ways of connecting sexual acts, reproduction, status, and identity (Miller, 2004). It is, on one hand, to answer to this discourse that studies of “social construction theories” draw on historical, anthropological, political, and post-colonial studies to understand how sexual practices in time and place are invested with meanings, in conjunction with attributes such as race, gender, age, class, could be used to inquire into many different social, inter- and intra-personal forces that give meaning and shape to beliefs and behavior: the formation and practice of law, science, religion, government, literature, language, the media and markets, as well as psycho-social processes. Consequently, advocates could advocate for human rights and sexual rights considering such assumptions that stand behind the creation of particular social categories. However, the importance of integrating the different fronts on sexual rights becomes evident in the face of increasing everyday abuses and emergencies. Indeed, the contrary hinders the common roots of oppression of each group and the effectiveness of documentation and policies. The creation of common principles is what states should aim for in matters of sexuality. Further, as Sheill put it, if the full promise of sexual rights has to be realized, the violation-based protectionist model of human rights that focuses on - the right to be free from rather than free to – and the focus of protection from diseases, harm and danger, one which limits sexual rights, needs to be surpassed and replaced by a framework that promotes and protects

affirmative claims and diverse expressions of sexuality. This would mean find ways to create the conditions necessary for people to enjoy sexual pleasure thus eliminating sexual violence, ensuring quality sex education, providing adequate and accessible health services, achieving gender-equality, setting up efficient anti-discrimination measures, etc. (K. Sheill, 2006). While there will always be the need to pay close attention to the attacks on previous gains with regards to rights, particularly sexual rights, the movement must move beyond solely defensive strategies and build holistic, coherent strategies so that the full promise of the articulation of sexual rights as it has been put forward can be realized. Sexual rights are human rights – it is time to stay strong and be courageous.

2.3 The role of the law: the good and the bad of state regulation of sexuality

Human rights law is codified in international and regional treaties such as the Covenant on Economic, Social, and Cultural Rights and the European Convention on Human Rights, and national constitutions and laws. Treaties become legally binding through ratification and incorporation into national constitutions and laws. A decision of international courts, such as the International Criminal Court, and regional courts, such as the European Court of Human Rights, is binding on the nation that receives the decision. Such decisions are also authoritative interpretations of what the treaty means, and other countries often adjust their laws to conform. Human rights standards include not only laws, but also norms and principles that can be used to guide state action and which are derived from a variety of sources, such as the statements of United Nations treaty monitoring bodies (e.g., the Committee of the Rights of the Child that monitors state compliance with the Covenant on the Rights of the Child). These authoritative bodies have produced key views, findings, and recommendations that constitute human rights standards for the protection of human rights related to sexuality (E.Kismödi et al., 2015). However, in the UN system the work of the expert treaty bodies, while authoritative, is not by itself binding; hence, it is categorized as “soft law”. The question of who takes the decision and how it is taken on what a treaty means as a matter of binding law, is a central aspect of the complexity of the fight over sexual and reproductive rights. But states remain key voices: they must accept the validity of any determination of the scope of a law. Treaties require interpretation and one of the difficulties encountered in international law is that there is no central or final decision maker across both international and regional human rights regimes, and inter-national criminal and humanitarian law regimes, all of which address sexual and reproductive rights. This leads to confusion in determining what the legal standard is on any

given sexual or reproductive right, within the context of distinct approaches to the same problem across regional and international legal systems, or even within the same UN system (A.M.Miller; 2001).

Laws are important in that they set rules for social interactions and provide human rights guarantees, but it is important to underline that they can also impose limitations on rights. In practice, to give some examples, laws that promote the distribution of objective, comprehensive sexuality information, can contribute to enhancing people's knowledge of the topic, including where and how to seek further information, make informed choices, or seek treatment if needed. On the other hand, laws that restrict access to health services by requiring third-party authorization for services for women and adolescents, or laws that criminalize certain consensual sexual behaviors, effectively exclude or discourage people from seeking and receiving the information and services they require and which they have the right.

Inequalities manifested in people's differential access to services and resources, the ability to participate in the formulation of laws and policies, and their ability to seek remedies for abuses committed to them, are often the result of discrimination (WHO, 2010a). In international human rights treaties, discrimination is defined as any exclusion, restriction, or preference based on 'race, color, sex, language, religion, political or other opinions, national or social origin, birth or other status and which has the effect or purpose of altering or nullifying the recognition, enjoyment or exercise of rights (United Nations, 1966). States are responsible for enacting laws that prevent and address discriminations that could arise on such grounds. Furthermore, states must review and revise laws to ensure that they are not perpetrating direct or indirect discrimination (CESCR, 2009). For instance, laws that set lower age limits for girls than for boys to marry directly discriminate on the ground of sex (CEDAW, 1999). In addition, laws that indirectly discriminate are those that create unfair and arbitrary distinctions in practice, even if the excluded population group is not directly mentioned in the law. For example, laws that restrict insurance or other social benefits based on marital status constitute indirect discrimination against same-sex couples if the state prohibits same-sex couples from getting married (Dulitsky & Zimmerman, 2013). In the words of Kismödi, laws often embody a cultural understanding of social roles that are deeply rooted in gender-based discrimination (E. Kismödi et al., 2015). Accordingly, feminists have started to analyze the impact of so-called gendered state in international law, but they did not examine assumptions about sexuality (Miller, 2009). To give an example, rape has traditionally been considered as 'unlawful' sexual intercourse by a man with a woman who is not his wife, through force and/or against her will,

and involves vaginal penetration by a penis. Following this definition, many categories are excluded from protection since it fails to recognize that women can be raped also within marriage, men and boys can be raped, as well as transgender individuals. Recently, international criminal law has intervened by changing this traditional harmful understanding of rape by elaborating the elements of such crimes, including coercive 'invasion' or 'conduct resulting in penetration, however slight, of any part of the victim's body with a sexual organ, or of the anal or genital opening of the victim with any object or any other part of the body' (International Criminal Court, 2011). Under international law today, rape law must apply to a person of any sex or gender, whether perpetrator or victim (ICC, 2011). Importantly, international human rights law recognizes that rape can happen within marriage and should be recognized as a crime in all circumstances (CEDAW, 2002). Additionally, the African Women's Protocol states that immunity cannot be granted to husbands accused of rape (African Union, 2003). Finally, the requirement that the victim's testimony must be corroborated by a third party to be considered evidence is no longer valid. These are examples of human rights standards that have been incorporated into or amended national laws.

It is important to point out that the strongest expression of a state's power to regulate or punish behavior is indeed criminal law. Concerning sexuality, a distinction must be made between behavior that is harmful to others, such as rape and coerced sex, and that which is not, such as consensual sex outside of marriage, consensual same-sex conduct, transactional sex between consenting persons, such as sex work, sexual activity among and between older adolescents, conduct related to gender expression such as cross-dressing, as well as seeking or providing sexual and reproductive health information and services, such as for contraception and abortion (E. Kismödi et al., 2015). This is because criminal law can be and has been misused resulting in serious damage to sexual rights and health. When consensual sexual behavior or acts are criminalized, people whose behavior is considered illegal would often hide it from the authorities, of course, out of fear of being stigmatized at best and persecuted or arrested at worse. People in this situation are discouraged, for example, from turning to health services when in need, resulting in serious consequences for their health. Additionally, the criminalization of sexual behavior is believed to lead to high levels of violence, suffered by lesbian, gay, and transgender people and sex workers worldwide (Blankenship & Koester, 2002). Such violence is perpetrated by the authorities themselves, leaving victims with little or no support or protection against the crimes they endure. In various countries, laws impose coercive medical interventions such as contraceptive sterilization, sex reassignment surgery,

and/or unmarried status to recognize the change in gender identity change. Such impositions violate the right to nondiscrimination and human dignity and are recognized as unconstitutional. For example, in Italy, it has been ruled that forcing sterilization and genital reconstructive surgery to gain legal recognition of the person's chosen gender identity has been ruled incompatible with the constitutional right to sexual self-determination and physical integrity (Italian Constitutional court, 1985). It has been internationally recognized that individuals have a right to comprehensive information about sexual and reproductive health. This right, like all reproductive rights, is firmly rooted in the most basic international human rights standards, including protection of the rights to life, health, education, and nondiscrimination. However, many states still censor information about sexuality, especially for adolescents and unmarried people. Global policy standards affirm that sex education is essential to improve sexual health outcomes such as delaying sexual debut, reducing unwanted pregnancies, and sexual risk-taking, and must include attention to gender equality and human rights (UNESCO, 2009).

Notwithstanding all of their limitations, laws build a framework for governmental and individual behavior; they also can be enacted to establish expectations of rights among citizens and accountability from the government. Indeed another crucial role that the law plays in the field of sexuality is that of ensuring accountability. Accountability requires states to comply with their obligations to bring their laws, policies, and practices – including sexuality – in line with international, regional, and national human rights standards. When laws are retrogressive or restrictive, or discriminatory against women, it can result in very negative consequences in terms of women's health and lives. When there are vast gaps between law and practice, rights advocates document abuse and draw attention to the discrepancy between stated standards and reality (A.E. Yamin; 2004). The creation of accurate global standards, monitoring mechanisms, systems of redress, and damage recovery are all crucial aspects of accountability. In this sense, the law is essential to ensure the establishment of monitoring and review processes that in turn contribute to identifying laws that have harmful effects and/or that contradict human rights. For example, the system of parliamentary human rights committees at the national level plays a crucial role in judging whether draft laws (including those affecting sexuality) comply with human rights before their submission to parliament, proposing the amendment of existing laws, and elaborating new ones. Furthermore, international and regional mechanisms such as the UN human rights treaty monitoring bodies also review state compliance with international, regional, and national human rights standards, including as they relate to sexuality. Additional

mechanisms are, for example, the UN Special Rapporteur on the right to health and the Special Rapporteur on torture, both of whom have recently reported human rights violations related to sexual health to the UN Human Rights Council and the UN General Assembly. Laws also led to the creation and implementation of remedies for violations of human rights. When such remedies are not in place, progress toward the fulfillment of sexual rights fails. In conclusion, based on the existing international human rights standards, and often their national laws, states have a responsibility to review or elaborate laws to ensure that they reflect and uphold the human rights standards that have now been established related to sexuality. It is also true that while laws are essential, they alone are not enough. Indeed, states must take other steps to ensure the implementation of good laws and policies.

So far, this work has spoken about the role that the law could play in protecting sexual rights. However, there is another side of the coin, which is the recognition that the law has also served as the principal source of oppression of sexuality. Indeed, throughout the nineteenth and twentieth centuries, the rule of law has held a central place in the construction and regulation of sexual and moral definitions. Indeed, notwithstanding the general concern of human rights defenders with state power and the obvious proofs of abusive state regulation of sexuality through criminal law, marriage regulation systems and health codes, international human rights law remains overall silent on national regulation of sexuality (Miller, 2009).

As Mort argues, the law occupies a quite an exceptional position regarding struggles around sexuality, meaning that if a specific type of sexual practice is thought to break the law, it “crystallizes and concretizes what has previously been constructed as a moral debate” (F. Mort, 2018). Breaking legal barriers raises potential threats, hence illegal acts challenge the legal order and the social consensus on which such legal order is based. However, it is argued that women and LGBTQ+ people with LGBTQ+ should recognize that the defense of the rule of law also plays a crucial role in protecting their interests. Indeed, the advancement seen in the 1960s in the realm of women and gay rights has had a deep personal, cultural, and political effect on their lives and given the present shift to the right, legitimized through populism, they now find themselves pushed to protect what has been gained in those years although partial and restricted. Based on the words of Mort, “if the law remains a central factor in the regulation of sexuality, we must not be mesmerized by its operations” in the sense that politics based on the forms of legal prohibitions and censorship run the risk of ignoring the complexities of the regulation strategies that address sexuality in its modern form (F. Mort, 2018). An understanding of the operation of power that is juridically based and that assumes a negative

conception of power and sexuality, in turn, relies on the belief that sexuality is innate or essential. This is to say that in a model conceptualized in this way, power relations are defined as excluding, blocking, or refusing basic and underlying sexuality. Furthermore, in this conception, the regulation of sexuality is conceived as uniform in its operations in all realms: from the patriarch of the family to the state, power follows a coherent strategy of employment. On the contrary, it would need to have contended that the set of power relations related to sexuality works through various practices and apparatuses (namely education, medicine, and psychology, among others) each with its structure of regulation. Additionally, power does not only restrict or repress, but plays an active role in constructing forms of sexuality. It was already envisioned by Foucault in his theory of discursive practice (M. Foucault, 1979) that power relations shape and regulate the physical space of the body. In this view, the law is not considered the primary form of regulation, but a “norm” and, in this way, laws are incorporated into regulative structures and practices. Put in this way, it is possible to see an alternative point of view on the way political interventions must be transformed to change dominant sexual meanings and definitions. Since the rule of law plays a crucial role in the exercise of state power, continuous attention must be paid to attempts to shift sexual and moral definitions through the implementation of legal strategies. Accordingly, the law should remain a realm for battle and contestation over sexual matters. Therefore, it should be kept in mind that the struggle to change the legal definitions of sexuality requires an engagement with the law and based on the law. There is a pressing need to advocate for legislation that tries to shift the law in a progressive direction and to build partnerships with radical liberal and social democratic forces which have contributed to achieving some level of sexual reform. It must also be kept in mind that a gap exists between the existence of positive law and the reality of women’s lives (Engle, 1993) and that although the existence of positive law is important, the mere existence of rights in positive law does not mean that it will lead to the actualization of such rights. Indeed, advocates insist on the urgency to turn to strategies for implementation of the rights they advocate for.

2.4 Obstacles to the development of sexual rights principles and legal rules

It is worth examining what are the disputes regarding advocacy and policy have and will affect the development of sexual rights principles and legal rules. This work adopts the view that rights and norms emerge from historically specific needs and interests and are often contested. It has been mentioned that other than the resistance coming from some states who oppose

sexual rights and from disagreement due to differences in priorities, also ideological differences among rights advocates may contribute to the difficulties faced with regard to adopting a shared meaning of consent in sexual activity, the concept of capacity in taking decisions over sexual conduct and identity which are in turn all strictly related to the rationale behind modern state regulation of sexuality and sexual expression. The concern about cultural differences plays a significant role in doctrinalists' discussions about strategy of implementation of rights (Engle, 1993). Indeed, also due to this concern, advocates outstrip the mere discussion of positive law thus starting to formulate attempts at putting law into practice. Miller argues that three areas of policy tension may be articulated. The first set of issues concerns the ability of sexual minorities to participate in public life, an area that has achieved norm consensus but is also contested with substantial political resistance on grounds of public morality. Further areas of dispute are those that articulate around the right not to be executed for sexual conduct outside marriage, the right for women to be free to decide whether to associate sexual activity with reproduction and consequently the right to have access to contraception, and the right to available safe abortion practice, all of which are principles connected to sexual freedom and reproductive rights (Miller, 2009).

The second broad category of rights that causes disagreement is that of problems about which only partial claims have been developed by advocates. In the words of Miller these can be illustrated by taking as examples marital rape, the concept of informed consent, adultery and the right for all couples to marry (including same-sex couples) and lastly, age in the context of sexual activity. Rights advocates claim that marital rape should not be distinguished from other forms of rape in national law. However, various aspects of abusive sex in the context of marriage have never been clearly conceptualised. For example, it is unclear how to differentiate between women who engage in sexual activity to access privileges that their unequal status in marriage negate, and those women who engage in sexual intercourse to escape abuse. The question remains, how unwanted sex in long term relationships/marriage must be addressed right-wise by states? Further, the concept of consent to sexual activity is still confused. What are the criteria to be taken into consideration to justify interventions on this matter? It is still an open question. Finally, when HIV is involved in the discourse, speaking of heterosexual couples, in which men are presumed to be the dominant sex, it is believed that state intervention is required to offer protection to women that are often forced to have unprotected sex, or they are not free to choose their partner or the circumstances in which they have sex (Vance, 2001). A partial solution in these circumstances could be what has been named "informed consent" to

sex and relationships. This term comes from medical practice but it is not sure how it could be applied to relationships and sexual behavior since it allows for state review in such circumstances and it also wrongly suppose that to provide informations would eliminate differences in power in relationships (Cook, 2007). Another option would be to criminalize sex without condom, which some states already do while penalizing women under the excuse to protect them from sex outside marriage or same-sex intercourse (Human Rights Watch, 2008).

Gaps in basic principles justifying state regulation of sexual activity can be found in debates around adultery. Indeed, the las regulating sexual conduct are not free of controversies even in the reviews of the Human Rights Committee. For example, in 2002, in the context of sexual conduct between men, the HRC affirmed the concept of liberty and asked Egipt to not penalize private sexual relations between consenting adults. Moreover, with regard to people having sex outside marriage, equality was the central focus for the HRC instead, and equal application of criminal penalties was mentioned (Miller and Vance, 2004). Pakistan commented on the position of expert in support of decriminalizing adultery and abolishing death penalty for sexual offences stating that such positions cannot be based on existing recognized human rights. Indeed, in this occasion it was discussed that human rights treaties only mention discrimination in relation to harsher punishment of women in case of adultery in comparison with men but there are no legal grounds for decriminalising adultery which have been internationally recognized (Miller and Vance, 2004). So the questions that Miller asks concern the interests and rights implicated in such circumstances and in what cases the use of criminal law may be justified to prosecute adultery.

There are also topics over which advocates for sexual rights themselves are in stark disagreement. Such disagreements undermine efforts to find common standards for legitimate sexual activity. The most illustrative example is represented by the controversies over sex work. The positions of feminist over this issue are compex and cannot be characterized easily. Miller states that disagreements over sex work should be differentiated from debates about sexual speech and imagery (Miller, 2009). Indeed, they are often coupled and, importantly, simplistically framed in terms of “choice and consent” as opposed to “coercion and abuse”. Research has shown that such simplistic dichotomization is simply not adequate to the problem at stake. UN treaty bodies lack a coherent common position on sex work and protection from abuse, safe conditions for work and the right to participate in decisions that concern them. At the same time, human rights organizations are trying to find a human rights approach to sex

work. Such efforts are complicated since they face attacks by anti-prostitution NGOs and many governments.

For those who are familiar with human rights reporting systems, it is clear that they are drafted for specific purposes with mostly country or regional focus and give attention to specific subjects (e.g. women raped in war, gay men facing harassment, women trafficked, etc). Such approach contribute to maintain the idea that individuals and such issues are separate, thus failing to recognize that also men can be sex workers, or women can be gay and also men get raped in war. Additionally, this limited categorization hinders the recognition of sexual rights claims in that for example it is often presumed that homosexual orientation is the only sexual orientation needing explanation and protection (Miller, 2009). Such approach is problematic because, first, heterosexuality is treated as if it were historically and socially homogeneous thus making rights to sexuality claims less universal and shrinking the political space within which they are discussed. Further, advocacy that supports sexual rights for women and girls has not been undertaken in order to enlarge heterosexual privilege. In this way, the achievement of women's rights alone will not be enough to lead to reform the heteronormative institutions including marriage. The solution lies in the involvement of heterosexual men who will need to contest heteronormative standards. The systematic compartmentalization of sexual rights issues limits the discussion about the ways in which rights can advance the dynamic interaction between ideas, identities and practices which generate the diversity of sexual orientation. In the words of Miller, this way of reporting about sexual rights issues underlines special rights claims but hinders politically coherent analysis of the many social, material and legal conditions in which meaningful sexual decisions and life choices are made. Lacking such analysis, human rights advocacy is limited to victim advocacy, and the result is constrictive. Indeed, Miller argues that the focus on specific claimants contributes to the wrong dissociation of 'gender identity claims' from 'gender-based violence' and sex discrimination claims in advocacy work, as mentioned above (Miller, 2009).

In conclusion, human rights norm creation can be defined as a "necessarily messy business" (Miller, 2009). It has been shown how even between rights advocates there are still tensions that contribute to inconsistencies of sexual rights analysis and hinder advocates' ability to claim rights in relation to sexuality in concrete and forward-looking ways. This means that there would be a pressing need for bringing together relevant case law and jurisprudence on sexuality – not limited, as current work tends to be, by the claims of particular issues or claimant interests. Further, a shared and inclusive analytical framework for addressing sexual rights is also needed

toghether with new standards for legitimate sexual expression and conduct. Part of the challenge remains whether a notion of sexual rights could be constructed in a way that can be broad enough to bring the intersecting movements that deals with sexual rights (feminist, gay and lesbian, queer, trans, HIV/AIDS, etc.) together in a broader alliance or coalition, without being so broad that it loses its political edge and fails to serve any real purpose (J. Garcia; R. Parker, 2006).

The effort of opponents to resist progress or to break existing commitments to sexual rights can be so strong that it overwhelms activists strategies so that they find themselves time and again solely on the defensive. Instead of focusing on what supporters of sexual rights want, including the need to build on the groundbreaking conceptualisation of sexual rights, they find themselves spending virtually all of their energies reacting to our opponents' agendas (K. Sheill, 2006). There is a pressing need to be more affirmative in the agenda of sexual rights advocates, as well as of a more homogeneous movement.

2.5 Fundamentalisms, the Holy See and their attacks on women sexual rights

When women claim rights and have control over their bodies and sexuality, they are required to come face-to-face with states that assert and exert power over them. Examples can be found from all over the world, from Turkey whose government forces medical examinations on women to test their virginity (Human Rights Watch; 1994), to the U.S. where sex workers are constantly assaulted and harrassed by the police (C. Leight; 1994), as well as in Iran where women are stoned to death for having committed acts "incompatible with chastity" (Amnesty International; 2004). These are only a few among million examples of how states exert their power on women's bodies, declaring them a legitimate object of power. It has been discussed how the decade of the 1990s brought great success in the United Nations arena for women's rights. On the other hand, such gains have also stirred a fierce and sophisticated anti-sexual rights backlash from some governments, the Vatican and other religious groups, and conservative organizations. In fact, another major obstacle to the development of sexual rights principles in the international arena is the increase in "fundamentalisms" around the world and the opposition of religious forces. The sexual rights discourse in Cairo and Beijing was suppressed by Vatican-led fundamentalists who began a media campaign against reproductive and sexual rights on the basis that they were associated with "individualism", "Western feminism" and "lesbianism" (Petchesky, 2000). The debate in Beijing revealed clearly that,

among the member states of the United Nations, there is a group that is opposed to women's advancement, particularly if it means that women will enjoy sexual and reproductive autonomy. In fact, countries that are religion-based states, such as the Holy See and Iran, and states where the Holy See, or some strain of religious fundamentalism, has a strong influence have been strongly opposed to any language that would mention women's freedom over their own bodies or sexuality. It includes Guatemala, Honduras, Malta, Cote d'Ivoire, Belize, Sudan, Jordan, Benin, Libya, and Syria, among others. This group of states also enjoys the active support of nongovernmental organizations (NGOS). Such groups pose a serious threat to women's advancement, and represent a political backlash that is keeping women isolated and endangered in many countries of the world (S. Day, 2000). The Holy See, whose positions on women are typical of delegations of the religious right, stated in a Report prepared for the Beijing Conference that women and men have "equal dignity in all areas of life," but they do not have "an equality of roles and functions" (Report of the Holy See 2). The report continues by stating that true equality between men and women will only be achieved if "the specificity of women will be safeguarded" - where this "specificity" means their "particular relationship with everything that concerns the gift of life" (Report of the Holy See 2). Following these reasoning, it is clear that for such groups women's role in society and in the family is defined by their reproductive capacity. Importantly, the Holy See maintains permanent observer status at the UN, where it remains the only religious entity to function as a State, and can and does wield considerable influence in intergovernmental negotiations, especially on matters related to sexuality and reproduction. Further, the rise of the extreme right in Europe, as well as in other regions, is of great concern, as women's rights to political and physical expression, assembly and access to public spaces are being attacked by a variety of means, especially through the use of politically manipulated arguments about "cultural sensitivity". The arguments are often centered on dress codes or veiling, but are connected to broader geopolitical and economic concerns between states (C. Rothschild; 2005). On one hand there are Conservative Muslim movements and authorities that argue that the West must respect their values and traditions, as if they were absolute and monolithic, on the other hand, Western countries call for negotiating the legislation of secularisms and cultural tolerance. As a result, women's individual choices and rights are splitted and compressed between these two sides, leading to their complete denial. Women's human rights advocates who advocate for a wide range of rights for all women become targets of baiting, specifically about their identities as they are labeled as either "atheist" or "too religious." Baiting allegations are specifically designed to silence advocacy and education on matter of sexuality, that are swept under the rug

because of the dangers of attacks that they carry. Sexuality itself is used as the mean to suppress discourses around sexuality. Indeed, women who raise issues of sexuality are attacked and stigmatized from governments and religious groups for their sexuality, thus transforming sexuality into a forbidden topic and a sensational threat. Sexuality becomes a weapon in the hands of such actors who use it to control women's bodily integrity, as well as to hamper women's political participation, mobility, and freedoms of association and expression. Ideas and prejudices about women's sexuality are strategically used to intimidate them and prevent them from organizing and addressing such issues and often also to impede their claim of control in other areas.

Religions, powerful, and supranational institutions endorse prejudices in name of moral values, and they do so often in alliance with the state. Their status is significant in that they function at the level of civil society like non-governmental organizations, but their mobilizing power is so vast and the influence they can accumulate is so powerful that is hardly comparable to any other NGO. Conservative Catholicism is both well-resourced and well-networked. It builds alliances with Islamic states, among others, to fight and oppose the rights of women at many international venues. It is in turn supported by many like-minded right-wing NGOs which together collaborate to build a scary trend toward the "Internationalization of intolerance" (C. Rothschild; 2005). In the words of Rothschild "Right-wing Christian organizations in the global North have learned to disguise moral imperialism as a helping hand. They couch their missionary antagonism toward difference as a sympathetic understanding of threatened cultures". Indeed, while pretending to help developing countries preserve their sovereignty against the evil of "sodomy" and human rights, they conceal their colonial ambitions, as they strive to promote their agendas based on their narrow and specific religious traditions. Further, the Holy See in particular has a great advantage at its disposal to combat women's right in the international arena which is having resources enough to send delegates – often the same ones – to most UN conferences where gender and women's sexuality discussion may arise. Unfortunately, not many NGOs can count on such continuity and expertise. Conservative extremist agendas have manifested themselves within the UN in infinite ways, many of which involve sexuality baiting. The result is the creation of hostile political climates, including covert government threats to punish other governments for the positions they take on sexual rights issues, overt efforts to position sexual rights as threatening or imposing on national sovereignty, and intimidation of participants. Other tactics include to impede civil society participation to conferences so to avoid that sexual rights discussion be brought to the table at all.

It is almost unbelievable to think that some things could happen in a context like the UN official session, but they do. The reference is to the general climate of opposition, which at some point has even shifted from obstruction to intimidation. Rotschlind reports that in 2000 at the Special Session of the UN General Assembly to review the Beijing Platform for Action, during a panel on sexual rights panel, “priests in full clerical garb, waving rosaries as a weapon to ward off evil spirits, invaded women’s caucuses. Some conducted an exorcism in the room where the lesbian organizations had met” and again “male Christian religious men stood around the perimeter of the meeting room reading Bibles as women activists spoke eloquently and powerfully about the intersections of sexuality and human rights in their lives, dressed in dark robes and standing over the seated participants and attendees, the men audibly murmured prayers as women spoke of violence and state and religious discrimination based on sexuality”. Roman Catholic Christianity has a problem with women and has a problem with sexuality. This problem is deeply rooted in its history, in its assumptions about gender and sexuality. Women are believed to be inferior, biologically produced as incomplete human beings. Women are excluded from leadership roles, lack autonomous humanness, and thus must always be under male authority (R.R. Ruether, 2008). Every sexual act is deemed sinful, with the only exception of sex within marriage, which is forgiven because of procreation. But sex even within marriage, if the reproductive effects of the sexual act are impeded, is sinful or ‘mere fornication’. This view makes any form of birth control sinful and is still the basis of Catholic teaching on birth control still today. In some ways modern feminists have been opposing these views of women and sexuality. Catholicism has always opposed feminism, starting from arguing against women’s right to vote in 1920 with the motivation that the place of a woman is the home and that voting would have vilified their feminine nature. In 1930 Pope Pius XI condemned women’s emancipation as undermining the divinely founded obedience of the wife to her husband and a false departure from her true and sole role as mother and homemaker (R.R. Ruether, 2008). After women won the vote, they made it to the next level, from inferior, incomplete human beings as complementary and with a different nature compared to men. Catholic women were strategically led to organize against liberalism, socialism and feminism. Needless to say, the Catholic church has always strongly opposed abortion by classifying it as murder from the first moment of conception. Under the papacy of John Paul II (1978–2004) Catholicism launched a full-fledged global crusade against abortion, birth control, and redefinitions of the family that might include homosexual couples. As mentioned before, this Vatican crusade has been particularly active in relation to United Nations Conferences on population. The Vatican through local bishops also became very vigilant against any efforts

within national governments to promote sexual education, family planning, and the legalization of abortion. The program of action launched in Cairo, which sought to promote gender equality, the empowering of women, through education, legal rights, economic opportunities and political participation, the elimination of violence against women and the enabling to women to control their fertility, was seen by the Vatican as threatening Catholic teaching on gender and sexuality and became determined to change it, often misrepresenting it by claiming that it was promoting abortion as birth control, lax sexuality, and homosexual marriages, none of which were actually mentioned in the document. Any language on family, gender, and sexuality it suspected of threatening its views of these subjects as been strongly and tyrannically opposed. Since the passage of such documents at UN conferences works by consensus, the Vatican delegates and the allies it was able to acquire, managed to virtually hold the conference hostage while they insisted on changes on wording on such issues as the affirmation of diverse forms of the family (which the Vatican insisted was gay marriage in disguise), family planning, and legal and safe abortion. This literal crusade against birth control, abortion, changes in views of gender and acceptance of homosexuality has continued after Cairo and it is still ongoing to the present day, and its effects are visible globally, in every corner of the world wherever Catholic power has a significant presence.

The Vatican continues to oppose contraception, meaning opposition to sex education curricula that include contraception teachings. But it gets worse than this. For example, in 2006 in the Philippines, in response to a Family Planning and Reproductive Health bill on Family Planning and Reproductive Health discussed in parliament, the Catholic Bishops Conference of the Philippines ruled that it will deny the sacraments or even burials to anyone who supports or uses contraception, as a way to impress on Filipinos the seriousness of the sin of contraception. Further, it mandate that individuals over the age of 15 must take an eight-week course on Catholic sexual teachings, after which they would receive a card showing they have completed the course and are eligible to receive the sacraments. Those without such a card have been denied communion or burial. Some priests obtained lists of women who had had an IUD inserted and instructed them to remove it. Just when you think that you have heard enough, The Catholic campaign against emergency contraception make it unavailable in most Catholic hospitals, even when this hospital is the only one available in the area and the person requesting emergency contraception is not religious. The most aberrant example of Catholic clerical brutality to women lies in its opposition to the distribution of emergency contraception to refugee women of Kosovo who had fled to the

camps after having been raped in the war (F. Kissling; 1999). Imagine being a rape survivor and being told that you must turn your rape into an act of love by ‘accepting the enemy into you’ and carry your pregnancy to term. The use of condoms to prevent HIV/AIDS is another major area of controversy where Catholic power has a major international effect. Official Catholic teaching opposes any use of condoms even when it is being used, not as a contraceptive, but to prevent the transmission of the HIV/AIDS virus. This position is not only abominable in 2022, it is literally a crime. With a million people dying each year from AIDS, not a single sane mind would not encourage condom use to halt the spread of the virus and to promote safe sex in general. Some revisionist Catholic bishops are trying to oppose this vision but still many, like Cardinal Wilfred Napier, head of the Catholic Bishops’ Conference of Southern Africa, an area overwhelming hit by the pandemic of AIDS, publicly declared that “There is no medical evidence that condoms prevent the transmission of AIDS” (M. Williams; 2013).

There is a brighter side to the coin. A portion of Catholics have begun to speak out against such blatant threats to women’s sexual and reproductive health and rights. At the lead of such a rebellion there is the international organization Catholics for a free choice, with headquarters in Washington DC and partner organizations in several countries in Latin America and Europe. These organizations confront the Vatican and its allies at the UN and actively fight to decriminalize abortion and make contraception and sex education available in their countries. Importantly, they conduct a campaign to question the Vatican’s status as a permanent observer in the UN. Such a status is based on the historic legacy of the Papal States in Italy, and although the papacy lost these states in the unification of Italy in 1870, it was recognized as a sovereign entity by a treaty signed by Mussolini in 1929. As absurd as it may sound, this status allows the Vatican to be a non-member state permanent observer at the UN in 1964 where it exercises both voice and vote in UN special conferences, and not by representing the Vatican City state but the Holy See, the worldwide government of the Catholic Church. Since the Holy See is not a territorial state, but its an NGO, it is clear that its position is illegitimate and what is not so clear is why it still holds it. Vatican power in global policies on women and reproductive health affects the laws of states, not just the laws of churches which call for personal acts of conscience. They prevent people of all religions and no religion from having access to condoms for AIDS prevention, emergency contraception in hospitals, legal and safe abortions, and information on family planning. Right-wing Protestants and Muslims are potent allies of the Vatican in movements against women's reproductive rights worldwide.

Efforts to contrast such public coercive power by religion may take another lifetime to materialize in concrete, long-standing results in women's lives, but some analysts believe that fundamentalists and sexual conservatives are little by little losing ground on issues related to sexual diversity, identity, inclusion, recreational sex, and cultural values that foster this social justice (G. Herdt; 2009).

2.6 What constitutes sexual rights?

It has been discussed that the issue of framing what constitutes sexual rights emerges in cultural discrepancies over what is considered acceptable behavior and identification and also in the oppositions over what is deserved and claimed as a sexual right which depend on negotiations of time and space (R.Parker, 2006). Since social norms around sexuality are shaped and enforced by political, economic, social and cultural spheres of power, if the goal is to achieve greater equity between individuals of different genders in matters of sexuality, there is the need to redefine what constitutes a human right. Indeed, rights must not be limited to the protection of private property or of political and civil liberties, since the notion has been extended to other areas of life. A clearer framework of what encompasses sexual rights shall be constructed by assessing local needs and democratizing information about the rights and responsibilities of sexual individuals. The fallacy of separating sexual rights from economic or political rights must be avoided since the failure to recognize such rights is due to the fact that sexuality and gender are inscribed in bodies, beliefs, and actions. Moreover, this conceptualization becomes even more clear when thinking of sexual and reproductive rights and the way in which they interconnect with other rights in the lives of women (R.P. Petchesky, 2000). As Petchesky put it, even the categorization of such rights as social, cultural, economic, civic, and political is proven difficult. Indeed, various claims to sexual rights include claims for civil rights, for example, both in terms of the eliminations of laws that prohibit or try to restrict certain sexual acts (i.e age of consent), and the drafting of new laws that penalize certain practices (i.e rape within marriage). These rights not only include protective civil rights, but also involve access to social rights, as advocated by feminists for the recognition of women's sexual needs, and the provision of welfare. Against this background, for example, the right to express oneself sexually free from fear of unwanted pregnancy is intrinsically connected to the right of access to education and health services with respect both of abortion and contraception (D. Richardson, 2000). Again, women who have a job and an income may still depend on their

husbands to be able to access health insurance that would cover maternity care, because they work in marginal, informal, or uninsured fields. To provide more examples, the provision of information and health services for women does not equate to the guarantee that they will be free from domestic abuse that threatens their well-being if they actually dare to use such services (Petchesky, 2000). For reproductive and sexual choices to be in any real sense 'free', rather than compelled by circumstance or desperation, requires certain enabling conditions. Such conditions represent the foundation of reproductive and sexual rights and are what feminists mean when they speak of women's 'empowerment' (S. Corrêa, R.Petchesky; 1994). These conditions include material and infrastructural factors, as well as cultural and political factors such as access to education, earnings, self-esteem, and the channels of decision-making. Therefore such enabling conditions or social rights are essential and integral to sexual and reproductive rights. Although there is no one shared and official definition of sexual rights upon which all advocates agree, related advocacy rests on a number of common principles that include: the right of each human being to experience her/his sexuality freely, fully, and consensually, and an understanding of sexuality as a realm of experience encompassing sexual orientation, gender identity, sexual and gender expression, desire, pleasure, and sexual practices (C. Rothschild; 2005).

As Richardson put it, sexual rights can be broken down into three main subcategories: i. practice-based rights, ii. identity-based rights, and iii. relationships-based rights (D. Richardson, 2000).

i. Practice-based rights

This sub-set of sexual rights can be further divided into three categories: those that regard the social regulation of behavior, those that include both the right to participate and enjoy sexual acts (sexual pleasure) and those related to bodily self-determination.

Right to engage in sexual activity

It is important to consider that the recognition of the right to participate in sexual activity must not be equated to claims for the right of individuals to decide freely over the kind of behaviours they engage in. Indeed, various sexual acts may be prohibited by law, reflecting views about what people have a right to do with their bodies (i.e sex between same sex people, oral sex,

etc). Despite some changes in legislations of most countries where same-sex behavior is not considered illegal anymore, it is essential to distinguish such liberalization of the law from state recognition of the right to be homosexual, because they are not quite the same thing. In fact, such changes in law grants the right, under certain specific contexts, for one man to engage in sexual acts with another man: a right that extends to all adult males, not only those who identify as bisexual or gay (D. Richardson, 2000).

Another aspect to be highlighted in the discourse of practice-based rights and other sexual rights, is the public/private divide question. Indeed, arguments for conduct-based rights claims have largely been based on respect for privacy. Thus, for example, people who engage in sexual behavior with same sex individuals are granted the right to be tolerated as long as they remain in the private sphere and do not seek public recognition.

The reasoning that justifies such denial of rights to homosexual people for example, is that heterosexual norms and practice are institutionalized so that heterosexuality is established as 'natural' and 'normal'; an ideal form of sexual relations and behaviour by which all forms of sexuality are judged. The denial of recognition of rights can also be grounded on "moral inferiority" where again heterosexuality has higher moral worth and all behaviors deemed as immoral are restricted on grounds of protection of society from moral threats.

Right to pleasure

Claims for the right to sexual pleasure have been a central aspect of feminist politics in the early years of 'second wave' feminism during the 1970s. Of the five major sexual rights official declarations or bills that exist globally, four of them propose that sexual pleasure should be recognised as a right. In these declarations, a gender-neutral language is used to define principles and terms. Therefore, they do not investigate how the right to sexual pleasure, or any sexual right, may affect women and men differently (J. Oriel, 2005). Sexuality has been identified by scholars as "male-defined" and also predominantly organized around male pleasure (D. Richardson, 2000). On the other hand, women's sexuality is defined in terms of meeting men's sexual needs and it has been therefore suppressed and denied to them. Under the claims of equal rights to sexual pleasure and practice it is not only the rights to participate in sexual activity that is at stake but the right to gratification of sexual desire (D. Richardson, 2000). It is for this reason that essentialist views of sexuality which consider sex as primarily as reproductive drive, do not support claims for rights for which the central aim is

individual pleasure. Even though sexual rights have slowly become less stigmatized and have been recognized as closely aligned with fundamental human rights there is still a gap recognizing sexual pleasure as a fundamental human right and essential to the promotion of sexual health and overall health and wellbeing (E. Coleman, 2021). Lastly, it must be considered that for women the right to sexual pleasure is complex and inextricably linked to other rights. For instance, it would not be possible to envision a woman's right to sexual pleasure without simultaneously recognizing rights that enable women's control over their sexuality and reproduction.

Right to sexual (and reproductive) autonomy

The third category of practice-based rights is the one that encapsulates rights claims concerned with bodily autonomy and integrity. Such rights occupy a central place in feminist discourses, and they have been considered not only in terms of rights to sexual pleasure and agency but also of the right to control and safety, in turn, both connected to the right to say "no" to unwanted sex. The main focus of this set of rights is the right to engage in sexual activity free from fear of undesired pregnancies, sexually transmittable diseases and male violence, abuse, or coercion. The enjoyment of such rights clearly understands access to safe abortion practices and contraception. Most of the practice-based sexual rights also involve civil rights both connected to the elimination of laws that ban or restrict certain sexual behaviours (i.e age of consent for gay people) and the drafting of new laws that deem certain acts illegal (i.e rape within marriage). Such rights claims also consider the grant of social rights such as, for example, the recognition of women's sexual needs, and the provision of welfare. In this regard, for example, the right to express one's sexuality without fear of unwanted pregnancy includes the right to access to education and health services with respect to abortion and contraception (D. Richardson, 2000).

ii. Identity-based rights

During the seventies and eighties, the focus of sexual norms shifted from conduct-based claims, towards sexual identity rather than sexual practice as the basis for inclusion or exclusion from categories of citizenship. The most evident reflection of this shift can be seen in the emergence of gay liberation movements around the world. Until that point, the fights of gay people for the

recognition of rights were focused on the elimination of criminal laws that prohibited sexual acts between same-sex people. Gay liberation movements instead went beyond such claims, shifting their demands toward confronting discrimination based on the 'identity' of gay or lesbian "identity". Their demands focused on the social exclusion on the basis of sexual status through the language of the right to sexual freedom and liberation and putting an emphasis on the right to publicly identify as lesbian or gay. Related to such claims, social and political rights were also included. Therefore, activists for gay and lesbian rights were demanding to be represented in all governmental and community institutions. Such changes marked an important change in the development of the concept of sexual rights.

Right to self-definition

Identity-based sexual rights include the right for a person to self-identify and develop its own sexual identity, which means in practice the right to identify with a specific sexual category defined in terms of a class of people separated and different from the right to participate in specific sexual conduct. Such a right can be thought of as close to the right to self-determination. The arguments put forward by lesbian and gay political groups, to support claims of self-definition draw on essentialist notions of sexual categories as fixed, where one's sexuality is understood not by one's sexual practices but by one's underlying sexual orientation and attendant identity. It is important to keep in mind that this strategy does not mean adherence to essentialist theories, but it is indeed a strategy. The aim is to achieve recognition for discrimination claims based on a personality trait that is believed to be unchangeable and beyond one's control.

Right to self-expression

The right to self-expression concerns the right to public/social recognition of specific sexual identities. This means that beyond the rights to identify as lesbian or gay, individuals should also have the right to inform others/ have their identity recognized in public. For example, in military service there was no longer a ban to identify as gay, but any expression of such identity in public would lead to being banned from service. Thus, one had the right to be gay but not the right to tell it. Such a policy follows the rigid division of public and private, allowing only a private construction of sexual orientation and exclusion from the public. It is argued that for gay and lesbian individuals, the private is institutionalized as the boundary for citizenship and tolerance and their rights are seen as private individual rights instead of human rights

(Richardson, 2000). It is instead essential to the ability to claim rights, to be able to be recognized publicly. Therefore, the recent struggles of the gay movements have been focused more on the right not to have to be private rather than the right to privacy. Weeks argues that this paradox makes things complicated in that gay and lesbians individuals are claiming a right to be free to choose what to do in their private life through claiming rights to the public sphere (Weeks, 1998). Further, in the postmodern world, identity is defined as fluid meaning that there is now a claim to the right to not be defined in terms of a particular sexual identity.

Right to self-realization

The right to self-realization is in practice the right to realize specific sexual identities including, for example, diverse sexual identities without obstacles but rather supported by the state. Within this discourse, it is important to emphasize the difference between claims for tolerance of diverse identities (which are built from the right to self-definition and a limited right to express one's identity as a tolerated 'minority'), and the active cultivation and integration of these identities without 'normalizing distortion', as Richardson put it. The latter claims are the request for rights that would enable the realization of sexual diversity, such as, for instance, having access to the cultural, social and economic conditions that will allow previously marginalized and stigmatized identities to develop and flourish as a legitimate and equal part of the 'cultural landscape'(Richardson, 2000).

iii. Relationship-based rights

Claims pertaining to this set of rights are related to: the rights concerned with forms of regulation that specify who one can have as a consensual sexual partner; and those concerned with seeking public validation of various forms of sexual relations within social institutions.

The right to freely choose one's sexual partner

The right to choose a sexual partner involve the right to express sexual feelings for members of specific social groups. Indeed, prohibitions exist around who one can legitimately have as a sexual partner. Claims for the right of individuals to be free to choose their sexual partners have been a central aspect of lesbian and gay demands, as well as feminist politics, although with the recognition that 'choice' is a problematic concept in this context. An example of what this set of rights regards would be taking into consideration the restrictions

on the rights to select sexual partners from groups defined as racially different from each other happening in the US thought the ban on marriage between whites and people of colour. Another example along the same lines would be restrictions to the rights of people with disabilities to form sexual relationships due to eugenic concerns about the “purity of race”.

The right to publicly recognized sexual relationships

The other aspect of rights claims based on relationships is those related to the right to public recognition and validation of sexual relationships. Lesbian and gay rights movements, for example, have increasingly moved in this direction, most obviously in demanding the right to marry and access to the social and legal benefits accruing from being married. Although the right to marry and form family units is recognized in the UN Declaration of Human Rights, in most countries such rights are denied to same-sex relationships which do not have, for example, the same immigration rights, pension rights, inheritance rights, next-of-kin status, and tax benefits as those accorded to married heterosexual couples. It is important to acknowledge that even in countries where same-sex relationships are legally recognized, there may still be inequalities compared to the rights granted to heterosexuals. The main focuses of such disparities are the rights of parenthood. In some countries, gay and lesbian couples are denied the right to adoption. Additionally, the spouses of lesbians who have had children through donor insemination have no legal rights to the children.

2.6.1 IPPF, WAS, WHO declarations.

When the concepts of a “safe and satisfying sexuality” has started to be included the field of human rights as a high-profile political issue, it open the road to the gradual introduction of the notion of sexual rights in NGOs dealing with issues of sexual and reproductive health (IPPF and WAS) and within the framework of the WHO, as reported earlier in this work. In 1975, sexual health was considered a question of education, counselling and clinical treatment and public health was ignored and even more so the political issues linked to human rights, other than an attempt to oppose to religious taboos and prejudices mining sexual health (Giami, 2002). The proposals drawn up in 1987 in the context of the WHO-Europe represent the first political milestone, by affirming “the rights of individuals to be free from any sexual exploitation, oppression or abuse”. In addition to being a “state”, sexual health is now seen

to be associated with rights. Since the Cairo and Beijing conferences, international organizations including the World Health Organization, the International Planned Parenthood Association, the United Nations Population Fund, and the World Association of Sexology as well as many national, regional and local organizations have made considerable efforts to expand upon and implement the programs endorsed at the aforementioned conferences.

The first complete declaration on sexual rights was drafted by the IPPF and published in 1993 (*Table 4*) and represents a list dedicated to elaborating how existing rights principles can best be understood to apply to sexuality as an attribute of all persons, of all ages, regardless of gender/gender identity and sexual orientation (AM Miller et al., 2015).

Table 4. IPPF Charter on Sexual and Reproductive Rights 1996/2003/(revised 2008).

- The right to life
- The right to liberty and security of the person
- The right to equality, and to be free from all forms of discrimination
- The right to privacy
- The right to freedom of thought
- The right to information and education
- The right to choose whether or not to marry and to found and plan a family
- The right to decide whether or when to have children
- The right to health care and health protection
- The right to the benefits of scientific progress
- The right to freedom of assembly and political participation The right to be free from torture and ill treatment

It can be noticed that reproductive health is emphasized, following the work that had been done by the UN, in particular women's health and the right to family planning under the best conditions of access to health care. In this declaration, civil and political liberties are highlighted, including most of all the right to equality against all forms of discrimination. Nevertheless, it can be argued that the IPPF did not specifically aim at pushing to recognize the non-reproductive aspects of sexuality but instead it focused on the freedoms to manage reproductive health, family ties and gender relationships, and access to health care and information.

On the other hand, the World Association for Sexology (WAS) has drafted its own declaration on sexual rights on the occasion of the congress of Valencia in 1997, which was ratified in

1999 at the Hong Kong WAS congress. This declaration is derived from the concept of sexual health, clearly separated from the one of reproductive health and specifically it aims to explain sexual rights norms and link sexuality and sexual health with human rights principles and standards. Importantly, the right to sexual pleasure is central to the convention, and this marks a notheworthy step forward in the field of sexual rights (*Table 5*).

Table 5. World Association for Sexology's Declaration Of Sexual Rights (Hong Kong 1999).

- The right to sexual freedom
- The right to sexual autonomy, sexual integrity, and safety of the sexual body
- The right to sexual privacy
- The right to sexual equity
- The right to sexual pleasure
- The right to emotional sexual expression
- The right to sexually associate freely
- The right to make free and responsible reproductive choices
- The right to sexual information based upon scientific inquiry
- The right to comprehensive sexuality education
- The right to sexual health care

Sexual rights are fundamental and Universal Human Rights

The declaration of the WAS stems from the concept of sexual liberty and it is drawn from individual freedoms connected to sexuality aimed primarily at sexual pleasure and independent from procreation. Indeed, the freedom to make reproductive choices is mentioned only in article 8. Therefore, the declaration focuses on a concept of sexuality in which reproduction is only one among other aspects and as such it must be connected to other rights like the right to have control over one's own fertility. Further, sexuality must be considered a central aspect to human self-development and be an experience of pleasure and be valued as such. Pleasure is particularly emphasized in this declaration and for this reason it is considered to move beyond the scope of the concepts put forward by other documents drafted by the United Nations in which only the right to a vague "satisfyng and safe sex life" is mentioned.

In the first chapter of this work, the position adopted by the WHO has been mentioned. Indeed, in 2006 the international organization published its own declaration that can be considered close to the approach taken by the WAS in that it focuses more on the individual's experience of sexuality rather than its reproductive health. Further, the WHO declaration emphasizes the

concept of consent in sexual activity and it elaborates the perspective of public health by speaking of access to sexual health care and provision of sex education (Table 6).

Table 6. Sexual Rights, WHO (2006 and revised in 2010)

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

- To the highest attainable standard of sexual health, including access to sexual and reproductive health-care service
- Be free from torture or cruel, inhumane or degrading treatment or punishment
- Freedom of opinion or expression
- Privacy
- To seek, receive and impart information related to sexuality
- To education on sexuality
- To respect for bodily integrity
- To choose their partner
- To decide to be sexually active or not
- To consensual sexual relations
- To consensual marriage
- To decide whether or not, and when, to have children To pursue a satisfying, safe and pleasurable sexual life

Sexual rights include the rights of everyone to decide freely and responsibly on all aspects of their sexuality, to be free from discrimination, coercion or violence in their sexual lives and in their sexual decisions, to expect equality, mutual respect and full consent in sexual relationships.

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

By analyzing and comparing these declarations one can notice that they take a divergent stance on the position of “sexual health” and “reproductive health”. The IPPF clearly supports the position for which sexual health is a dimension of reproductive health while the WAS (partially followed by the WHO) supports the position for which the sexuality of the individual is put at the center and focused on sexual pleasure thus considering reproduction only a dimension (not the central one) of sexual health. The UN places itself in the middle in the attempt to take an approach that can be considered a compromise between positions that are often on opposite sides and keeps fluctuating between these two points of view without taking a final, decisive

stance. Indeed, as Parker and colleagues argue, under some circumstances sexual health is placed in the context of sexually transmitted diseases following a strategy that recognizes sexual health. It is important to underline that neither the declarations of sexual health nor that of the sexual rights have been officially endorsed by the WHO. Nevertheless, they are considered as working definitions for various working groups of the organization. Importantly, the declaration of the who calls for each individual to respect the rights of others and, by doing this, it includes a dimension of moral improvement and individual responsibility in that sexual health and sexual rights represent a form of moral improvement of sexuality (Parker et al., 2004).

The WAS revised and reformulated its declaration in 2013, particularly thanks to the work of its president, Eli Coleman (*Table 7*)

Table 7. World Association for Sexology's Declaration Of Sexual Rights (2014)

Sexual rights are human rights pertaining to sexuality

- The right to equality and non-discrimination
- The right to life, liberty, and security of the person 3. The right to autonomy and bodily integrity
- The right to be free from torture and cruel, inhuman, or degrading treatment or punishment
- The right to be free from all forms of violence and coercion
- The right to privacy
- The right to the highest attainable standard of health, including sexual health; with the possibility of pleasurable, satisfying, and safe sexual experiences
- The right to enjoy the benefits of scientific progress and its application
- The right to information
- The right to education and the right to comprehensive sexuality education
- The right to enter, form, and dissolve marriage and other similar types of relationships based on equality and full and free consent
- The right to decide whether to have children, the number and spacing of children, and to have the information and the means to do so
- The right to the freedom of thought, opinion, and expression
- The right to freedom of association and peaceful association
- The right to participation in public and political life to access to justice, remedies, and redress

This declaration further advances the idea that sexual health and sexual pleasure must be considered as central to health in general as contributing to it in an important manner. Further, compared to the previous ones, it is more focused on connecting the full range of human rights

and does not only focus on sexuality but takes into consideration more broadly the violation of liberties, the fight against violence and discrimination and the promotion of civil liberties (A. Giambi, 2015). The sexuality discourse is re-formulated by adopting the framework of sexual health and sexual rights and makes thus making sexuality one of the principal indicators of the violations of human rights and of equality. Put this way, sexuality is thought to be a measure of social change, emancipation and recognition of civic and political rights. Importantly, the declaration found a way to compromise on the previously worded “right to pleasure” so as to gain the approval of the international arena and to inspire also states that do not wish to include sexual pleasure as central in their health and sexual health policies (Kismodi et al., 2014). Therefore, despite the possible discrepancies in priorities, sexual pleasure was conceptualized as follows: “the right to undergo sexual experiences which bring pleasure, are satisfying and completely safe”.

After this overview on how sexual rights are conceptualized in various international organization’s declarations, the work will now proceed to examine the articulation of the ethical content of sexual and reproductive rights specifically.

2.7 The ethical content of reproductive and sexual rights

Inspired by the extensive work of Petchesky and Corrêa, the present work proposes that sexual and reproductive rights be grounded in mainly four ethical principles: i. *bodily integrity*, ii. *personhood*, iii. *equality*, and iiiii. *diversity* (R. Petchesky, S. Corrêa; 2013).

i. *Bodily integrity*

At the heart of sexual freedom, we find the principle of bodily integrity, which is constituted by the concepts of being secure in and in control of one’s own body. Such a principle has ancient and liberal roots in that its origin can be traced back to the Puritan revolution in seventeenth century England. An individual, to be considered a person, must have control over himself/herself, in body as well as in mind. This notion of individualism, individual selfhood, while phrased in masculine terms, had specific applications to the conditions of women in the seventeenth century: the enactment of the Puritan idea of marriage as a contract, restrictions against wife beating, and the liberalization of divorce (R. Petchesky, 1980). Other applications of the concept included the refusal of the idea of selling, or alienating, one’s body to another through wage labor. The practical implication of such concept that persists until the present day

must not be forgotten: control over one's body is an essential part of being an individual with needs and rights, a concept which is, in turn, the most powerful legacy of the liberal political tradition (R. Petchesky, 1980). The principle of bodily integrity has also been embedded in the construction of self-reliance and citizenship in Western political culture. Yet, it does transcend any culture or religion since it informs in a way or in another, all opposition to slavery and other involuntary servitude, torture, rape, and all forms of illegitimate assault and violence.

The claim of women's right to control their own bodies designates the body as an essential part of the individual whose health and well-being (including sexual pleasure) are a vital basis for active participation in social life. Freedman and Isaacs argue that, put it this way, the principle of bodily integrity is not only an individual right, but also a social right, since without it women cannot function as responsible community members (Freedman and Isaacs, 1993). It is true that in its practical application such principles demonstrate that while reproductive and sexual rights are certainly social, they are also undoubtedly personal. In fact, to realize their goals, they need economic development, political empowerment, and cultural diversity, but essentially lie in the bodies of individual women (R. Petchesky, 1990).

The principle of bodily integrity is constituted by the right of women not to be alienated from their sexual and reproductive capacity (e.g., through coerced sex or marriage, denial of access to birth control, forced sterilization, prohibitions on homosexuality, genital mutilation) and their right to the integrity of their physical person (e.g., freedom from sexual violence, limitations on mobility, unwanted pregnancies, etc.). Importantly, bodily integrity also implies affirmative rights to enjoy the full potential of one's body for health, procreation, and sexuality (R. Petchesky, S. Corrêa; 2013). Included in this principle is the right to express sexual pleasure in diverse and non-stigmatized ways.

ii. Personhood

Women must be treated as principal actors and decision-makers in matters of reproduction and sexuality – as subjects, not merely objects, and as ends, not only means, of population and family planning policies. This is essential to guarantee that their moral and legal personhood (i.e. their right to self-determination) is respected and honored. When clinical practices manifest strong pro-natalist or antinatalist biases, when some contraceptive methods are demonized, or safe legal abortion is not available, respect for the personhood of women is systematically denied and violated. At the national and international level of level of policies and programmes, treating women as persons in sexual and reproductive decision making means

granting women's organizations the right to participate in decision making processes with respect to population and health policies, and ensuring that public accountability mechanisms are in place and work effectively against violations.

iii. Equality

The principle of equality relates to sexual and reproductive rights in two ways: with regard to the relations between men and women (gender divisions), and relations among women (conditions such as class, age, nationality, or ethnicity that divide women as a group). Reproductive rights have emerged strongly as a remedy for discrimination against women related to their lack of agency in their fertility and their confinement to reproductive roles in gender division of labour. Therefore, the emphasis on reproductive rights constituted a strategy within a larger agenda to make women's position in society equal to that of men. At the same time, since only women get pregnant, their reality cannot be compared to men in this regard. In this sense, the gender-neutral language of most United Nations documents related to reproductive rights and health can become contested and problematic in the eyes of feminists. Indeed, giving men and women 'the same rights to decide freely and responsibly on the number and spacing of their children and to have access to information, education and means to enable them to exercise these rights' could be used and interpreted as mandating husbands' consent to abortion or contraception? If not only children, but also those who have a high degree of responsibility for children's care, are women, why should they have the same rights as men in matters related to reproduction? Where is the equality when women are expected to bear nearly all the medical risks and social responsibility for avoiding unwanted pregnancies? It is true that more prevalent issues must be addressed to realize women's social rights and gender equality, including, but not limited to, gender power imbalances that hinder a 'gender equality' approach to reproductive health policies. Such obstacle include social systems that provide no educational or economic incentives for men's participation in child care and cultural norms that stigmatize women's sexuality outside the bounds of heterosexual monogamy (R. Petchesky, S. Corrêa; 2013).

It has been mentioned that the realization of the the the the the the the the the the the the equality principle in the implementation of reproductive and sexual rights must also also take into account differences and inequalities among women. Indeed, decision-making authority of women must be respected without discrimination related to class, race, ethnic origin, age, marital, status, sexual orientation, or nationality. For example,

discrimination can be seen when safe contraceptive methods, or abortion practices are available only to certain women who can pay for them. For this reason, to respect the principle of equality in matters of reproductive and sexual rights, at least the most obvious differences among women in access to resources must be addressed by governments.

iii. Diversity

The equality principle requires the mitigation of inequities among women in their access to services or their treatment by health providers and policy-makers, and at the same time, the diversity principle to be enacted demands that differences among women – in values, culture, religion, sexual orientation, family, or medical condition, must be respected. For this to be realized, the universality of human rights and their language must be reshaped so as to encompass such diversities (Cook, 1993). There is no doubt in affirming that the universality of reproductive and sexual rights must be protected, but at the same time there is the need to recognize that such rights mean different things to different people, who have different priorities, depending on social and cultural contexts. For instance, cultural differences or diverse religious values relate to attitudes toward children and childbearing and influence the ways in which women think of their entitlements in reproduction (R. Petchesky, S. Corrêa; 2013). There are cultures where individual rights to choose with regard to reproductive choices become alien because they are subordinated to group welfare, while at the same time they make use of contraceptive methods to control the spacing of their children because they consider it their collective right (T.O. Pearce; 1994). Further, feminists who criticize reproductive technologies (e.g. artificially assisted fertility methods) as they label them as tools for medical control over women and against ‘nature’ fail to recognize the ways in which such technologies contribute to expand the rights of particular women, such as lesbians seeking pregnancy through artificial insemination or *in vitro* fertilization or women/couples who cannot conceive naturally. However, it is essential to draw a distinction between the feminist principle of respecting difference between women and the argument put forward by governments and fundamentalist religious groups that tries to use “diversity” and “culture” as a way to restrict and deny the universal validity of women’s human rights. Indeed, the scope is not to deny the universal applicability of rights, but to take into account the particular needs and values of women by specifying what these needs mean in specific settings. In this sense, the human rights discourse must take into account women’s multiple identities by developing a pluralistic language and methodology and at the same time keeping true to the core principles of equality, personhood, and bodily integrity. Thus, the diversity principle can never be absolute. It is based

on a formulation of human rights that advances the development of women and fosters their self-determination. Finally, this does not mean that harmful traditional practices (even when enacted or supported by women themselves, such as genital mutilation) take away governments' responsibility to act to enforce women's equality, personhood, and bodily integrity, always through means that meet the needs and wants of the women involved (R. Petchesky, S. Corrêa; 2013).

Conclusions

The 1994 International Conference on Population and Development (Cairo, 1994) can be defined as the moment when a new paradigm was established, one that confirmed the potential of applying a human rights approach to the world understanding of reproductive and sexual health as derived social-gender, race, class-relations, as much as of biological or behavioral factors. In turn, this understanding requires that the institutions, laws, and policies that prevent diverse women (and also men) from exercising agency over their bodies and lives and fully participating in their communities and societies be dismantled and reconstructed in a different way. It has been discussed how, as a matter of political strategy, sexual rights have been incorporated under the language of reproductive health and rights. To some extent, the two fields have adopted the same language, even as terms continue to have very different meanings. Although the concepts of reproductive health and sexuality have become common in the international arena, their meanings by national political bodies and in people's minds vary widely across countries. The status of "sexuality" and "sexual rights" is even more complex. Hence, it is important that its meanings and the differences between sexual and reproductive health and rights are made explicit, as feminists understand them. The chapter then went on by looking carefully at the different documents produced during the course of the last forty years, by nongovernmental organisations (NGOs) such as WAS or IPPF and by international organisations such as the WHO and the UN, who have invented the notion of sexual rights and developed it according to their respective objectives. The fact remains that despite the existence of these documents and declarations that defined and discussed sexual rights, from a legal standpoint, sexual rights have not yet been officially recognized as rights per se and need to be included in the field of human rights before they can be validated as instruments of protection and promotion (A.Giami in Petipas, 2008). There are many obstacles to the development of common sexual rights principles and shared meanings that have been explored, the deeper ones

being the resistance coming from conservative states and religious groups and ideological differences among right advocates themselves. The opposition at international, national, and local levels from powerful conservative forces for whom the idea of sexual rights is deeply threatening, and for whom the concept of responsibility means that individuals must strictly conform to conservative and often punitive moral codes can be truly disruptive. The challenge mainly lies in being able to transform an array of attitudes, beliefs, prejudices, and behaviours relating to sexuality, sexual relations, and gender that can best be approached from a rights-based ethical perspective (R. Dixon-Mueller et al., 2009). A shared and inclusive analytical framework for addressing sexual rights is what is needed to together with new standards for legitimate sexual expression and conduct. A notion of sexual rights would need to be constructed in a way that can be broad enough to bring the intersecting movements that deal with sexual rights (feminist, gay and lesbian, queer, trans, HIV/AIDS, etc.) together to form alliances or coalitions, without being so broad that it loses its political edge and fails to serve any real purpose. Drawing from the work of various scholars (namely Petchesky, Richardson, and others), the final part of this chapter has attempted to address the question: What are recognized as sexual rights or demands? As has been shown in this discussion, the concept of rights in relation to sexuality can be problematic, not least because it can mean many different things. While feminists have focused on claims to rights related to safety, bodily control, sexual self-definition, agency, and pleasure, gay movements have centered their struggles around the extension of specific sexual rights, like an equal age of consent, the right to freely choose adult sexual partners and the right to publicly recognized identities and lifestyles. While highlighting that there is not yet a universal agreement on what the term 'sexual rights' might mean, a framework has been outlined that tries to clarify the different ways of interpreting sexual rights in terms of three main subcategories within sexual rights discourse -which includes rights related to conduct, identity and relationship-based claims- has been outlined. Finally, the work went on to analyze more specifically what the ethical principles are on which claims with regard to reproductive and sexual rights are grounded. Digging deeper on these principles on which sexual and reproductive rights are grounded, namely bodily integrity, personhood, equality, and diversity, has paved the way for the discussion that will constitute the last chapter of this work.

CHAPTER III: The political power of pleasure and the need of an affirmative approach to Sexual Rights

Introduction

The last part of this work will be dedicated to exploring, debating, and demonstrating the power of pleasure as a focal point for work that seeks positive change in women's lives. Research work has paid little attention to the role pleasure plays in women's sexuality and experiences of empowerment. The focus of discourses, policies, frameworks on women's sexual rights has been primarily on disempowerment: on violence, violations, harm, and risks. Such a focus on negatives has many consequences, especially with regard to ease with one's own body and women's wants and desires. And yet, the contributions analyzed in this chapter will demonstrate that a positive, pleasure-focused approach to sexuality can be what is needed to address a series of issues that affect women's well-being and that suppression of pleasure only fosters women's subordination and traditional unjust, gendered sex roles. To this end, another aspect taken into account in this work is that, based on the results of large-scale survey studies, there is evidence of an association between sexual activity and satisfaction, on the one hand, and aspects of emotional well-being, partner satisfaction, and overall quality of life, on the other. Indeed, research shows that women with more active and satisfying sexual relationships report consistently higher ratings of emotional and relationship satisfaction. This enhanced sense of well-being can potentially contribute to improved subjective health and other positive outcomes. To increase knowledge, recognition, and promotion of sexual pleasure, comprehensive sexual education would be a crucial tool, one that is actually mostly missing. Indeed, the provision of sexuality education that goes beyond a focus on abstinence, sexually transmissible disease, or reproduction, is shown to be a key strategy to achieve several human

rights, including the right to education, to health, to be free from violence and coercion, and the right to gender equality.

Importantly, gender and power relations are challenged by radically undermining patriarchal control of women by empowering women to reclaim their own desires and sexual agency. Lastly, a description of interventions and a proposal for a framework for action are also provided. Some practical examples will serve as evidence to document and explain the relationship between sexuality and empowerment on a conceptual level.

3.1 Why does pleasure matter?

We have seen in the recent developments of the most prominent international organizations dealing with sexual rights have started to incorporate sexual pleasure in their discourses on sexual rights. Particularly, the WAS endorsed their Declaration on Sexual Pleasure in 2019 (WAS, 2019), further highlighting the importance of sexual pleasure as an integral element of Sexual health and well-being.

Even though to see pleasure included in major international documents we needed to wait a long time, sexual pleasure for women started to enter in the discourses about sexuality way before, potentially tracing back to the sixties, to moment in which the contraceptive pill was made available. By the close of the decade, many millions women worldwide were using this form of contraception (L. Segal, 1994).

“It was the pill, I think, that made it possible for things to change, for women to find out about fun... I didn't stay on the pill very long.... [but] I didn't lose that feeling that the Pill had given me. That I was allowed to have what I liked and didn't have to be frightened of sex because it could trap me into things, I didn't have to be punished”

(L. Segal, 1994).

Sexual pleasure was suddenly separated from not only reproduction, but also status, security, and all the traps that men layed for women in order to imprison them into permanent relationships. In those years, women in the global north, not only discovered that they could enjoy sex and try to take their pleasure like men had always done, but many decided that they *would* actually pursue their pleasure, in just that way. Many suspected that it was at that time

that men started to be frightened, more concretely than ever before, that women may become the sex in charge. It must be noted that, however, the sexual adventuring of women still concerned a minority. Indeed, from sociological surveys carried out at that time, 63% of women still did not engage in sex before marriage (A. Bingham, 2009). This trend was mostly due to the mainstream cultural pressure on women to be sexual, but only confining their sexuality in marriage. Moreover, it has been mentioned many times in this work that when it comes to women's bodies and sexuality, the focus is mostly on disempowerment, meaning violence, harm, violation, and risks. Pleasure is deemed as a frivolous matter, especially when compared to the list of other more critical priorities like poverty, war, disease, racism. And yet, as this work will demonstrate, a positive, pleasure-centered approach to sexuality can lead to addressing many issues affecting women's lives and well-being, including violence against women. Indeed, sex-positive perspective does not overlook sexual abuse or violence, nor does it minimize the harm of sexual offending. However, because sex positivity fosters discussion and critical exploration of sexuality and sexual practices, it can be helpful in addressing myths and moral panics regarding sexual offending issues (D.J. Williams et al., 2013). Further, as Rubin argues, it is particularly in times of social distress that sexuality becomes more sharply contested and more overtly politicized. Therefore it is in such historical moments that sexual values and erotic conduct acquire huge symbolic weight as they become vehicles to spread social anxieties. At the same time, it is at these exact points in time that the domain of sexuality is, in fact, renegotiated (G. Rubin, 2002). Finally, this work aims to show how pleasurable sexuality can empower women both in their individual lives and in the political arena. The central idea is that sexual pleasure should be seen not as optional and secondary to the serious issues of disease, abuse, and violence. Instead, pleasure should be the starting point, at the heart of every attempt to empower women, personally and politically, against these negativities. How can a society guarantee the right to sexual pleasure? Again authors stress the fact that the argument here is not limited to rights that are protected by the state and that the idea of sexual pleasure, its definitions, its expression all come from the local context where individuals experience life (G. Garcia, R. Parker; 2006). Such interpretations materialize from cultural systems of meaning and significance that are constituted by a blend of popular culture interwoven with elite culture and, as Parker put it, "mechanically reproduced and ideologically mediated" (R. Parker; 2006). Social, cultural, religious, bioscience, and other nonstate actors are mainly responsible for upholding the right to sexual pleasure by complying with the principles of equality, freedom, and human dignity. While the discussion on pleasure has begun to break the silence on the positive and empowering dimensions of women's sexuality,

there has been scarce analysis of the effects and implications of policies of such connections. This work seeks to remedy this shortage by reporting practical initiatives that seek to empower women and society at large through positive approaches to sexuality. Authors whose views this work support, believe that making space for pleasure would not only contribute to empowerment but also to challenging gender and other power relations. Indeed, advocates argue that interventions centered on women's pleasure have tremendous empowering effects on participants, sometimes because the focus on pleasure undoes the effects of inequalities between women and men, other times because a focus on pleasure leads to bodily liberation, changes in thinking, and ultimately opens new possibilities for women to focus on their own happiness and feel good in their bodies (J. Doezema ; 2013). Therefore, it is explicitly argued that a pleasure-based approach to sexuality has the power to radically undermine patriarchal control of women. In patriarchal cultures, the pleasure of women of women is subordinated to male's one. Such affirmation is proven by the evidence that studies that argue that a man's libido would be lowered lowered to more naturally harmonize harmonize with that of women (Maushart; 2001). Further, evidence suggests that despite the fact that most women rarely experience orgasms during sexual intercourse, they engage in sexual activity on a regular basis to fulfill their womanly role, which requires servicing male partners. Action at cultural level is needed to shift traditional sex roles in which "women are always "watching and nurturing, always acting as helpers of others' rather than prioritising their own sexual pleasure" (S. Hite; 1981).

Lastly, evidence also shows how a pleasure-inclusive approach to sexual health and well-being (SH&W) that integrates sexual health, rights and pleasure within all aspects of public health and sexual and reproductive health and rights policies and programming, would maximize SH&W as part of good overall health through all stages of life (T. Sladden et al., 2021). More on this will be elaborated on in the following paragraphs.

Desire and pleasure are more than endpoints; they can become essential tools of a transformative political agenda that aims to transform the conditions of women's lives. As Bay-Cheng put it, desire is a productive, striving act, one that is critical of and resistant to settling for what is allowed when it is less than what is due (L.Y. Bay-Cheng; 2010). Sexual desire and pleasure are linked to desire and fulfillment in all aspects of life, as exemplified by the concept of "thick desire" put forward by Fine and McClland:

“Wanting can be interpreted in a number of ways, but it necessarily positions the person as feeling entitled to that which comes in the future. It includes the desire to engage in pleasant (and safe, age appropriate, and protected) sexual experiences. It includes the desire to have unhindered access to those structural and institutional supports, such as education and health care. With the desire to be secure in place and the thick desire as an organizing frame, it is possible to theorize young women’s sexual and reproductive freedoms not merely from a perspective of minimal loss, but from a perspective that sees them as entitled to desire in all its forms”. (Fine & McClelland; 2007)

When a woman knows that she is entitled not only to sexual fulfillment but also to intellectual, emotional, and physical engagement, then it will be less likely that she accepts their lack and more likely to question it as an unjustified deprivation. Exploitation takes hold in the absence of entitlement: A woman who does not have idea of how good something (e.g., sex, relationships, learning, working) can be has no grounds to protest when it is bad. Far from being a liability or risk, sexuality is a potential source of strength and striving (L.Y. Bay-Cheng; 2010). For this reason, to be effective in considering the role of sexuality in the development and functioning of women and individuals in general, it is imperative to critically reflect on a discourse that sacrifices sexuality for the benefit of a discriminatory status quo and embraces the potential to contribute to a social justice movement that upholds women’s rights to sexual, emotional, intellectual, and relational lives of desire and pleasure.

3.1.1 The political power of pleasure

Discourses that portray women as victims are rampant in gender and development fields. This proves particularly true in the case of sexuality in which the concept is so much filled with dangers that it is no wonder that it seems nearly impossible to imagine that women can enjoy themselves. Such extreme focus on the negative causes a whole lot of consequences, especially with regard to ease with one’s own body and women’s wants and desires (S. Jolly et al., 2013). These narratives fit together easily and conveniently with religious agendas to protect women’s chastity. On the other hand, women’s sexual pleasure is a fixation in women’s magazines, pornography and other media in general. Such media coupled with the market and pharmaceutical industry feed a whole set of pressures that seem to dictate what should be

deemed as “good sex” and how to perform it. In turn, these impose who/what is eligible for sexual pleasure, which is usually young, able-bodied, slim and that certain types of sex, like heterosexual, vaginal intercourse or simultaneous orgasms are superior. However, in reality these qualities or kinds of sex are not even close to what people experience in their lives and they create unrealistic models and expectations that limit the possibilities to explore what people wish to enjoy. After the sex revolution of the sixties and seventies, various debates around sexuality had started. Beyond the introduction of pill in women’s lives that changed the narrative about sex which started since then to be perceived as separated from procreation and more as a practice in pursuit of pleasure and fulfillment of desire, also the spread of pornography in the same years sparked a debate among feminists who were divided between two opposite views: on one side there were the ones that thought that pornography could contribute to leave behind taboos around sex and on the other side there were those who were affirming that pornography was responsible of the objectification of women. These ideological battles were symbolically called “sex wars” in the U.S, on one side there were feminists like Dworkin who defined pornography as pure representation of misogynist male power and as a key facet of male violence against women (A. Dworkin, 1979), on the other side “pro-sex feminists” who criticized the romanticized view of sex and saw the censorship of pornography as part of a broader censorship of sexuality for both women and men and especially of people with non-normative sexual preferences (Rubin, 1998). At present, in the speaking of the northern hemisphere, such debates along the lines of the so called “sex wars” have been revived and reinvigorated flying the flag of the concerns over the hyper sexualization of popular culture through the mainstreaming of “sexy” and “sexually explicit” representations in the media, popular music, marketing etc. (S. Jolly et al., 2013). The predominant fears are those about the fact that the objectification of women and unrealistic expectations and harmful norms in sexuality would lead to psychological harm for girls and women. Such views, by conflating a variety of social phenomena, again portray women as passive/fragile victims to protect and fail to recognize their critical abilities and the power of sexuality as a positive force, as well as the importance of the creation of spaces to discuss sexuality and identity. Importantly, back in the 70s already, the U.S. President Nixon's Commission on Obscenity and Pornography spent two years and \$2,000,000 looking for the link between erotica and crime². The report drawn on this occasion showed that no reliable connection exist that would make a

² See COMM'N ON OBSCENITY AND PORNOGRAPHY, REPORT OF THE COMM'N ON OBSCENITY AND PORNOGRAPHY (1970).

causal relationship between exposure to explicit sexual material and criminal sexual behavior (K. Decrow; 1993). Again, when in 1986 President Raegan tried to establish a reason for censorship on the distribution of explicit sexual material, his commission on pornography failed to establish such a link³. Further, clinical research reaches the same conclusions in that after analyzing pornography and its effects, it finds that pornography per se does not encourage sexual violence (K. Decrow; 1993). To combat Gender discrimination, which is very real, what is needed is the enforcement of laws in this direction and not endless debates around nudity and sex in the movies.

On the other hand, in the Global South, feminists are offering a different perspective on questions of sexuality and pleasure, particularly how sexual pleasure can be part of reclaiming women's agency. They argue that the primary focus on the violations on women's bodies hinders the creation of a space for them to explore their own desires. Such negative representation of women's sexuality is coupled with patriarchal frameworks that support the policing of women: their desires become transgressive, a potential threat to the family structures as they are constructed - on the desires of men. The experiences of sexual pleasure are indeed embedded in a gendered context. In most contemporary contexts, sexual pleasure of women is subordinated to men's pleasure. Religious traditional cultures judge women's sexual pleasure as dangerous and undesirable or even irrelevant, probably since sexual pleasure of women is not directly linked to reproduction while that of men (entailing orgasm with ejaculation) most obviously is (E.T.M. Laan et al., 2021). Consequently, only those issue connected to sexual men's sexual pleasure or with procreative sex are deemed worthy of complaint or treatment, while sexual issues that are crucial to women (and individuals engaging in non-procreative sex), including a lack of sexual pleasure, are ignored (K.S.K. Hall; 2019). It is argued by countless feminists that women in our societies are constantly pressured to limit their sexuality to marriage and monogamy and part of such pressure derives from picturing all other forms of sexual behavior as dangerous. Those who want to confine and limit women in what they think is their place in society, often exaggerate dangers such as extramarital rape and sexual harrassment to imply that "being promiscuous" has its own punishment and that women must be aware of such dangers when daring to walk down the streets alone or enter the labor force. A more realistic critique of sexual danger would be one that equally emphasizes wife abuse, marital rape, incest and sexual coercion, as well as constraints on women freedom. The simplistic reduction of danger as everything that differ from married sex and present it as the

³ See U.S. DEP'T OF JUSTICE, ATTORNEY GEN'S COMM'N ON PORNOGRAPHY, FINAL REPORT 5 (1986).

source of women's oppression, fails to recognize the social and economic roots of women's oppression and gives a far too homogenous picture of sexuality. Further, the portraying women as victims - of rape, harassment or pornography - leads to political strategies that emphasize the protection of women against sexual danger at the expenses of all other strategies for social and sexual liberation (M. Valverde;1989). Additionally, such approach tends to abolish the diversity that exists among women, by not analyzing in deep the individual variability in desire and fantasy and, importantly, by ignoring factors such as race and class which are also constitutive of the sexual and gender experience. Rather than protecting women from victimization, the focus on teenage pregnancy, violence and sexually transmitted disease, the denial of their sexual desire and agency leave them disempowered, confused and conflicted about their sexuality (J.M. Wood et. al., 2006).

Given the rise in recent years of increased societal tolerance, more effective contraception, better health care and more stringent definitions of abuse, it could be assumed that the world would be nowadays a far more positive place to be sexual than in the past. It is quite the opposite, especially for women and particularly in developing countries, sexuality at present seems endlessly problematic. As Jolly points out, on one hand there is disease, sexual violence, exploitation, abuse and the demonisation of female libido. On the other hand there is continuous oppressive demand that women be not only physically attractive but also erotically receptive, responsive and proactive. The idea of participating in sexual activity purely for taking pleasure from it is all too often buried between these two opposite but equally brutal extremes (S. Jolly; 2013). It is against this background that Vance argues that Feminism must, of course, continue to work for material changes that support women's autonomy, including social justice, economic equality, and reproductive choice. At the same time, feminism should think of sexuality as a site of oppression, not only coming from male violence, brutality, and coercion which it has already been described eloquently and effectively, but also from the repression of female desire that comes from ignorance, invisibility, and fear (C. Vance; 1984). A politics that resists deprivation and supports pleasure is to be put forward, first by understanding pleasure as life-affirming and empowering and to speak about it as a fundamental right, which cannot be put off to a more favorable time. This is because it must be clearly understood that women, the agent and subjects of this conversation, care deeply about sexual pleasure and displeasure in their daily lives and that sexuality is a site of struggle and not a domain of interest only to a narrow, small, and privileged group. Women must be encouraged to fight not only coercion and victimization, but also sexual ignorance, deprivation

and fear of difference. If sexual danger and fear keep being the dominant framework to interpret women's experience of their own sexual agency, patriarchal script that present women as passive victims are reinforced and repeated. Little by little women lose their ability to change their situation and to picture new arrays of possibilities around sexual safety, choice, autonomy and pleasure (B. Barake- Yusuf; 2013). It is against this background that advocates affirm that privileging sexual pleasure as a tool for political engagement becomes necessary and powerful. Focusing on women's sexual pleasure does not negate or in any way erase the essential pursuit of social justice, equity, economic rights, political access and participation and it does not end domination and oppression in all its guises either. Rather, it can bolster the analysis of pleasure and give back to women the erotic embodied agency that is central to their lived experience and that patriarchal culture so fearfully tries to restrict and reduce to passivity through violence and intrusions. The gendered and heteronormative constructions of women's sexuality represent women as only being sexual in response to male initiation or to gain and retain romantic attachment. Therefore, women are deprived of their sexual agency, which is only seen to respond to male behavior. Conversely, to challenge such restrictive, reactive script, and considering women's sexuality as independent and proactive would mean that they would not only be able to avoid harm, but also pursue and initiate pleasant experiences. To make this possible, desire and pleasure must be embraced as inalienable rights and vital components of human thriving, not as luxuries afforded to a privileged few (L.Y. Bay-Cheng; 2010). In McFadden words, women's erotic pleasure has the potential to be more frightening and destabilizing than focusing on their violations in that directly challenges patriarchal hostility towards women's sexual agency. To give the primacy to women's pleasure, desire, joy means to overcome the dominant script that women hear and often find themselves telling about women's sexuality. Such change in narrative would prove that there is no primacy neither inevitability to the sexual danger framework. In fact such script can be reframed, re-experienced and channeled differently if only women dare to regain power over the kind of narratives they use about their sexuality (P. McFadden; 2003).

The declarations on sexual rights currently available use gender-neutral language in principles and definitions of terms. Thus, they do not explain how the right to sexual pleasure, or any sexual right, may affect women and men differently. Such lack of feminist perspective or gender analysis means that the sexual rights principles are hardly applicable to political reality. With this regard, it is now necessary that feminists test the application of each principle to women's lives in a variety of economic, cultural, and sexual contexts.

3.2 Sexual Pleasure as an essential aspect for Sexual Health, Overall Health and Well-Being

Although there have been great efforts in some countries to promote sexual health, statistics show persistently high rates of sexuality-related morbidities worldwide. Clearly, the global burden of these sexual health outcomes is astonishing and there are hard challenges to overcome to address them. It is true that progress has been made in the declines in maternal mortality and HIV-related mortality, but there are still 1.7 million new infections each year (UNAIDS; 2019a). More than one billion people have a sexually transmitted infection (STI), with an estimated 357 million new infections every year (WHO; 2014). Further, more than half of women worldwide would want to avoid pregnancy, however, one in four women does not use an effective contraceptive method (WHO;2014). It is clear that all of these outcomes are directly related to sexual health.

Much like the discourse on sexual rights in general, the domain of sexual health has also been largely dominated by a discourse of risk and danger. Indeed, research on sexual health has mostly been considered a valid sphere of public health insofar as it was able to address unwanted outcomes such as sexually transmitted infections (STIs), unintended pregnancy, sexual dysfunction, and sexual violence and coercion. It has been pointed out that little evidence consistently shows that risk-focused approaches that exclude pleasure and other positive aspects of sex have led to sustained safer sexual behaviors or to improved overall wellbeing (J.V. Ford et al., 2019). It has been shown quite the opposite: risk-focused, sex-negative programming often produces effects opposite from those intended. Therefore, it is clear that a broader, more holistic approach and understanding of safer sex and sexuality education would be needed, one that incorporates physical and psychological satisfaction, self-determination, consent, safety, privacy, confidence, and communication/negotiation into account (GAB, 2016). The mention and inclusion of aspects such as sexual pleasure or sexual desire in research or official government policy documents would have been met with derision or disbelief just 20 years ago. In recent years such attitudes have started to change and international organizations, as mentioned earlier in this work, have started to include these aspects of sexuality in their definitions of sexual health. Indeed, the World Health Organization (WHO) working definition of sexual health states that “*Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having*

pleasant and safe sexual experiences, free of coercion, discrimination, and violence” thus reflecting such an expanded definition. Further, as explored in the second chapter of this work, the World Association for Sexual Health (WAS), whose work has meaningfully contributed to the acknowledgement of sexual rights in the international arena, has taken a comprehensive approach to sexual rights as human rights from a multidisciplinary perspective and, importantly, with great attention to pleasure as an element of sexual health and sexual rights.

It has been pointed out that, given that sexual pleasure is inarguably a central driver of sexual behavior, and an element of overall wellbeing, integrating sexual pleasure into health education, health promotion, public health policies, and programs is essential to a broader public health imperative. Against this background, an increasing number of sexual health researchers have begun to conduct research that considers and incorporates the positive aspects of sexual health including : sexual satisfaction; sexual self-efficacy; sexual self-esteem; and sexual pleasure among others. Most existing studies exploring the relationship between these factors report that they can be important and powerful tools to address multiple dimensions of health (R.M Anderson; 2013). This outcome requires an investigation and an understanding of the interconnections of these concepts and what they mean in practice and, as Gruskin argues, the creation of conceptual, personal, and systemic approaches that fully recognize and address the harms inflicted on people’s lives when these interactions are not fully taken into account (S. Gruskin et al., 2019). Sexual pleasure is the most recent addition in the framework of sexual health and sexual rights policy, thus the least developed. It appears usually in policy and programming merely as a consideration related to sexuality or sexual health rather than as an issue in its own right. As mentioned above, the WAS has been the most prominent association that recognized sexual pleasure as a component of holistic health and well-being and invited recognition of the relevance of sexual pleasure connected to sexual rights from the perspective of positive sexuality. Although the links between sexual pleasure and sexual health have finally been understood, there has been limited attention to the ways in which people’s experience of sexual pleasure is not only tied to their sexual health but dependent on the extent to which their sexual rights are respected, protected and fulfilled (AM. Miller; 2018). Further, scarce weight is attributed to the health system as an enabler subject of sexual pleasure. The lack of comprehensive approaches to the intersection between sexual pleasure, sexuality, sexual health and sexual rights can have, and often has, negative consequences for individuals. Indeed, such failure hinders the protections from sexual violence, limits the information and health services

people are able to receive, and the ways people can relate to their own bodies, establish relationships, and live in the world.

The approach which focuses on protection from negative consequences of sexual behavior has been proven to be not effective in recognizing that the primary factors behind sexual health risk, and the need for sexual health information and services, are issues that relate more to rights, pleasure, and sexual desire rather than to morbidities and mortalities (S. Gruskin et al., 2019). Another major obstacle with this regard is the shortage of experience and knowledge on the part of health professionals who clearly lack the skills to deal with the complexity of sexual pleasure and the different ways it is experienced by individuals among different populations and at different stages of life. Further, sexuality, sexual desire, and sexual pleasure are still topics largely surrounded by shame and stigma in various parts of the world, and sexual health programs focus only on the unwanted consequences of sexual behaviours, sexual morbidities and “normalised” heterosexual sexual practices. A particularly relevant example of cases in which programmes based on a risk approach and that only focuses on the negative consequences of sexual activity, is represented by sexuality education that centers around abstinence. This sexuality education approach supports the belief that premarital sex is “immoral,” and reinforces traditional gender norms, such as the idea that it is unacceptable for women to express sexuality or sexual pleasure (S. Griffin; 2006). The negative consequences of this risk-based approach in sexuality education lie in the fact that they do not recognize the role that sexual pleasure plays in facilitating sexual health despite its relevance. For instance, the promotion of condom-use has been proven to increase the consistent use of condoms and the practice of safer sex (A. Philpott; 2006). It is essential to put pleasure at the center, as it is intrinsically linked to sexual health and sexual rights while addressing consequences of risky sexual behavior, but without reinforcing fear and shame. This positive approach to sexuality and sexual health celebrates sexuality as a part of life that enhances happiness and well-being, and is not primarily focused on preventing negative experiences. Essential to the delivery of quality health services incorporating rights and pleasure and in line with the needs, rights, and desires of individuals, is the education of health care providers. Indeed, health care providers often lack adequate knowledge on how to provide services that place pleasure or rights at the center of their relationship with clients. For instance, a research carried out by scholars in the US found that 44% of medical schools did not provide formal sexual health curricula, and 17.4% of future doctors felt uncomfortable in speaking about sexual history with teens aged 10 to 14 years old and 23.8% felt the same with adults aged 75 and over (S.Malhotra

et al., 2008). There are other studies that report that medical education in sexual health in the United States and Canada is lacking, with many students and providers reporting feeling not prepared enough to deal with sexual health issues with their patients, while data from other parts of the world are barely existent.

To reach a point in which sexual health, sexual rights, and sexual pleasure are considered intersectional and their connection are reinforced to positively impact people lives, comprehensive global, national and local grassroots advocacy that claims: policy and legal change; equal opportunities, rights, and conditions for all; promote investment in local and national rights-based sexual health services that address pleasure; demand quality of care and comprehensive sexuality education; and hold relevant stake- holders accountable is very much needed (S. Gruskin et al., 2019). Further, advocacy efforts must engage with civil society organizations, researchers and research institutions, service providers, and the public and private sectors. An intersectional, interdisciplinary, and multi-sectorial implementation is crucial to make sure that programmes are endorsed, implemented, funded and maintained, locally and globally. The increasing evidence that shows that sexual pleasure is an enabling factor that influences well-being indicates the need to engage more seriously with sexual pleasure as a central feature of sexual health and sexual rights.

3.2.1 Pleasure and prevention

Recent studies on sex and relationship education demonstrate that in STI / HIV prevention, 'public health outcomes may benefit from a greater acceptance of positive sexual experiences' while denying the possibility of pleasure in sexual relations, especially for women, has a negative impact on their active negotiation of safer sex (A. Philpott et al.; 2006). This theory of the preventive power of sex-positivity has been discussed in a study by Ward and Wyatt, which reports that white women who received sex-negative, cautionary parental messages engaged in more high-risk sexual behaviors when compared with the white women who received sex-positive and instructional messages from their parents (L.M. Ward & G.E. Wyatt; 1994). Additionally, adolescents with sex-positive attitudes have been found to use contraceptive methods more responsibly (L. Y. Bay-Cheng; 2003). There is growing evidence that promoting pleasure along with safer sex messaging can increase the consistent use of

condoms and other forms of safer sex. Against this background the “Pleasure Project”⁴ created The Global Mapping of Pleasure, a document that identifies projects and organisations around the world that put pleasure first in HIV prevention and promotion of sexual health promotion. Included in the map are sex-positive resources for young people; examples of working with churches to promote better sex among married couples; sex-positive information materials for gay men; examples of pleasure and harm reduction counseling with sex workers; examples of erotica for HIV-positive people; how to open up a pleasure dialogue; how to eroticise condoms and other barrier methods; and safe and sexy erotic films. It is relevant to note that such programmes and organisations are largely isolated in their work because pleasure is scarcely accepted as a core component of sexual health promotion (A Philpott et al.; 2006). It has been investigated that since the use of condoms is generally associated with decrease in sexual pleasure, it becomes crucial for public health campaigns to address how to increase sexual pleasure when promoting condoms. One of the primary reasons why people refuse the use of condoms is that they are thought of as awkward, uncomfortable and not sexy. This has great consequences since since the beginning of the HIV pandemic it is well known that male condom use is the essential mean of prevention. Therefore to eroticize male and female condoms is essential to increase condom use. Indeed, making condoms more comfortable and pleasurable transforms them from strictly disease prevention and public health tools into erotic accessories (A Philpott et al.; 2006). As an example, two sexual health NGOs in Andhra Pradesh, India (Changes in Kakinada and Needs Serving Society in Chaliakaluripet) while researching the acceptability of female condoms among sex workers found that if men opposed the use of condoms, they would say that “the condom feels like a natural vagina, that the lubrication in the condom is similar to skin-to-skin sex and that the inner ring touches the penis in a pleasurable way”. They were even able to charge a higher price for their services due to these features (A Philpott et al.; 2006).

Sexual rights advocates have long argued for the recognition of sexual pleasure as a human right. It may be worth taking into consideration that the fact that sexuality is constructed as gender neutral in the sexual rights literature can obscure how men’s demand for sexual pleasure often reinforces the subordination of women. In particular, in the context of HIV / AIDS, the belief of men of men that they have a right to get sexual pleasure from women is recognized as a cross-cultural obstacle to effective HIV prevention. Scholars from the fields

⁴ The Pleasure Project is an educational resource whose aim is to ensure that sexual health trainers include pleasure as a key element in their work, that training materials include pleasure and that erotic materials include safer sex.

of feminism, political science, public health, and HIV/AIDS have conducted vast research in the field of sexuality and they found that violence against women is fundamental to the construction of masculinity. This violence is manifested through rape, sexual coercion, and sexual objectification. It is argued that by challenging the forms of sexuality and sexual pleasure that reinforce masculinity, it may be possible to claim sexual rights that are based on sexual equality (J. Oriel; 2005). Oriel has proposed that it is possible to conceive a model for sexual rights that simultaneously provides women with greater sexual pleasure and reduces the risk of HIV transmission.

Women account for 55% of new infections and 70% of all new infections are spread by sexual intercourse (UNIFEM; 2000). It is against this background that the spread of HIV from men to women is said to directly involve the pursuit of sexual pleasure and, therefore, the claimed transformation of sexual pleasure into a human right (J. Oriel; 2005). South Africa's Sexual Rights Charter has a fairly direct approach to addressing the obstacles that women face in sexual relations with men. The opening paragraph states that in South Africa, women have a constitutional right to equality and fairness. It claims that there is an inequality of rights, as proven by high levels of rape, domestic violence, HIV and AIDS, and teenage pregnancy (WHP; 2004). Although the Charter uses gender-neutral language, its preamble and examples of sexual inequality are clearly aimed toward ending violence against women and girls, who suffer the burden of rape, domestic violence, teenage pregnancy, and HIV in South Africa. The rights contained in the charter include the right to enjoy sex, to safer sex, to say "NO" to sex, to non-discrimination, to employment for prostitution, and the right to well-trained professional and caring services. Many of these rights encompass a feminist understanding of women's experiences of sexuality. However, the Charter lacks the recognition that making sex as a right can exacerbate inequalities in sexual relations in that, for instance, the right to sexual pleasure for men can increase the violation of women's right to say "NO" to male-initiated sexual activity (J. Oriel; 2005).

Scholars have begun to investigate how the pursuit and exercise of male sexual pleasure are related to gender and sexuality. According to academic Robert Jensen, men are taught that their sexual pleasure depends upon acquiring people to use as objects (R. Jensen; 1998). Jensen argues that masculinity is proven most effectively when men use another person as an object to satisfy male sexual pleasure. This conception of masculinity encourages men to engage in sexual intercourse as a way to achieve domination or "conquest". In a heterosexual relationship the dynamic requires that women represent the object of conquest and lose power, therefore it

is argued that male sexual pleasure demands the use of women as objects for male sexual dominance. Despite this, the differences between the construction of male and female sexuality are not considered in the sexual rights literature because it does not analyse the relationship between gender and sexuality. In turn, sexual rights advocates present the right to sexual pleasure as gender-free and, therefore, power-free and unproblematic (J. Oriel; 2005). Some writers observe that what stimulate sexual desires and pleasure are the perceived differences that connect biological maleness with masculinity, which to prove its power needs to sexually dominate women. According to this logic, men experience pleasure by dominating women. There is increasing evidence that men's demand for sexual pleasure is politically and in terms of health, especially in the context of HIV/AIDS. The 2003 WHO report "Integrating Gender Into HIV/ AIDS Programmes" states that there is "an unequal balance of power in sexual relations in which the satisfaction of male pleasure is more likely to supersede that of female pleasure, and where men have greater control over their sexuality" (WHO; 2003). In the 2003 report "Working with men, responding to AIDS", the EngenderHealth Men As Partners Program describes how men's sense of sexual entitlement to women obstructs HIV prevention efforts. Therefore, it is shown that women's vulnerability to HIV/ AIDS is directly related to male sexual dominance and the construction of gender. To this end, if a right to sexual pleasure has to be envisioned, there is a pressing need for sexual rights advocates and researchers to avoid ignoring or minimizing the relationship between male sexual pleasure, sexual intercourse, male dominance, and HIV transmission. Although sexual pleasure is presented as a gender neutral right in the sexual rights literature, the application of feminist research and theory to it reveals it as a deeply political right that opposes a variety of women's human rights, including women's right to health, bodily integrity and life. Despite the fact that the five major sexual rights documents declare that violence, coercion, and exploitation are unacceptable, they fail to address the problematic aspect of masculinity, which, for how it is now embedded in patriarchal cultures, requires the sexual subordination and exploitation of women as a male right and as a form of male pleasure. It becomes clear that sexual rights must be gender-specific and include definitions of terms that challenge masculinity and the types of sexual activity that are used to reinforce it. If sexual rights are to contribute in a meaningful way to women's human rights, they can begin with the acknowledgement that in its current form, men's right to sexual pleasure requires women's oppression. Without addressing this issue, formalizing a right to sexual pleasure will strengthen the violation of women's human rights, men's right to use women as sexual objects, and the sexual subordination of women to

men. It is argued that an alternative declaration of sexual rights with sexual equality at its core is possible and necessary (J. Oriel; 2005).

Any future work in this area must explore pleasure in relation to gender and power. A thorough understanding of pleasure-seeking behaviors requires awareness both of social inequality and of cross-cultural and intracultural differences in the ways in which women and men seek pleasure. Future research must develop frameworks to include the various aspects of pleasure and explore how masculinity and femininity shape these pleasures in each setting. Despite these challenges, the importance of pleasure seeking for sexual (as well as reproductive) health has been demonstrated. Researchers and program developers cannot longer ignore pleasure as a central aspect for which individuals engage in sexual activity; instead, they should work from the notion that how sex feels matters to both women and men and that addressing this aspect of an individual's lives will positively influence sexual risk behaviors and more broadly their sexual health and well-being (J.A Higgins & J.S. Hirsch; 2007).

3.3 The need for comprehensive Sexuality- education as a tool for young people to benefit from sexuality

The call to pleasure and desire within sexuality education was already put forward many years ago with the seminal essay by Fine (1988) on the missing discourse of desire in American sex education. Since the importance of sexual pleasure for (sexual) health has also been recognized more recently (World Association of Sexual Health [WAS], 2019; World Health Organization, 2006), this work supports the view shared by scholars that comprehensive sexuality education would be a crucial tool for increasing knowledge, recognition, and promotion of sexual pleasure (Hull, 2008). Further, two rationales underlie the support of sexuality education: sexuality education is embedded in the right of children and youth to access adequate information essential for their health and development, and sexuality education is considered an essential tool to prevent poor health outcomes, including violence and abuse and HIV infection. Further, in a number of international policies and commitments, sexuality education is emphasized as a key strategy to achieve several human rights, including the right to education, to health, to be free from violence and coercion, and the right to gender equality.

In the 2010 Standards for Sexuality Education in Europe (WHO;2010), the concept of 'holistic sexuality education' is defined as: *'Learning about the cognitive, emotional, social, interactive*

and physical aspects of sexuality. Sexuality education starts early in childhood and progresses through adolescence and adulthood. For children and young people, it aims at supporting and protecting sexual development. It gradually equips and empowers children and young people with information, skills and positive values to understand and enjoy their sexuality, have safe and fulfilling relationships, and take responsibility for their own and other people's sexual health and well-being.' Sexuality education aims to develop and strengthen the ability of children and young people to make conscious, satisfying, healthy, and respectful choices regarding relationships, sexuality, and emotional and physical health”

It is argued that to eliminate the pleasure gap that exists between genders and to ensure that people will benefit from the positive impact that rewarding sexual experiences would have on their health, sexual education must not be limited to reproduction and sexual risks (as it is at present) but should include open discussion on the pleasurable aspects of sexuality and ways in which adolescents can learn to experience and share these pleasures (E.T.M. Laan et al., 2021). Approaches that problematize young people's sexual behavior leave little room for more positive and rights-based approaches which frame sexuality as normal and positive aspects of all phases of individual's lives, thus allowing people to explore, experience and express their sexuality in healthy, positive, pleasurable and safe ways. Surveys have found that where there was a comprehensive sex education (such as in the Netherlands), young people were equally as likely to feel good about their first time, whereas surveys show that boys in the US (where abstinence is promoted) walk away feeling good after sex, while most girls feel regret (B.J. Rough; 2018). Further evidence from qualitative studies of young women's sexual experiences suggests that an alternative, sex-positive perspective has protective and health-promoting potential. Indeed, her findings show that compared to their peers, participants whose mothers had talked to them about sexuality as a source of pleasure and empowerment were not only less accepting of unsatisfying or negative experiences, but also more likely to discuss and plan sexual encounters with their partners, including advocating for their own sexual interests, including instructing partners in what behaviors felt good and directing them away from those that did not (S. Thompson; 1995).

It is worth briefly reflecting on the complexities of advocating for education that is sex-positive and seeks to foster acceptance of diversity, including with respect to gender identity and sexual orientation. Some actors find the acceptance of young people as sexual beings, and the apparent 'sex-positive' approach problematic. For instance, Family Watch International (FWI) argues that comprehensive sexuality education “can be disguised as human rights education’ but

effectively teaches young people ‘radical sexual ideologies’, including an ‘obsessive focus on and promotion of sexual pleasure for children [. . .]’ (FWI; 2014). It seems like conservative actors would oppose anything that hints at any form of sexual freedom and regard all education that goes beyond the focus on abstinence as ‘morally suspect’. Therefore, little remains of the sex-positive position when SRH-related issues are addressed within school-based sexuality education initiatives. As noted earlier, such issues still tend to be framed in negative terms, with an emphasis on unplanned pregnancy and STIs. Advocates argue that such lack contributes to compromising the ability for women to engage, negotiate, or resist sexual relationships (Fine & McClland; 2006).

There is considerable variation in understanding what a “comprehensive” sexuality education (CSE) would mean. Against this background, research has been conducted to gain greater clarity on what CSE would entail by analyzing the existing programmatic and scholarly literature on the topic. Through this analysis, core components of this form of sexuality education have been set out. It should be kept in mind that the term “comprehensive sexuality education” (together with other health and development “catchwords”) may mean and convey a number of different things depending on where, when and who uses it. Indeed, as authors argue, it is important to note that terminology which may seek to convey universality can, and often does, mask power dynamics, implicitly sets boundaries, and excludes certain individuals and communities (A. Cornwall; D. Eade; 2010). Indeed, how and what is thought in sexuality education is a political project and more clarity is needed to understand how and why (elements of) a global policy framework like CSE may be rejected or reformulated by some actors.

As reported, the concept of CSE appears to have no agreed definition. By analyzing the literature, Miedema et al. have presented four components in the attempt to synthesize the critical defining elements of CSE. Therefore, four broad and interlinked themes are highlighted (*see also Figure 1 below*): (a) rights, participation, and agency; (b) sexual and reproductive health and behaviours; (c) gender equality and power, and (d) positive sexualities and respectful relations (E. Miedema et al.; 2020).



Figure 1. components of comprehensive sexuality education

A central aspect found in the literature has been the focus on rights and also the objective of CSE that is agreed to be to develop individual knowledge, attitudes and life skills to help them secure their sexual and reproductive health and rights (SRHR). In most standards and guidelines, the human rights-centered approach to sexuality education is emphasized. For instance, UNESCO claims that its guidance document ‘affirms the position of sexuality education within a framework of human rights and gender equality’ (UNESCO; 2018). Notions of choice, agency, and rights are the crucial aspects of comprehensive sexuality education. It is also true that rights-based rationales have proven controversial in settings where rights are associated with unwanted foreign influence and the supposed imposition of ‘Western’ (gender) ideologies (E. Miedema et al.; 2020). With this regard, it must be noted that political and sociocultural factors largely influence which components of CSE are considered acceptable within particular contexts and, as such, degrees of comprehensiveness. While it is important that CSE must include information about sexual and reproductive health (SRH) and tackle specific SRH-related concerns such as HIV and AIDS, teenage pregnancy, and female genital cutting or mutilation, there is a need to move beyond a merely reductionist framing of health to stop subsuming sexual health under the notion of STIs and reproductive health. As it has been discussed in the first chapter of this work, unfortunately even international organizations such as UNESCO, while supporting the broader definition of health, the guidance on SRH itself (key concept 8) focuses solely on prevention of disease and pregnancy, thus framing sexual health only in relation to negative outcomes (UNESCO; 2018).

The fact that the provision of comprehensive sexuality education would positively impact gender equality and women’s empowerment is generally a shared view throughout the literature. Indeed, drawing attention to the relationship between power and sexuality is an essential aspect of CSE in that it shows how power affects people’s control over their own body and their decision-making possibilities in sexual relationships (UNESCO; 2018). CSE programs have been lacking in this regard, especially due to the difficulties encountered in defining what a gender or power perspective would mean in practice. The UNESCO guidelines have been proven to be effective in addressing the topic. For example, the key concept ‘understanding gender’ is discussed in relation to three topics: ‘the social construction of gender and gender norms’, ‘gender equality, stereotypes and bias’, and ‘gender-based violence’, and each topic is then broken down into ‘key ideas and knowledge, attitudinal, and skill-based learning objectives’. For example, ‘attitudinal’ objectives related to the topic of social construction of gender norms for 12-15 year olds include ‘recognition that beliefs about

gender norms are created by societies’, and ‘acknowledgement that gender roles and expectations can be changed’ (UNESCO; 2018). Therefore, comprehensive good quality sexuality education would include guidance on how to critically reflect on gender and power in society, and how these concepts affect their own lives and relationships, other than supporting individuals in understanding their own capacity to contribute to change (N. Haberland; 2015). Finally, a core component of CSE would be to support people in their understanding of their sexuality and building “healthy” relationships. The ideal approach to sexuality would need to be a sex-positive one, one that includes the idea of sexual pleasure and, with regard to respectful relationships, reference is made to respecting others regardless of sexual orientation, gender identity, race or ability.

Unfortunately, a broader, more comprehensive, positive sexuality education through peer-reviewed research has not been proven yet. Yet, from research about how people learn, from research on youth development programs, from all the wisdom of all the counselors and therapists and educators who have worked with youth, it would be possible to derive what really works (J. Helmich; 2009). Sexuality is a complex and integral aspect of life. Sexuality professionals should not accept the minimization and isolation of sexuality education in the narrow prevention category of education programs. Instead, work would need to be done to bring a societal shift that accepts sexuality education that is centered around the individual, broad, skills- and values-based, integrated, collaborative, long term, and positive.

Although concerns of unwanted pregnancy, infection, and assault are certainly well-founded and substantial, a growing number of experts in the field of adolescent sexuality argue that a singular focus on these threats constrains our understanding of adolescent sexuality and hinders our ability to provide teens with needed knowledge, guidance, and support (Welsh et al., 2000). They argue for the presentation of sexuality as a positive and healthy aspect of life, one that exists in various forms for each individual throughout the life course, and for the need to help adolescents determine not only when to say ‘no,’ but when to say ‘yes,’ as well (Morris, 1994).

The connection between sexual desire and sexual agency, the ability to advocate for one’s interests in the sexual arena, has been explored by a small but growing body of researchers. For example, Buzwell and Rosenthal in their theory of adolescent sexual self-concept, argue that sexual self-efficacy is one of three primary components. One’s sexual self-efficacy, they claim, includes, in turn, three components: the ability to say ‘no’ to unwanted sexual encounters; the ability to assert one’s own sexual desires and wishes; and the ability to take

responsible precautions in sexual encounters. Their conceptualization emphasizes that true sexual agency consists of more than the ability to simply say 'no.' It involves the negotiation of sexual desires, contextual factors, and the ability to assert the resulting decision, whether yes or no (S. Buzwell & D. Rosenthal; 1996). Further, work on adolescent female sexuality stresses the connections between desire and agency. Scholars argue for the inclusion of desire in discussions of adolescent sexuality and school-based sexuality education, pointing out that acknowledging and empowering one's embodied sexual desire is the first step to achieve a sense of sexual entitlement, which in turn provides the necessary foundation for sexual agency. Without a strong sense of sexual agency, individuals will lack the power to assert and protect their sexual interests (G.E. Wyatt & M.H. Riederle; 1994). Indeed, how can we imagine an adolescent girl who does not know about the positive aspects of sexuality, or does not believe that she has a right to a sexual voice, who will be able to effectively advocate for herself sexually, including the ability to 'just say no.' As the authors argue, the disproportionate focus on a discourse of victimization may give individuals, particularly women, few alternative models for ways of being a sexual person and woman: 'Ironically, in our indiscriminate portrayals of teenage girls as sexual victims, we may be failing to teach them about genuine sexual autonomy and consequently ensuring that they will be victims' (D. Raymond; 1994). Additionally, including discussions of pleasure in sexuality education could also offer people a more nuanced and complex understanding of themselves as gendered sexual subjects. For women, this might mean a previously unacknowledged right to sexual desire and pleasure, and for men, access to ways of operationalising these concepts beyond notions of the predatory male sexual subject. (L. Allen & M. Carmody; 2012).

3.4 Women's sexuality as a matter of social justice: promoting a positive/affirmative concept of sexual rights

Petchesky poses a question on which to reflect, i.e., 'Why is it so much easier to assert sexual freedom in a negative sense than in an affirmative, emancipatory sense?' (R.P. Petchesky; 1997), and why is it more straightforward (although not to be taken for granted) to obtain consensus on the right not to be abused, raped, trafficked, or mutilated compared to being granted the right to fully enjoy one's own body? Petchesky analyzes the possible existence of a larger social, political, economic, and ideological context that renders a potential assertive approach to sexuality elusive. It is disturbing that the discourse of self-determination for

women over their own bodies has opened through and focused only on negations, denials, and around violence and abuses under which claims to pleasure remain ever buried. In fact, it is argued that, particularly with the second and third generations of rights, human rights discourses would be required to include affirmative entitlements rather than just protection from discrimination. However, it seems that battles for women's rights only gain the broadest recognition when their content is among the worst dreadful violations (i.e genital mutilation, mass rape as weapon of war, forced abortion or sterilization, etc.) thus capitalizing on portraying women as victims. Such victimization mirrors fundamentalist patriarchal representations of women as weak and vulnerable, as something to be controlled and protected. Further, as some feminists argue, physical violence should not be the key focus of energy for the feminist movement either, since even though violence is a huge and terrible issue, it is an issue of civilization, a proof of the lack of rationality in the human species which surely will not be altered by women alone (K. Deckrow; 1993).

The fact that the kind of human rights that receive attention and have the greatest possibility to be enforced are those related to discrimination or abuse is true for human rights discourse in general. Indeed, often not much other than promises has been achieved from the government's commitments under the International Covenant on Economic, Social, and Cultural Rights. For example, although the ICESCR includes provisions that recognize "the right for everyone to enjoy the highest attainable standard of physical and mental health" (which is in turn a major ground for the principles of reproductive and sexual health rights and is indeed incorporated in the Cairo and Beijing documents), efforts from states to comply with obligations, redirect resources, and take positive action to create the necessary conditions for health to become a social right have been almost non-existent.

It is necessary to underline the fact that what this work tries to do is not to deny or minimize the magnitude of the atrocities that are committed at the expense of women and sexual minorities globally but rather to say that to narrowly focus on such aspects alone, at best, can lead to the "level of liberal tolerance", as Petchesky points out (R.P. Petchesky; 1997). Indeed, this negative and exclusionary approach to sexual rights could never lead to the construction of an alternative vision or conduct to the desired social, structural, and cultural transformations. Vance affirms that the notion that women cannot explore sexuality until danger is first eliminated is a strategic dead end. Even in a political climate in which women's right to abortion tries to be reframed as murder, adopting a rhetoric about privacy and women's health as more respectable versus a language that speaks of women's sexual freedom only strengthens

the fundamentalist and conservative framework, for which sexuality is illegitimate and discrediting (C.S. Vance; 1993). What women need is a safe space to think, speak and explore desire in all its forms, to celebrate pleasure as well as hurt, confusion, and damage. What is needed is the safety to fantasize and explore, as well as to theorize, sexuality. Safe places to walk, work, and live, an end to governments and laws that see women's sexuality as an invitation and justification for abuse, or demand renunciation of sexuality as the price for protection. A safe space where no woman is forced to choose between pleasure and safety.

It is suggested that the sexual rights discourse did not acknowledge male sexual dominance or did not include the goal of sexual equality, and a reason for this is believed to be that the concept of sex as a right derives from sexology and not from feminism (J. Oriel; 2005). Yet, if sexual rights are to encompass women's rights, it becomes crucial to consider whether there is a relationship between gender, power, and sexuality. In the absence of such consideration, sexual rights advocates lack the resources to respond to the differences between women and men's sexuality experiences and are therefore unable to recommend equally liberating.

If considered as an individual issue, whether a woman feels entitled to sexual pleasure hardly seems worth collective attention. On the other hand, if a wider lens is adopted, one that places women's sexuality in a contextualized perspective, the connection between women's sexuality and social justice becomes more obvious. First, women's sexuality is constructed through oppressive norms and conditions based on gender, heteronormativity, class, and race. Consequently, these intersecting systems of psychological, social, and material inequality make women vulnerable to sex-related risks such as infection, unintended pregnancy, coercion, and dysfunction (L.Y. Bay-Cheng; 2010). In these problem-oriented discourses on women's sexuality that emphasize the million dangers associated with it, everyone is well versed from a very young age. Other than sexually transmitted infections, the issues coming with sex could also be life-changing for women and their children: Just consider that 49% of all pregnancies only in the US are unintended, meaning that, for example, women in such circumstances are less likely to receive prenatal care and more likely to smoke cigarettes, use drugs, and drink alcohol (Santelli et al., 2003). Furthermore, for many women, sex is coercive: one in six women in the National Violence Against Women Survey went through forced penetration at least once, and across studies, at least half of sexually active American female undergraduates report having consented to unwanted coitus (Impett & Peplau, 2003). Even when not considering infections, unintended pregnancy, and coercion, sex can be filled with inconveniences for women. More than 40% of women are argued to suffer from sexual dysfunction of some type,

including decreased arousal, painful intercourse, and infrequent (or nonexistent) orgasm (Laumann, Paik, & Rosen, 1999). Apart from such cases in which sex is negative for women is also seen as a problem when sex, or women themselves, seems too “easy”: within both popular and academic discourse, there is alarm when women have sex too soon, too casually and with too many partners (L.Y. Bay-Cheng; 2010). The issues of unintended pregnancy, disease, coercion, and dysfunction are so embedded in society and popular discourses that sex itself is usually considered the problem. However, such simplistic causality has produced a body of research, policies, and practices that are soaked in distrust and misconceptions and, at the same time, lack a proper understanding of sexuality and the contexts in which it is embedded. Indeed, much more contextualized research on sexuality demonstrates that these dark sides of sexuality are not derived by sexuality per se, rather they are produced by oppressive norms and social inequality.

To contest the notion that sex is inherently dangerous, it is necessary to outline the ways in which sexuality is constructed and experienced in context. As previously pointed out in this work, on the one hand, it is true that sexuality is underpinned by complex biological systems. On the other hand, various cultural norms that depend on contexts, together with practices, and scripts, imbue physiological reactions with the meanings, values, and identities that comprise sexuality (Tiefer, 2004). For example, women's difficulties in reaching orgasms could be tied to numerous different origins and ramifications, related to a complex interplay of factors: some physiological; some psychological; some relational; and some social, economic and / or political, including oppression based on gender, heteronormativity, class, and race (Tiefer, 2004).

The burden of the effects of gender inequality on women has received significant attention, particularly their curtailed abilities to advocate for their sexual interests. Further, the pervasive culture that promotes overtly sexual representations of women (especially in the western world) is often mistaken for women’s sexual empowerment. In fact, there is a stark difference between sexual objectification, which discounts women’s sexual autonomy and independent interests, and sexual subjectivity, through which women enjoy a sense of agency and entitlement to sexual safety, desire, and pleasure (L.Y. Bay-Cheng; 2010). While the support of sexual subjectivity empowers women’s in their sexual experiences and self- perception, the sexualization of women hinders their sexual agency and satisfaction (E.A. Impett, D. Schooler, & D.L. Tolman; 2006).

Many scholars have noted the spread of fear-based messages about sexuality, as well as the lack of any mention of female sexual desire and pleasure. They argue that the fact that sexuality is not only separated from regular life, but also depicted solely as a site of vulnerability and submission, causes girls and women to be deprived of exposure to alternative models and scripts, which as a consequence leaves them scarce opportunities to picture themselves as anything but victims (Fine; 1988).

According to the view that desire and pleasure are crucial components of healthy female sexuality, its not only necessary to neutralize negative sexual experiences of women, of women but it is also necessary to advocate for the right of women to positive ones. As Vance argued, a proactive political position regarding sexuality is needed: “It is not enough to move women away from danger and oppression; it is necessary to move toward something: toward pleasure, agency, self-definition” (C. Vance 1984).

Supporters of a positive, pleasure-based approach to sexuality argue that women must be empowered and encouraged to explore their sexual preferences; cultivating their sexual knowledge; asserting their sexual rights; and also resist any oppressive norms, practices, and policies. The latter point is crucial. In fact, positive approaches to sexuality are not just focused on affirming women’s sexuality; rather, they are built on a sharp social critique that targets structural and deeply rooted cultural inequalities that jeopardize women’s sexual well-being.

Such positive concept of sexual rights must include a set of ethical principles and a range of enabling conditions. The principles Petchesky refers to are outlined as follows. The first one is sexual diversity, which implies commitment to the principle that diverse kinds of sexual expression are not only tolerable but beneficial to a just, humane, culturally pluralistic society. This principle places great importance on the values of caring, affection, support and mutually consensual erotic stimulation, assuming that certain forms of relationships expressing such values, whether heterosexual or not, are secondary to the importance of a cultural climate that supports and encourages their free expression. A further, closely related principle is the one of *habitational diversity* (which does not necessarily involve procreation, even though it could). Such principle can be found in the ICDP under the name of “diverse family forms” which created fierce battles from the Vatican and its allies. It implies that the patriarchal, conjugal, heterosexual family is neither the only possibility nor morally superior. The third principle, which is that of health, has too been recognized in official human rights instruments. If one takes “the right for everyone to the enjoyment of the highest attainable standard of physical and mental health” with the acknowledgment that “sexual health” involves a “satisfying” as well

as a “safe” sexual life, it appears that something that sounds like *pleasure as a positive good* is emerging. The point here is that there may be already some basis in existing international agreements for claiming the right to sexual pleasure as part of basic health and well-being necessary to human life. Further, there is the principle of autonomy or personhood, which implies the right of individuals to be able to make their own choices in matters affecting their bodies and health. Clearly this principle is rooted in basic concepts of liberty and democracy and is fundamental to citizenship rights. The last ethical principle is that of gender equality, since in all societies the law of sexual norms is funded in a gender code as well as family code.

These five ethical principles remain abstract without global economic, social and structural changes. Indeed, how we can imagine decision making autonomy over sexuality for women, when they lack information about safer sex, sexuality, their bodies, contraceptive methods and ways to avoid STDs? How is sexual health viable without access to preventive quality services and methods? How is sexual diversity and gender equality going to be achieved in the absence of a cultural revolution in how societies, media and institutions envision “women” and “men”? To say it in Petchesky words, if the minimal criteria for developing indicators whereby UN agencies and government could establish standards for measuring compliance with sexual rights principles were to be analyzed, it would become clear that an affirmative approach to sexual rights would lead to transformational visions that would positively affect both women and men and society as a whole, not merely its sexual minorities (RP.Petchesky; 1997)

3.4.1 Sexual pleasure as a Woman’s Human Right : Human Rights training Programme for Women in Turkey

To demonstrate how a positive/affirmative approach that breaks the silence on the positive and empowering dimensions of women’s sexuality and to show how such an approach would work in practice, an experience from a Human Rights training programme for women in Turkey is taken as a case study.

In Turkey, gender specific notions of sexuality are inculcated in children from a very young age. While boys are told to show their penises to friends and neighbors and to be proud of it, girls are alerted about the shameful of showing, even by mistake, a glimpse of their underwear when playing. Girls are banned from playing physical sports, from climbing trees and riding a bike, they are told to sit with their legs together and not to laugh too loud. Women’s negative association with their sexuality is then further exacerbated by the imperative of

preserving virginity until marriage. If they fail to prove their virginity at the time of marriage, at best they are seen as less worthy, at worse they are killed as per the custom based practice known as honor killing. It is fair to say that women's sexuality remains a strong taboo in Turkey. Most women lack access to scientific-based information, which is provided neither in the formal education system nor from the family or the community. What most women know about sexuality (which is very little) is mostly based on social myths and misinformation so to support the coercive code of conduct to which their are subjected and which severely restricts women's sexual experience.

In the context of the patriarchal nature of society in Turkey, the increasing trend is one which reinforces cultural and social constructs around sexuality that considers women's role as mothers and housewives and caretakers of the nuclear and extended family structure in the private arena of the house. On 20 March 2021, Recep Tayyip Erdogan, Turkey's President, announced the country's withdrawal from the Istanbul Convention. At present it is also the only country found to be in violation of its obligations to protect women from domestic violence by the European Court of Human Rights, as shown by *Opuz v. Turkey* (2009). Further, women's participation in the labor market is very low, with only eight over 130 countries ranking lower. In 2012, at the fifth Conference on the implementation of the ICPD Programme of Action, Turkey's Prime Minister affirmed that abortion is a murder. Such a statement was endorsed by the Minister of Social Policy, which is the one responsible for women's affairs. 50,000 signatures were collected in a petition that claimed that the statement which defined abortion a crime must be retracted and called off attempts to limit, ban or criminalize abortion. Despite some successes with this regard, the climate is one of growing restrictions for women's enjoyment of their own sexuality and bodily integrity in Turkey.

Gendered notions of womanhood and sexuality are also conveyed by popular beliefs that reinforce the view of women's sexuality as passive and sex as a burden to be carried quietly and for the sake of procreation, without any notion of pleasure. The strict codes of conduct around women's sexual behavior are enforced to oppress and control women and keep them under the control of their fathers and husbands who retain the responsibility of their chastity. More in general, such codes of conduct serve the purpose of limiting women's mobility in the public sphere and coupled with the socially expected role of women consisting in marriage, and motherhood, are designed to keep women within the limits of the private sphere.

Women's internalization of negative messages about their sexuality together with the lack of information on matters related to their bodies and sexuality, contribute to the impediment that women face when they would need to make free and informed choices about their experiences, thereby hindering their ability to live a healthy sex life. Most women identify sexuality with lack of control, violence and abuse, certainly not with pleasure. It is in this context, only taken as exemplificative of the condition of many women in the world, that there is a pressing need to empower women to take control over their sexual lives and to build an affirmative approach to sexuality. This is what organizations like Women for Women Human Rights (WWHR), are trying to accomplish. WWHR implements integral training programmes, like "Human Rights Education Program for Women (HREP), the one that will be presented in this part of this work. The main aim of such programmes is to raise women's critical awareness of the laws that have so much impact on their lives, including codified laws, customs, traditions and daily practices. Consequently, by building on human rights, such a programme's objective is to provide women the skills and information to put their rights into practice and overcome violations of those rights both individually and collectively, thus fostering social, legal and political change. In practice, the training program is composed by sixteen workshops on various topics, including legal literacy and democratic means of participation, women's human rights, civil rights, violence against women and strategies against violence, economic rights, communications skills, gender sensitive parenting, sexuality, reproductive rights, the women's movement, and community organizing.

It is believed that to address sexuality in such programmes is a strategic decision justified by two reasons. First, sexuality must be included in a human rights program because it is used as a central mechanism in the patriarchal control of women. By providing women with an overview of the various contexts in which their rights are violated, enables them to understand a framework-shift from the extremely private individual context to a social, cultural and political context that places discussions on sexuality as an issue shaped by the rules of the patriarchal society at large. Further, because of the indivisibility of human rights make sexual rights a discourse about bodily integrity. To approach sexuality in a human rights framework, is rendered possible after deeply discussing violations of women's human rights in the family, in public life and work life. Indeed, the participants' knowledge of laws that regard women, allows them to feel secure and self-confident which in turn gives them the opportunity to address the taboos concerning their sexuality.

The subject “women and sexuality” covers a wide series of topics encompassing reproductive rights and violence against women but, importantly, also the more marginalized ones like sexual expression and sexual fulfillment. The part on reproductive rights focuses on detailed discussions on all kinds of contraceptive methods available to women and men, with insights on advantages and disadvantages they entail in terms of protection from STIs, side effects and ease of use. Once these matters are covered, the last two modules entitled “women and sexuality” focus on facilitating an understanding of sexual rights through the construction of an affirmative and empowering perception of sexuality by emphasizing the right to sexual expression, pleasure and enjoyment. The objective is to bring to light a positive perception of the matter, free of the negative connotations of sexual violence and the linkages to reproduction. Surely facilitating an empowering perception of sexuality is far from being an easy task, especially because of the internalization of years of social messages urging women to suppress and be ashamed of their sexual instincts, restricting the basis of their sexual experiences to procreation, and mirroring a model of female sexuality based on passive and submissive acceptance of male domination. This is why the model proposed in HREP programmes is framed in a way that addresses sexual violence and reproductive rights in separate modules so to allow separate spaces for women to focus solely on issues concerning their sexuality and sexual rights. Results were evident very early in the process, indeed, as an example it is reported that one day the husband of one of the participants, who initially wanted to oppose to his wife participation to the trainings of “women’s rights stuff”, went to thank the group facilitator for the couple’s improved sex life. He reported that his wife always referred to sexuality as “shameful and sinful” and, more often than not, refused any sexual contact with him. He wanted to know how such a sudden change had happened, so to tell his friends who were also having such issues with their wives.

The view of sexuality as a private matter, renders communication about it very difficult. This, coupled with negative messages internalized by women in contexts like Turkey (but in general by most women) makes it even more difficult for them to talk about sex both in favourable or unfavourable terms. By acknowledging that the gendered view of women’s sexuality is founded on socio-cultural constructs they are able to lift a burden off their shoulders and become able to voice their experiences related to sexuality.

In the first stages of the sexuality workshops women often attempted to shift the discussion to sexual health topics or the sexual education of their children. To this end, the workshop’s coordinators tried with considerable effort to build a space of security and mutual trust for

women to be able to open up and share their own experiences with sexuality. To achieve this, group coordinators also shared their own experiences to encourage the participants to do the same. The goal of the modules on women and sexuality was to establish an empowering definition of sexual rights. For example, one of the exercises regarded associating the phrases “female sexuality” and “male sexuality” with whatever was coming to mind. The results showed that there were very few women whose answers were associating pleasurable things with women’s sexuality - such as sexual desire, love, attraction, sexiness and sexual pleasure. Not against the odds, more commonly they were associating women’s sexuality with reproduction, motherhood, virginity, fear, being oppressed or performing a duty. On the other hand, male sexuality was often directly associated with sex, pleasure, desire and the freedom to live life to the full. The next step in the workshop consists of an exploration of these perceptions and beliefs about differences between male and female sexuality and recognizing whether they are biologically or socially/culturally constructed and imposed. This exercise let the so-called “social myths” emerge and often it is necessary to intervene and correct misinformation. The participants share the ways in which their sexuality has been and still is controlled and oppressed by their families, partners and society and the state. Intense negative experiences emerge, and talking about them often proves to be the first step towards healing. Furthermore, as women share their experiences it becomes obvious that these are repeated again and again, and through this repetition the personal becomes political.

The exercise that follows is about learning informations on female sexual organs and it might be surprising but in Turkish they do not have established names and those that are commonly associated with them have denigratory meanings. So much so that women in the groups are uncomfortable in saying the word “vagina” out loud since they say it is a “dirty word”. It becomes evident, also to them, that they have been deprived of even a common language about their sexuality that made talking about it even harder. Another astonishing thing that would come up is that the majority of the participants are not aware of the fact that they have a clitoris, the only human organ whose sole function is pleasure.

At the end of this exercise, the participant are encouraged to explore their sexual organs with a mirror when at home. In this way, the women are taught to start exploring their sexuality by starting to get to know their own bodies. The workshop ends with a discussion on sexual rights which include the basic rights to know and like one’s sexual organs, the right to seek sexual experiences independent of marital status, the right to orgasm, the right to expression and pursuit of sexual needs and desires, and also the right to chose to not to experience one’s

sexuality. The one just described above, is a process through which the women first find themselves in a safe space to discuss their negative experiences and to move from the personal to the political level for a better account of what underlies them and how they may be prevented. Then what follows is an affirmative process of physical self-exploration and the first steps towards starting to talk about feelings of pleasure, enjoyment and fulfillment and associating them with their sexuality as women.

The impact of these programmes has been evaluated through impact assessment studies, and it has been found that: almost all participants noted an increase in self-confidence as a result of HERP, and almost three-quarters began to participate more equally in decision making in the family. Over half were able to end and nearly one-quarter were able to reduce domestic violence. Further, over half restarted their interrupted formal or non-formal education, and about half began to participate in the labor market. All participants, in a way or another, were able to become “resource women” and spread their new knowledge and understanding around sexuality and pleasure to relatives and neighbors. Finally, the mothers who participate in the training, affirm that they will commit to prevent their daughters from suffering from disinformation and oppression like they did. Such results are bright rays of hope for the future generations.

3.4.2 Better sex and more equal relationships: evidences from a project- training for couples in Nigeria

In 1999 Aken’Oya undertook a study on attitudes, knowledge and behavior regarding sexual pleasure in women. She confirms what has been argued in this chapter, that is that while there are some projects that took a more positive approach to sexuality and sexual rights, most sexual and reproductive health projects focused on a medical/pathological rather than a rights-based approach thus being not as empowering as they could be. She noted that the positive and enriching aspects of sexual activity were completely neglected by scholars. Indeed, reproductive healthcare service providers and sexual rights activists have been of course influenced by the same patriarchal socialization that denigrate all forms of progressive discourse on sexuality, particularly the affirmative and empowering components that challenge inequality - the very premise upon which patriarchy is founded. The study that Aken’Oya began in 1999 developed into the sexual pleasure project for the “ International Center for Reproductive Health and Rights” (INCREASE). It consisted of a process of information-

gathering about issues of pleasure and providing feedback from the outcomes of the study to stakeholders. The project aim is to provide resources for the participants to negotiate safer sexual relationships, make choices that are right for them, to be assertive and to demand and negotiate for their needs and desires, including and most importantly, for sexual pleasure.

To study women's sexual pleasure, the author reviewed various models, starting from the one of Master and Johnson (1966; 1970) which concluded that there are four stages in the "human sexual response cycle" - excitement, plateau, orgasm and resolution. Helen Singer-Kaplan (1974; 1995) added desire at the beginning of the cycle. She reports that without the desire to be sexually active, excitement and orgasms are not possible. Further, Reed's model focuses on the psychosocial aspects of the human sexual response cycle and proposes that individual's interpretation of sensations is influenced by how they are socialized, and what they are taught to be sexually stimulating. Lastly, Ogden (2000) visualizes pleasure, orgasm and ecstasy as three interrelated spheres of energy. She considers the three circles as overlapping since one may experience all three simultaneously or experience pleasure without orgasm, or orgasm without ecstasy.

The authors of the study concludes that these models together yield an understanding of the human sexual response cycle, which demonstrate the complete potential for sexual pleasure for both women and men, and the various levels and degrees to which sexual pleasure could be experienced. Her study was carried out with interviews and focus group discussions through which she found that talking about sexuality issues was met with reticence, and that, for many participants, sexual pleasure in women was an ever harder topic to address. Respondents reported that women's sexuality was strictly censored and checked from childhood to adulthood.

some examples of answers received were:

"women are not meant to enjoy it, otherwise they will go looking for it, and that will make them become prostitutes"

or

"Let us not kid ourselves. Why else do we circumcise women? In fact I should not be discussing this with you. You Beijing women have no respect for traditional values."

Women's respondents reported that women are raised to think about their partner, not themselves, in matters related to sex, and their satisfaction comes from making the man happy.

In male-dominated social systems, young girls receive preparation for a long time which are meant to develop their sex appeal for their husbands. They learn how to satisfy their future husbands but no information is given to them on how to receive pleasure for themselves. Neither men are instructed on how to give pleasure to their wives. On the contrary, women are punished for daring to express pleasure during sexual intercourse. They are shamed or told that something is wrong with them if they experience sexual desire or pleasure or if they are willing to have sexual intercourse. Religious perspective also negatively influence the opinions about sex in that they require women to be submissive to their husbands. Lastly, it was obvious that sexual pleasure in women is just wrongly perceived and mostly misunderstood.

The INCREASE sexual pleasure project was developed to make up for the lack of attention to this aspect in most interventions for women's health and rights. The project consists of a training which starts with a discussion on the opinion given in the study. Then, a discussion on the human sexual response cycle, to confirm to participants that also women have the natural potential to experience pleasure during sexual intercourse. The programme went further exploring the implications of perceptions and attitudes to sexual pleasure in women. After the initial training, all participants were convinced to make changes and demanded more information showing curiosity and honest interest in the matter. What followed was an exploration of the anatomy and physiology of the female and male reproductive system. Again the participants asked for sessions on desire, pleasure and seduction.

After two years of counseling sessions and documentation, INCREASE was able to put together a training outline for intervention which places sexual pleasure as an entry point to promote women's rights and health. The training framework is outlined below.

- ◇ The first module includes knowledge, attitudes and practices towards sexual pleasure of women. These sessions are usually eye-opening for women who understand that they are entitled to make sexual demands. They also shed light on the contradictions that surround women's sexual experiences: on one hand they are not expected to ask for or experience pleasure, on the other hand men often assume that women experience pleasure very easily through penetrative sex.
- ◇ The second module is about life coping skills which include comprehensive sessions to enhance self-esteem, values clarification, negotiation, pressure resistance and refusal skills, communication skills and assertiveness, together with counseling sessions to facilitate dialogue.

- ◇ The third module is centered around the acknowledgement that bodily rights are sexual rights and that sexual rights are human rights. It includes sessions on sexual and reproductive rights which begin with the history of women's human rights. Conventions and regional and national legal frameworks are used as the basis for the sessions. In such discussions, women's rights abuses within the community come to light. Religious beliefs are also explored and questioned, to discuss provisions that would protect women's human rights, including sexual rights.
- ◇ The fourth module includes reproductive anatomy and physiology of men and women. Take-home tasks are also given, like for example self and mutual examination. Most participants had never seen each other naked in full light and this was the first time they were doing so. Lastly, reproductive choice with a focus on abortion and contraception is also discussed.
- ◇ In the fifth module all the models of the human sexual cycle and their complementarity are discussed. Pleasure is considered at physical, emotional, psychological, mental and spiritual levels, including physical changes that happen in both men and women at the different stages of the cycle. All related topics such as seduction, flirting, sexual treats, teasing, setting the stage, fantasies, sexual positions and their advantages in enhancing pleasure and bonding, and pornography are also discussed. This module provides a safe space to discuss what gives them pleasure, how much pleasure they get and what is missing, and it provides an opportunity for women to express how much more men should do for them. Sessions in this module comprise discussions on safer sex, and the intersections between sexual pleasure, safer sex and human rights.
- ◇ The last module speaks of human sexual behaviour. It begins with an exercise aimed at clarifying values using nine patterns of human sexual behavior (vaginal sex, oral sex, anal sex, sex for money, sex with the same gender, forced sex, celibacy, bestiality and masturbation) which couples are asked to rank in order of preference, also giving a reason for ranking a behavior as more acceptable than others. The facilitators then ask questions to enable them to question some of the values they hold and take them through an in-depth analysis. The last part of the exercise provides participants with a human rights framework and health and safety considerations with which to examine all patterns of human sexual behavior and give them guidance on what is acceptable and what is not. The session concludes with an exercise in which couples discuss what patterns of sexual behaviour they want to try. Again, this process provides women a huge

opportunity to put their desires and needs on the table for discussion, and for them to negotiate with their partners in a safe and supervised space.

The lessons learnt from this project will be discussed. From the training it emerged that groups and community are willing to open up to discuss issues of sexuality, including intimacies, contrary to popular beliefs among policy makers and programmers, provided that the discussions are scientific and serious and not pornographic. It has been shown that men are prepared and willing to discuss and learn to pleasure women once they are led to demystifying patriarchy, masculinities and femininities and to learn how to meet mutual sexual needs and satisfying desires in each other. Even though the programmes started out by seeking to address negative attitudes towards female sexual pleasure, they ended up with some couples reporting advances in outcomes related to gender-based violence, since they practised keeping communication intimate, transparent and respectful. So it is demonstrated that such training strategies can challenge patriarchy and masculinity, bring about mutual respect and reduce the incidence of gender-based violence. When discussing safety and pleasure, issues such as HIV and STIs were acknowledged. Partners also had the chance to discuss child spacing and share their concerns. Women had the opportunity to move from negotiating orgasms to demand for a guarantee of other rights including ones that are not directly related to sexual reproductive health and rights, such as further education, acquisition of literacy skills and jobs. Matters related to divorce, parenting and parent-child communication were also included.

The implications of these trainings for women's health and rights are evidenced. The resistances that the project has met from key players in sexual and reproductive health demonstrated that it is often policy makers rather than communities who are uncomfortable with the issues of sexuality, and it is believed that this is because they can foresee the possibility for self-determination and actualization among women, and the resultant awareness that could culminate in demands from women for the protection of their rights. From the projects it has been learned that work on sexual pleasure in women can lead to address several issues, that include the following:

- ◇ Fear and anxiety : unwanted pregnancy was often cited as a counterweight to the idea of sexual pleasure for women, as was the fear of STIs or HIV. Therefore these cannot be addressed in isolation from each other.
- ◇ Fatigue: because of their roles, women have a lot of responsibilities. The burden of multiple roles on women cannot be underestimated and has gained programming and

policy attention over the past decades. Women often are so tired that the last thing they want to think about is sex. To make space for pleasure would therefore also require addressing the balance of work and responsibility.

- ◇ lack of choice: women often lack the power to choose. Often they are not in a position to choose who their partner will be, especially the freedom to choose same-sex relationships as an alternative. They are often denied the possibility to have a say in matters of family planning or contraceptive use, even when the device is going to be inserted into their bodies or ingested by them.
- ◇ violence and abuse: physical, psychological, emotional or mental violence has an impact on the sexual response of women. Working towards eliminating violence is therefore tightly connected to opening up space for pleasure.

To address any of these issues means taking a strong position in challenging the patriarchal system and particularly in such strategy lies the purpose and strength of such interventions. It has been proven that women can be empowered and encouraged using pleasure approaches. They can make women proud of themselves, leaving fear and shame behind and thus pushing the movement forward. Additionally, sharing experiences helps people realize that social and cultural norms that oppress women's sexuality, oppress not only women but also men. With this realization, a united struggle to change social norms becomes possible.

Conclusion

This chapter has explored that while there are critical facts about sexuality, including STI transmission, unwanted pregnancies, and violence, to assume a deficit-oriented, oversimplified stance on the matter must be avoided. Indeed, it has been proven that risk-focused, sex-negative programming often produces effects opposite to those intended. Since physical pleasure and relational intimacy are identified as primary motivations for partnered sexual behavior, recognizing such positive and healthy reasons for sexual activity is essential to reduce its associated risks in a meaningful and effective. Rather than pathologizing or marginalizing it as an isolated issue or topic, it is argued that sexuality must be recognized as a component of all stages of the life course and as a mutable product of a complicated, ongoing interaction of biopsychosocial systems. From this acknowledgement it follows that a fear-based approach to women's sexuality is destructive. Instead, research suggests that individuals will benefit most from opportunities to consider and reflect on the complexity of sexuality. Sexual rights

supporters have long advocated for “safe spaces” in which young women could be free of censorship and judgment and “explore what feels good and bad, desirable and undesirable, grounded in experiences, needs, and limits” (M. Fine; 1988). This approach is the one that has been used by organizations such as 'Women for Women Human Rights’ and INCREASE, in their trainings aimed at women’s empowerment through embracing the potential to contribute to a social justice movement that upholds women’s rights to sexual, emotional, intellectual, and relational lives of desire and pleasure. The rationale behind an approach that places pleasure as the starting point, at the heart of every attempt to empower women, personally and politically, is that women must be encouraged to fight not only coercion and victimization, but also sexual ignorance, deprivation, and fear of difference because when sexual danger and fear continue to be the dominant framework to interpret women’s experience of their own sexual agency, patriarchal scripts that present women as passive victims are reinforced and repeated. On the contrary, to establish an empowering definition of sexuality and sexual rights for women, would mean taking a strong position in challenging patriarchy, and therein lies the strength of such framework. It provides the space to deconstruct male-dominated value systems, and replace them with a system built and driven on feminist principles, one that upholds the principle of erotic justice, a system in which female agency is visible, protected, and promoted, and finally a system where pleasure pays (D. AkenOva; 2013).

CONCLUSION

Since 1945, United Nations (UN) conferences and documents have promoted human rights as essential to individual liberty and international peace. It took until 1994, however, for the term “sexual rights” to first appear in a UN document. Indeed, it was interesting to note that no document included anything specific about sexuality until 1993. Nothing about the rights of persons to express or develop their sexual orientations, experiences, or desires. Even the famous 1979 Convention on the Elimination of All Forms of Discrimination Against Women, known as CEDAW, which has been endorsed by over 150 countries of the world, was silent on any specific rights to sexual freedom, sexual health services, or sex education. This work started precisely from there, discussing the emergence of sexual rights as the newest term in the human rights vocabulary. The slogan that claims that *sexual rights are human rights* has emerged in the last decade of the 20th century in spite of, or perhaps because of, the pervasive global climate of fundamentalism (Petchesky, 2000). Struggles such as the HIV/AIDS pandemic, decades of battles of the gay and lesbian liberation movement, and the evolutions of the women’s rights movement have all contributed to this development (Parker, 1997). This work has started by reporting the emergence of this attitude through a series of

important conference reports, which express political will but are not legally binding. Notwithstanding that the emergence of sexuality in the Cairo conference represented a major step forward in the discourse of sexual rights, there was still no mention of “sexual pleasure, freedom of sexual expression, or freedom of sexual orientation” (R.G. Parker; 1997). The recognition of the right to determine one’s sexual identity and control one’s own body, ultimately proved too controversial even in 1995. Opponents have reacted fiercely to the classification of sexual diversity and sexual pleasure as human rights, by claiming that legitimizing aberrant lifestyles jeopardizes the family and religious traditions.

For this reason, among others, the conception of “sexual rights” was first centered on reproductive rights in order to protect women from violations such as forced sterilization, physical abuse, rape and sex trafficking or also strategically framed with varying agendas including that of sexual health. It has been discussed how linking sexual and reproductive rights simultaneously contributes to and paradoxically hinders global work to develop a liberatory theory for sexual rights as an element of human rights (AM. Miller; 2000).

Sexual health has, since its definition, represented a new cultural conception of sexuality that acknowledges the positive nature of nonreproductive sexual activity and its independence from reproduction. However, the powerful health and human rights framing of sexual rights must be freed of a focus on reproduction and must incorporate civil and political rights along with economic and social claims.

The second chapter analyzed some of the factors that have facilitated or impeded discourses and action to promote sexual rights around the world, it sought to consider the specific implications for creating a claim to "sexual rights" out of the disparate discussions on sexuality and human rights taking place globally and has ended with an exploration of the principles and processes of framing sexual rights. In the assumption that rights that are not ‘officially’ recognized by governments or international governing institutions (e.g. the United Nations) are sometimes dismissed as merely rhetorical discourses, lies the importance to include sexual rights within formal documents generated by such institutional structures that has dominated the agenda of international activists.

While a formal agreement around the definition of sexual rights has not yet been officially established, Sexual rights are said to embrace human rights that are already recognized in national laws, international human rights documents and other consensus documents. These include the right of all persons, free of coercion, discrimination and violence, to: the highest

attainable standard of health in relation to sexuality, including access to sexual health including reproductive health care services; seek, receive and impart information in relation to sexuality; sexuality education; respect for bodily integrity; choice of partner; decide to be sexually active or not; consensual sexual relations; consensual marriage; decide whether or not, and when to have children; and pursue a satisfying, safe and pleasurable sexual life. The responsible exercise of human rights requires that all persons respect the rights of others (World Health Organization, 2002; WAS, 1999, 2008). The language of "sexual rights as human rights" must by definition engage with the concept of sexuality as a characteristic of all human beings—straight and gay, female and male, old and young across all countries, cultures, and religions. Although documents acknowledging sexual rights have gradually emerged around the world, statements alone are not more than a lip service from governments. It is essential to develop and monitor programs of enforcement and implementation, and above all to attend to appropriate enabling conditions (Miller, 2000). Therefore, an analysis of the material basis of sexual rights including availability of contraceptive and abortion services, sex education, rights of sexual minorities, rape and sex abuse laws, and HIV/AIDS programs would serve as a model for placing sexual rights in a real world context.

The third chapter can be considered the core of this work, as it answers its primary objective that was to advocate for a positive, affirmative concept of sexual rights. While theoretically sexual rights range from protection from sexual violation to the celebration of sexual pleasure, in reality the agendas of sexual rights movements are still largely fragmented, heteronormative, and focused on negative rights. This paper wants to stress the essential difference between “freedom from” and “freedom to”. Miller and many others have described the tension between “protectionist” sexual rights (i.e., the right to be free from sexuality-based interferences with human rights such as bodily integrity or privacy) and “affirmative” sexual rights (i.e., asserting the right to sexual diversity, pleasure, or self-expression). It has been shown how promoting the latter is far more controversial. Indeed, Gender and development right discourses as well as the medical field have been inclined to engage with sexuality only in relation to violence and ill-health. The approaches to sexuality and human rights that arise in contemporary violations-focused human rights advocacy and case law, as well as the covert regulation-in-the-name-of-protection approach to sexuality found in international standards have been criticized and prove ineffective for the purpose of empowering women. While focusing on violations has helped overcome resistance to addressing the contested realm of sexuality, the victory has come at a price. The aim of this research has been to show how such approaches

have just fed conservative ideologies that associate women's sexuality with danger and fear thus contributing to their disempowerment and inability to address needs broader than the need for protection against violence, and a narrow approach to sexuality as encompassing primarily a limited range of practices and identities that have been subjected to violations and discrimination. On the other hand, an alternative, positive vision of sexual rights is viable. It would entail a series of ethical principles which include sexual diversity, habitational diversity ("diverse family forms", health, decision making autonomy (personhood), and gender equality (RP. Petchesky; 1997). The work ends by exploring the ways in which positive, pleasure-focused approaches to sexuality can empower women and enhance equality for all.

By including two case studies that reports projects implemented for women's rights in Turkey and Nigeria, the present research has made clear that physical pleasure is identified as primary motivation for engaging in sexual intercourse and, therefore, to recognize such positive and healthy reasons for sexual activity is essential to reduce its associated risks in a meaningful and effective way. Indeed, the results of the trainings demonstrated that work on sexual pleasure in women can lead to address several issues including: challenge patriarchy and masculinity, bring about mutual respect and reduce the incidence of gender-based violence. Further, increase in self-confidence has been reported together with increase in equal participation in decision making in the family. Lastly, thanks to the trainings women went from negotiating matters related to sexuality to demand for a guarantee of other rights including ones that are not directly related to sexual reproductive health and rights, such as further education, acquisition of literacy skills and jobs.

In conclusion, to combat patriarchal scripts that present women as passive victims there is a pressing need to establish an empowering definition of sexuality and sexual rights for women, and therein lies the strength of such framework. If the objective is to deconstruct male-dominated value systems, one built and driven by feminist principles must replace it.

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