

- Fausto-Sterling, A. (2000). *Sexing the body: Gender politics and the construction of sexuality*. New York: Basic Books.
- Foucault, M. (1990). *The history of sexuality: Vol. 1. An introduction*. New York: Vintage Books.
- Halberstam, J. (1998). *Female masculinity*. Durham, NC: Duke University Press.
- Seidman, S. (2003). *The social construction of sexuality*. New York: Norton.
- Whisman, V. (1996). *Queer by choice: Lesbians, gay men, and the politics of identity*. New York: Routledge.
- Wilchins, R. A. (2004). *Queer theory, gender theory: An instant primer*. Los Angeles: Alyson Books.

SEXUALITY AND REPRODUCTION

In patriarchal cultures, the concepts of sexuality and reproduction are often tightly intertwined, making it difficult to imagine each as occupying different social, moral, emotional, and physical terrain. From the perspective of feminists and human rights advocates, reproduction should be seen as a distinct human experience from sexuality, with both categories meriting individual rights-based protection. From the perspective of social conservatives, reproduction must remain tied to the center of human sexuality; to loosen this position would mean the unraveling of traditional family, community, and religious structures. This entry highlights key agendas, tactics, and implications of loosening or tightening the relationship between sexuality and reproduction within given historical eras in the United States. Specifically, this entry will offer definitions of sexuality and reproduction, contrast social conservative with feminist, critical, and queer perspectives on sexuality and reproduction, and describe several political and legal issues related to access of sexual and reproductive services, nonnormative sexuality and family formation, sexuality education, and U.S. policies on sexuality and reproduction.

Implications of Sexuality and Reproduction

In the United States and elsewhere, sexuality and reproduction are fundamentally gendered. In other words, both are components of a larger social institution of gender: sexual norms, beliefs, and practices structure differential experiences for women and men and systematically privilege men over women.

Although variations to this pattern of sex difference and male privilege exist in the United States, mainstream cultural practices and institutional policies continue to reinforce the idea that women and men are naturally selected into inherently different social spheres and have different natures, desires, and sexual needs. A large portion of the production of sex difference and male privilege is fueled by mainstream cultural practices and institutional policies around sexuality and reproduction.

Sexuality is conceptualized by critical, feminist, and postmodern scholars as a range of desire and body-based actions, thoughts, and sensibilities. Sexuality is viewed as simultaneously shaped by cultural and institutional forces as well as created by individuals as acts of resistance or compliance. Sexuality can be expressed in the physical presence of one or more people, in interaction with others via multimedia technologies, or by oneself. Because critical, feminist, and postmodern theorists tend to view sexuality as constructed within social contexts, these theorists do not search for an intrinsic meaning of sexuality or sexual acts; instead, they ground their sexual ethics in the critical evaluation of the power relations, intentions, and outcomes of any given sexual exchange. In this way, the categories of *normative* sexuality (e.g., between a married heterosexual couple) and *nonnormative* sexuality (e.g., between two men) are far less relevant than the degree to which the exchange allows equity, integrity, and a lack of social, cultural, and personal coercion for all parties.

Reproduction, or the act of reproducing human life through the successful connection between an egg and a sperm, is a matter that may or may not overlap with sexual desire or routine bodily practices. Indeed, human reproduction can be completed through a number of configurations including consensual heterosexual penile-vaginal intercourse, coerced penile-vaginal intercourse, inter-uterine and in vitro fertilization, intercourse between cross-sex friends, and intercourse between committed monogamous heterosexuals.

Key Perspectives on Sexuality and Reproduction

For contemporary social conservatives, conceptualizations of both sexuality and reproduction differ quite dramatically from those suggested previously. Rather than seeing all sexual expression as an interplay between structural and institutional constraints

and opportunities, cultural mores, and individual strategies, social conservatives see only *nonnormative* sexual expressions as affected by social context, with the remaining (heterosexual) expressions reflecting expressions of a universal natural order. In this universal natural order, men and women are believed to be natural dichotomous opposites that complement one another, pairing up into monogamous units to produce and care for biological offspring (although historical and cross-cultural versions of natural law have also sanctioned polygamy and male infidelity). When variations on this contemporary ideal of monogamous heterosexuality and nuclear family reproduction exist, social conservatives provide an explanation that does not recognize that the natural order has a diverse array of sexual and familial expressions. Rather, those who take a conservative standpoint on marginalized sexualities may feel that the natural order has been corrupted by the social.

This realm of the social that has been and remains at the crux of the so-called culture wars in the United States. Not all culture wars are organized around sexual or reproductive issues, but they have in common a disagreement about the degree of cultural pluralism that can or should be welcomed into American institutions (e.g., based on immigration status, national origin, preferred language and religion, and sexual practices). From the perspective of social conservatives, social, legal, and cultural institutions must work to reinforce the union between sexuality and reproduction, particularly the practice of monogamous, married heterosexuality. If one were to loosen this union, it would allow nonnormative sexual practices and childbearing to gain a foothold into mainstream culture (a position that nearly contradicts the belief in the natural male and female heterosexual).

In contrast, feminist, queer, and human rights activists see the legal and cultural protection of sexual and reproductive rights as central to creating sexual justice and sexual health for all. From these perspectives, social, legal and cultural institutions must work to decouple the union between sexuality and reproduction, thereby allowing the same sexual and reproductive rights to people with nonnormative sexuality, such as unmarried but sexually active heterosexuals and same-sex couples. For these activists, this is an issue of justice and an issue of expanding cultural definitions—beyond married heterosexuals—of who counts as a good sexual citizen.

Cultural Conflicts Surrounding Sexuality and Reproduction in the United States

In the United States, several arenas have become sites of cultural conflict, including access to sexual and reproductive information and services, and legal protection of nonnormative sexual unions, reproduction, and family formation. Since the mid-1990s, social conservatives (sometimes referred to as the “religious right”) have successfully advanced patriarchal, heteronormative, and conservative religious ideals on various policies, institutions, and cultural practices. Simultaneously, feminist, queer, and human rights activists have also seen some success in advancing protection for the rights of people engaging in nonnormative sexuality. Notions of “appropriate” or “tolerated” sexuality are central to the social order of any group, so many contemporary cultural wars have focused on contesting and redefining dominant sexual ideologies and practices.

Access to Sexual and Reproductive Information and Services

The issue of who can receive information and services around women’s sexual and reproductive functions has long been a source of controversy in the United States. In 1873, the Comstock Act banned the mailing of material considered obscene, which included pornography and any contraceptive devices or any informational materials about sexuality, reproduction, and contraception. Margaret Sanger, one of 11 children of a devout Irish Catholic woman, defied these laws in her work to bring reproductive options and information to America’s poor immigrant women. Sanger was first charged with obscenity in 1916 for operating a birth control clinic in New York City, but the charges were later reversed on the basis that contraceptive devices may aid in disease prevention. In 1932, Sanger was responsible for smuggling the first diaphragms into the United States, a case that eventually led to the 1936 federal court ruling that doctors should be free to provide contraception devices and information to their patients.

Sanger was a champion for birth control and reproductive rights for all—with her diligence eventually inspiring the development of Planned Parenthood—but her legacy has also underscored debates in the classed and racialized politics of reproductive health. Namely, Sanger’s promotion of birth control as a form

of eugenics (practices to limit the reproduction of genetic “defects” and to ensure the reproduction of “good genes”) has been labeled by some critics as both racist and classist. Regardless, Sanger remained steadfast in her belief that contraceptive practices should remain in the control of women, rather than the state or any other source of authority.

Sanger’s insistence on self-determination—being able to access accurate information about one’s body and to make choices based on that information—became the fundamental logic of the second-wave (1960–1980s) feminist women’s health movement. Decades after Sanger’s work, a collective of 12 women who identified with the emerging feminist movement of the 1970s in Boston, Massachusetts, wrote and published *Our Bodies, Ourselves* (originally published in 1970 under the title, *Women and Their Bodies*). In 1973, the landmark abortion rights case, *Roe v. Wade*, was established by the U.S. Supreme Court, inscribing a woman’s right to abortion into the Federal Law.

Since *Roe v. Wade*, the legality of abortion has been met with continuous opposition by conservative church-based groups. This opposition to abortion continues to raise debates about (a) a woman’s right to choose (b) when a fetus can be considered a person, and (c) how to balance the right to life with the right for a woman to enact self-determination about her body. Although feminist groups such as National Abortion Rights Action League (NARAL), National Organization for Women (NOW), Planned Parenthood, and others have worked in tandem to preserve *Roe v. Wade*, social conservatives, often organized through conservative Protestant churches, have also created effective political lobbies. One such success was the South Dakota 2006 decision, which banned all abortions including cases of incest and rape, except when the woman’s life is in danger.

Legal Issues and Nonnormative Sexuality

Women’s reproductive freedom is but one of several topics that have illuminated and crystallized the stakes of social conservatives and their feminist and human rights opponents. These include sodomy laws, legal recognition of same-sex couples, welfare reform, and sex education; all of which are arenas that affect the legal and cultural reinforcements of heteropatriarchy. Sodomy laws, which make it illegal

to engage in sexual activity that cannot result in human reproduction, are deeply connected to heteropatriarchal systems, which require men to both desire and lead women as heads of households. The 2003 *Lawrence v. Texas* Supreme Court decision signifies a legal and cultural shift away from the idea that nonreproductive sexuality, and in particular men engaging in sexual practices with one another, is a “crime against nature.”

Political fights over same-sex marriage have had a similar electrifying impact on cultural debates and institutional policies. After the near success of same-sex marriage in Hawai‘i, the Defense of Marriage Act was signed by otherwise “gay friendly” President Bill Clinton in 1996, making it illegal for same-sex couples to receive federal benefits of marriage, regardless of whether same-sex marriage was sanctioned by individual states. Regardless, several cities, counties, and states, and dozens of corporations, in the United States have established same-sex benefits. As of this printing (2008), Massachusetts and California are the only U.S. states to officially recognize same-sex marriage, with identical responsibilities and rights to heterosexual marriage. On a global scale, five countries currently accord this right: The Netherlands, Canada, Belgium, South Africa, and Spain.

Central to the conservative opposition to both same-sex marriage and single parenthood is the idea that reproduction should only occur within the context of heterosexual marriage. Thus, simultaneous to marriage restrictions for those not able to reproduce within monogamous dyads, national political forces since the 1980s (with the rise of the Religious Right) have worked toward encouraging coherent nuclear reproductive units among reluctant and poor heterosexuals. As part of this cultural and political turn, the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (known as “Welfare Reform”) tied marriage instruction as well as abstinence training to its benefits. Rather than assuming that all citizens are worthy of housing, food, and medical care, this legislation helped institutionalize the idea that social welfare should be contingent upon normative sexual as well as work practices.

Consistent with this stance is conservative opposition to same-sex couples adopting and raising children. Because the realm of adoption is one of greater surveillance than reproduction (adoptions must go through institutional channels whereas reproduction only needs an agreement between friends), same-sex

parents can be and are often subjected to greater institutional and legal barriers.

Sex Education

Sex education for school-age children and young adults has emerged as another contemporary cultural drama in which sexuality and reproduction play starring roles. Although information about bodies, sexuality, sexually transmitted infections (STIs), and reproduction is widely available in a variety of popular cultural sources such as the Internet, magazines, television, and films, information about these topics have long been highly regulated and restricted within the context of the U.S. public educational system. School-based access to sexual information has become further restricted with the onset of abstinence-only federal funding in the United States, which intensified under the 1996 Welfare Reform act.

Evaluating the successes or failures of sex education partly depends on one's political and moral position, but rates of STIs, HIV/AIDS, and pregnancy are outcome measures of concern for people across the ideological spectrum. A bulk of growing evidence indicates that abstinence-only education is less successful than comprehensive sex education is for reducing unsafe sex or STIs. Further, evidence from other countries with far more liberal sex education such as the Netherlands demonstrate much lower STI rates than the United States has. Nevertheless, there has been a decline in the number of public schools offering comprehensive sex education from the mid-1990s into the 2000s. Given that abstinence until marriage standards became institutionalized as the highest form of human conduct for those affected by public school sex education curriculum as well as welfare to work policies, some argue that this standard reveals clear assumptions about who can and cannot be considered moral sexual citizens. But beyond concerns of morality, institutionally sanctioned messages about sexuality and reproduction, including when to have sex and with whom, and whether or not marriage is desirable or even possible, signify deep politics around the intersection of class, sex, sexuality, and race.

Global Implications of U.S. Sexual and Reproductive Politics

U.S. sexual and reproductive politics also have enormous global influence, with some U.S. policies becoming exported to nations who rely on U.S. funds—at times

reflecting a more conservative edge than is possible within the social and legal framework of the contemporary United States. For example, the Global Gag rule, otherwise known as the Mexico City Policy, denies federal funding to international nongovernmental organizations that provide abortion information or services in countries outside of the United States. Republican President Ronald Reagan instituted the Global Gag Rule in 1984, a time when abortion rights were protected domestically by *Roe v. Wade* but were also increasingly being challenged by anti-abortion activists. Meanwhile, women and men living in countries dependent on U.S. Agency for International Development (USAID) funding continue to feel the impact of shifting U.S. political leadership; although Democratic President Clinton revoked the ban in 1993, Republican President George W. Bush reinstated it in 2001.

Global USAID funding for the prevention and treatment of HIV/AIDS is similarly framed by domestic sexual and reproductive politics. For example, the USAID President's Emergency Plan for AIDS Relief (Pepfar) program, instituted by President Bush in 2003, stipulates that 33 percent of all HIV/AIDS education must include abstinence until marriage training. Pepfar funding is also denied to any organization that does not officially oppose prostitution and trafficking, and Pepfar will not fund organizations that provide needle exchange for IV drug users. With most Pepfar funding being allocated to treatment and care for people living with HIV/AIDS, the restrictions make it difficult if not at times impossible to provide prevention and harm reduction information to populations at high risk for contracting HIV/AIDS.

In sum, on issues such as abortion, abstinence, and AIDS, some scholars argue that without the protection of a global supreme court, the sexual and reproductive politics of U.S. leaders may have a more immediate impact on citizens of poorer nations than they do on many Americans. However, U.S. domestic policies have great impact on U.S. citizens as well, especially those who are poorer (welfare receiving) and younger (education receiving).

Conclusion

Despite contentious domestic and international sexual politics, women's increasing rates of HIV/AIDS infection on the global scale has led international public health workers to amplify their support of gender equity and empowerment of girls and women. The

connections between health and economic, educational, and political empowerment are clear, and sexual empowerment and sexual rights are increasingly being acknowledged as also critical to overall health. Scholars argue that expanding the language of reproductive rights to a broader arena of sexual rights and sexual health promises new possibilities for critically evaluating the global political stakes (and mistakes) of institutionalizing a strict heteronormative monogamous intertwining of sexuality and reproduction.

This entry has articulated several rationales for, and implications of, loosening or tightening the relationship between sexuality and reproduction. The cultural wars described in this entry between social conservatives and feminist, queer, and human rights activists show no sign of ending; the political, legal, cultural, and health stakes of these issues—access of sexual and reproductive services, nonnormative sexuality and family formation, sexuality education, and U.S. policies on sexuality and reproduction—remain high both domestically and internationally.

Kari Lerum

See also Abortion; American Birth Control League; Contraception; Planned Parenthood Federation of America; Sanger, Margaret; Sex Education; Stratified Reproduction

Further Readings

- Cahill, S. (2005). Welfare moms and the two grooms: The concurrent promotion and restriction of marriage in U.S. public policy. *Sexualities*, 8(2), 169–187.
- Coltrane, S. (2001). Marketing the marriage “solution”: Misplaced simplicity in the politics of fatherhood. *Sociological Perspectives*, 44(3), 387–418.
- Fields, J. (2005). “Children having children”: Race, innocence and sexuality education. *Social Problems*, 52(4), 549–571.
- Girard F. (2004). *Global implications of U.S. domestic and international policies on sexuality* (IWGSSP Working Paper No. 1). New York: Center for Gender, Sexuality and Health, Mailman School of Public Health, Columbia University.
- Irvine, J. (2002). *Talk about sex: The battles over sex education in the United States*. Berkeley: University of California Press.
- Kaplan, M. B. (1997). *Sexual justice: Democratic citizenship and the politics of desire*. New York: Routledge.
- Petchesky, R. P. (2000). *Reproductive and sexual rights: Charting the course of transnational women's NGOs*. Geneva: United Nations Research Institute for Social Development.

- Pinello, D. R. (2006). *America's struggle for same-sex marriage*. Cambridge, UK: Cambridge University Press.
- Seidman, S. (2002). *Beyond the closet: The transformation of gay and lesbian life*. New York: Routledge.
- Senanayake, P., & Hamm, S. (2004, January 3). Sexual and reproductive health funding: Donors and restrictions. *Lancet*, 363.
- SIECUS. (2004). The politics of sexuality education. *SIECUS Report*, 32, 4.
- Stacey, J. (1996). *In the name of the family: Rethinking family values in a postmodern age*. Boston: Beacon Press.
- Weeks, J. (1995). *Invented moralities: Sexual values in an age of uncertainty*. Cambridge, UK: Polity Press.

SEXUALLY TRANSMITTED INFECTIONS

Sexually transmitted infections (STIs) are a major public health concern. STIs are sometimes referred to as sexually transmitted diseases (STDs). Despite the many health initiatives to diagnose and treat these various infections, the Centers for Disease Control (CDC) reports that approximately 19 million new cases of STIs are acquired annually. The most common STIs are chlamydia, gonorrhea, syphilis, herpes (HSV), human papillomavirus (HPV or genital warts), and trichomoniasis. Infection rates vary annually and demonstrate variation as a factor of gender, age, race, and psychosocial risk factors such as alcohol and illicit drug use, number of sexual partners, age of first coitus and interpersonal violence, which often are interrelated. STIs have long-term implications for an individual's health. According to the CDC, women have higher rates of STIs overall, and women and infants are most commonly affected by the long-term consequences of these infections. STIs may increase a woman's susceptibility to HIV infection, which has implications for many long-term health effects for women and infants, such as cervical cancer, pelvic inflammatory disease (PID), infertility, and ectopic pregnancies. An infant exposed to STIs during a pregnancy or a delivery is at risk of physical and mental disabilities, pneumonia, blindness, deafness, various neonatal infections, and death. This entry discusses the prevalence, prevention, and psychosocial risk factors of STIs.

Prevalence

The 2004 sexually transmitted infection national surveillance data published by the CDC indicates that rates of STIs have increased from previous years,