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## On the Unstable Marriage of Reproductive and Sexual Rights

## The Case for a Trial Separation

By Rosalind P. Petchesky **Spring 2006** 

Seemingly a lifetime ago, I was part of a feminist movement in the United States that galvanized around what we then were calling "reproductive freedom." Though a primary incitement to our organizing was the right-wing attacks on abortion access that followed like an avalanche after *Roe* v. *Wade* in the 1970s, we had a vision far broader than just safe, legal abortion. As we put it in the foundational document of CARASA (Committee for Abortion Rights and Against Sterilization Abuse), along with "adequate abortion services and an end to involuntary sterilization," reproductive freedom meant:

...the availability to all people of good public childcare centers and schools; decent housing, adequate welfare, and wages high enough to support a family; and of quality medical, pre- and post-natal and maternal care. It also must mean freedom of sexual choice, which implies an end to the cultural norms that define women in terms of having children and living with a man; an affirmation of people's right to raise children outside of conventional families; and...a transformation of childcare arrangements so that they are shared among women and men. (CARASA, Women Under Attack: Abortion, Sterilization Abuse, and Reproductive Freedom, 1979, p11, italics added.)

Our understanding of sexual diversity, to say nothing of the varieties of gender and of transgender lives, was at best primitive in the late 1970s. Though our groups included many lesbians, and we invoked "homosexual rights" and "the right to conduct our sex lives as we wish and with dignity" (*Women Under Attack*, pp12 & 60), our language evaded the word lesbian and our analysis barely skimmed the surface of the manifold ways in which sexualities are *not* about reproduction even as sexual relations underlie the meanings and conditions of reproductive choices and non-choices. We (and here I speak mainly of the self-identified socialist-feminist groups I was part of) privileged the "material conditions" of reproduction and sexuality but gave little thought if any to eroticism and pleasure.

Yet, limited as it was, the politics of "reproductive freedom" among second-wave, US-based feminists—many of whom came out of civil rights, antiwar and socialist movements—had a breadth of vision that insisted on the linkages between class, race, gender, reproduction and sexuality; between, for example, having "protected" sex and a decent habitation in which to have it, or between actually being able to choose whether or not to have a child and not being stigmatized as a "welfare queen." We had a strong critique of neo-Malthusian policies, particularly the coercive practice of sterilization without informed consent that persisted in the United States as a racist tool of population control through much of the 20th century and targeted low-income Native American, Latina, African-American, immigrant and incarcerated women (see Roberts 1997, Chase 1977, and Petchesky 1990). Moreover, we firmly integrated into our view of both gender and sexuality their social construction and thus their malleability. In these ways, I believe our vision was broader and more inclusive than the fragile politics that today hang perilously from an acronym: SRHR (Sexual and Reproductive Health and Rights).

As one of the transnational feminist propagators of this acronym and in a complete spirit of self-reflection, I want to argue that the present elision between "reproductive health and rights" and "sexual health and rights" is a mechanical and flimsy construction. Its history is too convoluted to document here, but essentially it involves a tense union between two binaries, each of which is itself problematic: (1) a heteronormatively framed "reproductive rights," whose concern is mainly with "women's" control over, and health within, their own pregnancies and childbearing, in relation to "men," generally perceived as obstacles to that control (whether as husbands, partners, medical providers, religious authorities, or legislators); and (2) a conception of "sexual rights" that grew simultaneously out of the gay and lesbian rights movements and the HIV/AIDS epidemic but still very much framed within the binary "gays" and "lesbians" and the flattened, biomedical

artifact of "men who have sex with men" (MSM). Simply linking these two analytically questionable clusters, much like tacking a "B," "T" and then a "Q" onto the previously existing "L" and "G," has the effects of 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? And is it simply an evasion of the messes and confusions in each family's own household?

Within the first binary construction—"reproductive rights" assumed to be a women's issue vis-à-vis recalcitrant men—the facile grafting on of "sexual and" has been mainly a process of accretion, with sexuality education, sexual violence and HIV/AIDS/STI prevention and treatment now joining contraception, abortion and maternal and child health in the catalogue of issues and services. To the extent that most advocates and researchers in the reproductive health field consider sexual desires and power at all, it is still predominantly within contexts of heterosexual (or sometimes parent-child) relations. The objective is still overwhelmingly the avoidance of unwanted pregnancy, disease and abuse rather than the proliferation of pleasures and modes of being sexual, and women are rendered as "victim subjects," in Ratna Kapur's language, rather than as agents. As Gary Dowsett has written,

...sexuality is often reduced to a component of gender. Indeed, sexuality is often subsumed within the emotional and relational domain of gendered families and culturally prevailing forms of heterosexuality. As a consequence, for example, sexuality...is reduced to a mechanism (or vector) in demography's reproductive health and global population concerns...." (Dowsett 2004, p24)

Dowsett's important analysis reorients us to see *sexuality* as the broad, inclusive category within which reproductive health, the HIV/AIDS epidemic, and possibly even gender and its diverse expressions are all permutations or sub-categories. But this raises a further complication, since, within the sexuality or "sexual rights" side of the equation, scholars and activists have just begun to probe the very complex distinctions—and sometimes tensions—between homosexual, bisexual, transsexual, intersexual, and then how gender crosses over and through all of these in the unstable "transgender" tent. In face of "the increasingly vocal claims of transgender persons in many countries" (Dowsett, p23)—including many new sex worker organizations whose members are diversely sexual and gendered—it is untenable any longer to speak with confidence of "women-only" or "men-only" spaces or to believe that "MSM" reflects in any meaningful way people's actual experience of sexual or gender identities or cultural patterns. But when some feminist groups express hostility and exclusionary practices toward transsexuals as interlopers, not "real" women (despite feminists' acclaimed belief in social construction), or as reinscribing dominant gender roles; when some gay men express resentment of transgender and intersex persons as taking away the limelight from their long-fought battles for legitimacy, then there truly are some messy housekeeping issues to take care of.

So, I'd like to propose a trial separation for "RR" and "SR" to give us time and space to do the hard work of deeply analyzing their differences as well as their interlinkages. It might be useful if reproductive rights advocates began to look seriously at the diverse sexualities within and outside reproduction, to examine the ways in which both sexual and gender diversities raise new kinds of challenges for reproductive locations and politics. Likewise, sexual rights advocates might begin to examine the reproductive potentials of non-normative sexual and gender identities at the same time as they continue to explore the transgressive (as well as accommodative) potentials of every variation in the sex-gender rainbow. (The insight that various deviations from gender "normality"—such as drag, transsexual surgery, demands by intersexed people gender reassignment, etc.—are transgressive and accommodative at the same time has, of course, been a hallmark of Judith Butler's work.)

I think about these analytical tasks—which are also deeply ethical and political—as a series of questions at the moment. Here are just a few that come to mind:

 If reproductive rights include the right not to reproduce, then doesn't this include all forms of non-procreative sex, and why then should any one form have the status of normativity or moral virtue? That is, if we refuse the principle that only procreative sex is "good," or that it has a higher place than any other form, are we willing to take up Gayle Rubin's

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- long-ago challenge and to reject all sexual hierarchies?
- 2. What would it mean to talk about "reproductive and sexual health services" in a way that was not gender-exclusive? Would it mean adding to the usual list (pregnancy counseling; prenatal care; contraceptive and abortion services; sexuality education; HIV/AIDS/STI counseling, prevention and treatment for "women and youth"; obstetric and gynecological services; infertility treatment) urological services, transsexual surgeries and hormonal treatments, and HIV/AIDS services that are truly voluntary and open to everyone, including sexual "deviants," sex workers and all youth?
- 3. If reproduction is about kinship and childrearing as well as pregnancy and childbearing, then what would it mean to support the reproductive rights of gay men, transgenders (including transsexuals), intersex people, and sex workers—eg, to adopt and raise children and to receive family, child care and child health insurance benefits within whatever non-traditional households and kin networks they choose to form?

Engaging such questions is clearly intended to move us toward greater inclusivity, toward an expanded concept of reproductive and erotic justice. I believe the SRHR acronym is too facile and relieves us of responsibility for thinking through what this inclusive vision would mean and, specifically, who counts as part of our communities. Going back to the notion of bodily integrity and rights might take us further and pluralize who "we" are.

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