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Sexual Justice and the Future of Sexual Rights: A Call to Action

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ABSTRACT

This position paper introduces sexual justice as a transformative framework for addressing the systemic inequalities and inequities that shape global and local experiences of sexuality, health, and rights. While international frameworks have recognized sexual and reproductive rights as fundamental human rights, they remain unevenly realized, particularly for those who live at the intersections of socio-economic injustice, structural violence, and oppression, moralistic control, colonial legacies, and authoritarian retrenchments. Sexual justice challenges us to move beyond necessary individual and collective protections toward structural transformation. It reframes our understanding of what it means to live with dignity, autonomy, full citizenship, and pleasure. In doing so, it interrogates the legal, political, medical, economic, and cultural systems that determine whose lives are deemed legitimate, whose desires are punished, and whose knowledge is erased. Grounded in the lived experience of movements that have long resisted oppression and marginalization, drawing on theoretical and historical perspectives, intersectional analysis, global solidarity and activist knowledge, sexual justice offers a shared foundation for reflection and action, serving as both a political compass and a call to build just, inclusive, and participatory systems across health, education, law, civil society, and international cooperation. Sexual justice requires equity as a core condition for access, not only to healthcare, information, and education, but also in the distribution of power and resources. It insists on reparations and redress for past and ongoing harms, and centers on those most affected in defining the path forward. This paper offers strategic recommendations for governments, institutions, social movements and sexual health professionals to operationalize sexual justice through legislative reform, institutional accountability, resource redistribution, and participatory practice. Endorsed by The World Association for Sexual Health (WAS), this framework builds upon the Porto Proclamation: Advancing a Global Agenda for Sexual Health, Rights, and Justice (2026), the WAS Declaration on Sexual Justice (2025), the WAS Declaration on Sexual Pleasure (2019), and the WAS Declaration on Sexual Rights (2014).

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Preamble

The Declaration on Sexual Justice was formally proclaimed at the 27th Congress of the World Association for Sexual Health (WAS), held in Brisbane, Australia from 16 to 19 June 2025 (World Association for Sexual Health, 2023). The Declaration is the culmination of a multi-year consultative process that began at the 25th WAS

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Congress in Cape Town, South Africa, in 2021, followed by an international consultation and formal approval at the 26th Congress held in Antalya, Turkey (2023). Published in 2025 on the WAS website and translated into six languages (https://www.worldsexualhealth.net/was-declaration-on-sexual-justice), the Declaration is examined and discussed here from multiple perspectives. First, the text of the Declaration is presented, followed by an analysis of the political and cultural contexts in which it was developed, as well the current conditions that motivated its production. It then traces the genealogy of the idea of sexual justice by examining the various initiatives that shaped the concepts of social justice, reproductive justice, sexual rights, and sexual justice, before outlining its theoretical foundations and political dimensions. Finally, the paper explores potential areas of application and articulates a call to action. Among these areas of application, particular attention is given to the launch of the World Sexual Health Assembly (WSHA) and the publication of *The Porto Proclamation on Sexual Health, Rights, and Justice,* which together marks a historic milestone in the global movement for sexual health, rights, and justice (El Kak et al., 2025).

This paper is a hybrid text, combining conceptual and political reflection on the concepts and principles guiding action in clinical practice, education, and sexual health governance with a call to action for those seeking to challenge systemic forms of injustice that affect sexual life and sexual citizenship. Given the nature of the WAS Declaration on Sexual Justice – as a political and visionary statement imagining a world in which justice, and in particular sexual justice, can prevail – the discussion developed here adopts a multidisciplinary perspective, drawing on several fields of knowledge, mainly the social sciences and legal sciences (Box 1).

Part 1: Conceptualizing sexual justice

Sexual justice, why now?

As sexual rights and sexual health are under threat at various levels in different regions of the world, renewed attention must be given to how they can be protected and advanced. These threats, which are intensifying and increasingly normalized, include international anti-gender campaigns (Butler, 2024; Datta, 2019; Holvikivi et al., 2024; Kuhar & Paternotte, 2017), the banning of abortion and contraception (Solomon et al., 2025; Zarocostas, 2024), rollbacks of gender-affirming care (Kim et al., 2025), censorship of sexuality education (United Nations Educational & Scientific & Cultural Organization, 2020; Watson, 2020), digital injustice (online censorship of sexual health content, data privacy in digital health apps, and the use of communication technologies for surveillance and to monitor or restrict abortion access), and funding cuts to sexual health services. Moreover, HIV and AIDS services entered a period of unprecedented threat in 2025. The U.S. President's Emergency Plan for AIDS Relief (PEPFAR), historically the largest global funder of HIV programs, has experienced major funding cuts under the current U.S. administration. These reductions have led to clinic closures and the loss of thousands of healthcare workers in countries like South Africa and Kenya among many others, severely disrupting treatment and prevention services for millions (Hontelez et al., 2025). Current funding cuts of the United States Agency for International Development (USAID) could result in more than 14 million additional deaths across all age groups (Cavalcanti et al., 2025).

These dynamics are even more acute in war, conflict, and crisis settings – including Afghanistan, Gaza/Palestine, Myanmar, Sudan, Tigray, Ukraine and West Papua, among many others – where human and sexual rights are under sustained attack (Duvvury et al., 2024). As Datta (2025) observes, this moment reflects not merely a backlash but a strategic reconstruction: the deliberate dismantling of rights-based systems to enable the consolidation of economic and strategic power within authoritarian moral regimes. War, genocide, ethnic cleansing, displacement, terror, climate-related forced migration, and humanitarian catastrophe continue to obstruct access to sexual and reproductive health and rights (SRHR) across multiple regions worldwide.

Crises do not affect all people equally. Women and girls face institutional exclusion and disproportionate rates of gender-based violence (GBV). Trans, non-binary, and gender-diverse young people are systematically denied access to

Box 1. A definition of sexual justice.

- Sexual justice is a central dimension of social justice, as it relates to sexuality and sexual health and is essential for the respect, protection and fulfillment of sexual rights as human rights.
- Sexual justice encompasses the principles of human dignity, autonomy, bodily autonomy, self-determination and citizenship and promotes inclusivity, nondiscrimination, and social acceptance of the most underprivileged, marginalized and stigmatized populations – and individuals – in terms of social class, gender, diverse relationship structures, race and ethnicity, migration status, age, health status and disabilities among others and embraces diverse sexual orientations, gender identities and its expressions and bodily diversity.
- Sexual justice contributes to a more equal and inclusive world and is essential for the achievement of sexual health and rights for all people without discrimination, fear, shame, and stigma.

Extended definition

- Sexual justice is a fundamental framework for achieving equity and dismantling systemic inequalities in sexual health and rights. It affirms every person's right to pleasurable, satisfying, and safe sexual experiences and demands access to quality health care, services, comprehensive sexuality education, and legal protections. Especially for those most excluded and oppressed.
- Sexual justice requires equity by ensuring that resources, services, and opportunities are allocated based on individual and community needs, while maintaining equality as a baseline for universal rights. It advocates for reparative justice and redress for people whose full citizenship, dignity, and human sexual rights have been negated or violated.
- Sexual justice calls for more than access. It interrogates the structures, legal, economic, medical, political, and cultural, that produce and reinforce exclusion. It also challenges the norms and institutions that maintain patriarchy, racial and religious supremacy, ableism, and other intersecting systems of domination, including moral regimes that use religion or tradition to justify control, punishment, and erasure.
- In working toward these goals, Sexual Justice challenges societal norms, power dynamics, relationships, prejudices and institutions that perpetuate oppression, discrimination, and violence related to people regarding their sexualities and gender identities.
- Sexual justice intersects with economic, health, climate, gender, racial, reproductive, Indigenous, and cultural (in)justice by acknowledging that these struggles are not separate but mutually reinforcing the interconnectedness of various forms of justice/injustice in achieving sexual rights for all. It affirms that access to justice is inseparable from access to the material conditions that make sexual rights real: shelter, safety, education, mobility, and self-determination.
- In practice, sexual justice means building inclusive, participatory, and transparent systems led by those most impacted. It is not satisfied with token inclusion or symbolic change. It demands the structural transformation and redistribution of power, resources, and voice, and the active cultivation of cultural, political, and economic conditions in which sexual rights become lived realities.
- It calls on state and non-state actors to promote sexual justice through transparent processes and community participation/leadership, ensuring that all individuals can access the full benefits of citizenship and human sexual rights.

affirming care (Drescher et al., 2023). Intersex children continue to be subjected to non-consensual medical procedures, despite the adoption of a resolution by the Human Rights Council of the United Nations aimed at preventing such practices (United Nations Human Rights Council, 2024). LGBTIQ+[1] people, persons with disabilities, Indigenous communities, sex workers, older persons, displaced populations, and others face heightened vulnerability and persistent structural barriers to their human rights and well-being (Turner, 2024).

In this context, sexual justice must be recognized as both a critical analytical posture and a guide to action, as well as a revealing indicator of broader social and sexual injustice. It calls for responses not only to individual violations, but also to the systemic forces that criminalize and pathologize sexual expressions, censor scientific knowledge, erase pleasure, restrict access sexual and reproductive health services, and deny full citizenship to entire communities. As reaffirmed in the 2014 WAS Declaration on Sexual Rights: "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" (World Association for Sexual Health, 2014). Sexual justice goes beyond formal declarations of sexual rights. It seeks to protect, guarantee, and advance these rights by ensuring their equitable distribution, particularly to the most oppressed, stigmatized, and excluded groups and communities (Box 2).

Histories of struggle and dynamics for action

In the Western world, the link between sexual science and justice was established as early as the beginning of the 20th century. In 1897, Magnus Hirschfeld founded the Scientific Humanitarian

Committee in Prussia to oppose laws criminalizing sexual activity between men (Paragraph 175, 1872). Later the World League for Sexual Reform (WLSR) continued to develop professional and advocacy scholarship in the framework of sexual science and justice (Dose, 2003; Herrn, 2025). At that time, sexual science and sexology were intrinsically conceived as a tool for social emancipation, particularly in support of those facing exclusion, stigmatization, and sexual repression (Bauer, 2012).

The term "sexual justice" began to emerge more explicitly in academic and activist work in the early 2000s, notably in the writings of scholars such as Sonia Corrêa, Rosalind Petchesky, and Richard Parker (Corrêa et al., 2008). Since then, it has developed through feminist, queer, and public health literature (Aggleton et al., 2023). Early articulations framed sexual rights as integral to broader social justice struggles, especially within policy debates led by HIV activists and reproductive justice advocates. Today, the concept of sexual justice incorporates various perspectives, strengthened by the leadership and contributions of Global South feminists and LGBTIQ+ movements. Sexual justice is the outcome of decades of struggle. These histories are plural, situated, and ongoing. They stretch across continents and communities, shaped as much by resistance to oppression as by the creation of new ways of living, loving, and organizing. The trajectories of feminist, LGBTIQ+, sex worker, disability, HIV, race studies and Indigenous movements, among many others, each offer vital insights into the political, social, and epistemic foundations of sexual justice. International institutions and regional networks have also played roles in framing and disseminating sexual rights discourses, though often with contradictions and limitations (Hearn et al., 2018). The following section traces key genealogies and turning points in the development of sexual justice. It does not seek to offer an authoritative history, but to identify and acknowledge the diverse movements, actors, and communities whose work makes this framework possible.

The dynamics of sexual justice: social movements

This section takes is taking some examples of social movements developing a sexual rights/justice perspective. These are just a few select examples and do not represent the totality of movements who have contributed to the development of the sexual justice perspective.

Feminist movements and gender inequality. Feminist organizing has been foundational to the development of sexual justice drawing from struggles for reproductive health and rights. From early 20th Century campaigns for full citizenship, reproductive autonomy and legal personhood to contemporary battles over abortion rights, gender-based violence, and bodily integrity, feminist movements had long exposed the interconnections between gender inequality and social and sexual oppression.

Black Women's Caucus. In the wake of the 1994 ICPD Cairo conference, the Black Women's Caucus of the Illinois Pro-Choice Alliance identified the need for a human rights framework that addressed the specific realities of women of color and low-income women. This framework emphasized both bodily autonomy and reproductive decision-making, recognizing how race, class, and structural inequality shape access and lack of access to care and rights. Three decades later, the 2025 National Black Women's Reproductive Justice Agenda advances policy priorities that enable Black women, girls, and gender variant people to control their reproductive lives with dignity and autonomy. Grounded in reproductive justice, their approach addresses the systemic impacts of racism, poverty, and cultural marginalization on sexual and reproductive health. Latin American feminists, particularly in Argentina, Brazil, and Mexico, have also contributed powerfully to intersectional frameworks. Their organizing links gender, race, class, colonialism, and sexuality, confronting both state violence and social norms, while advancing alternative visions of justice and liberation (Corrêa & Parker, 2004).

Sub-Saharan Africa – feminist organizing and sexual agency. Across Sub-Saharan Africa, feminist organizations have contested both colonial legacies and the moral norms embedded within international development agendas. Networks such as Akina Mama wa Afrika (AMwA), the

African Feminist Forum (AFF), and feminist collectives in Uganda, Nigeria and South Africa have placed bodily autonomy, sexual pleasure and anti-patriarchal resistance at the heart of their political agendas. (Feminist Africa, 2020). These movements prioritize culturally grounded, locally driven approaches to sexual justice, actively resisting global homogenization and internal traditional and patriarchal policing. (Feminist Action Lab, 2021; Ross, 2006; Ross & Solinger, 2019).

Gay, Lesbian and Trans emancipation movements. While feminist movements, and in particular those originating in the Global South, have opened the door to sexual justice by focusing on issues of reproductive health and rights, and often by conflating these two dimensions, the dimensions developed in the context of LGBTIQ+ movements are part of different perspectives on access to health and sexual equality and the recognition of full citizenship. The LGBTIQ+ rights movement has a long history which refers to access to citizenship. This struggle continued throughout the end of the 20th Century, as many countries continued to stigmatize, pathologize and criminalize LGBTIQ+ individuals. The 1969 Stonewall riots in New York City marked a major turning point in the global movement for LGBTIQ+ rights. Led by gay and trans activists, these protests catalyzed a new era of resistance, emphasizing pride, visibility, and the rejection of shame imposed by law, medicine, and religion. Before the HIV epidemic, LGBTIQ+ individuals faced significant structural and social challenges, including lack of legal recognition, exclusion from full citizenship, protection, and access to healthcare. LGBTIQ+ movements contributed to the 20th Century theories of sexuality and gender, adding to the second wave of feminism, by challenging the heteronormative and cisgender normative concepts. At the beginning of the HIV epidemic, gay and transgender identities were pathologized by the World Health Organization with homosexuality removed in 1990 and transgender identities continuing to be pathologized until 2018 (Cochran et al., 2014). This contributed to widespread mental health challenges, including anxiety and depression rooted in discrimination, social rejection, and isolation (Meyer, 2003). Despite these barriers, LGBTIQ+ communities developed support networks and informal systems of care, often operating in secrecy due to the threat of persecution. These forms of resistance laid critical foundations for later mobilizations around health, rights, and justice.

HIV activism. The emergence of the HIV epidemic in 1981 intensified existing inequalities, but also galvanized powerful activism for rights and health justice. Gay communities already facing widespread discrimination mobilized to demand recognition, protection, and access to healthcare. This wave of organizing continues today, challenging discriminatory laws and social norms. HIV activism in the 1980s and 1990s pioneered new forms of public accountability and community power through direct-action organizing. ACT UP in the U.S. and elsewhere disrupted pharmaceutical companies and state indifference by staging die-ins, FDA protests, and public disruptions, reframing health as a matter of justice and bodily autonomy (McElhiney et al., 2020). ·In South Africa, the Treatment Action Campaign (TAC) combined legal advocacy with grassroots mobilization to challenge HIV denialism, demand access to antiretroviral treatment, and infuse public health with social justice principles. TAC's original constitutional lawsuit against the government was a defining moment in recognizing treatment as a fundamental human right.

In countries around the world, HIV treatment activism played a key role in articulating connections not just between health and human rights but also between health and social justice (Mann et al., 1994). Treatment activism has been especially important in relation to populations and communities who had been stigmatized and marginalized because of their sexualities and genders, creating a truly global movement in response to the HIV epidemic, highlighting the importance of intersectionality, and simultaneously making the case that all lives matter (Chan, 2015; Parker, 2010). Within these movements, Black women played a pivotal role. The Black Women's Caucus within ACT UP and subsequent Black feminist activism in the U.S. and

South Africa highlighted the racialized and gendered dimensions of HIV. Their leadership laid the foundation for an intersectional health justice framework that insists on centering Black women's lives and experiences in both health interventions and broader human rights agendas. (Landers et al., 2021).

Sex worker movements and justice. Sex worker-led movements have been central to reframing sex work as labor, and advancing demands for legal, social, and economic justice. From COYOTE in the U.S., which challenged moralistic narratives and positioned sex work within labor rights discourse, to the Global Network of Sex Work Projects (NSWP), activists have asserted rights to safety, bodily autonomy, and legal protection (Jackson, 2015; Jenness, 1990). Sex worker movements around the world continue to advocate for the decriminalization of sex work. Sex worker organizations oppose regulatory models that criminalize their workplaces, clients, and safety strategies, such as the "Swedish Model," a form of criminalization that is being exported around the world (Global Network of Sex Work Projects, 2005). Sex worker organizations are now defining what constitutes full decriminalization. Decriminalization includes not only the removal of criminal laws but also licensing laws, registration systems, mandatory health testing, and police powers as industry regulators. Further, decriminalization includes ending the targeting, detention, deportation and surveillance of migrant sex workers, and ensuring that sex workers have access to industrial protections, Work Health and Safety Industry Guidelines and anti-discrimination and anti-vilification protections (Scarlet Alliance, 2005). Evidence shows that full decriminalization significantly improves sex workers' health and safety by reducing violence, lowering HIV/STI transmission rates, and removing barriers to essential services (Stardust & Caldwell, 2023). In contrast, criminalization, even partial models, exacerbates risk and erodes trust in legal and healthcare systems (Platt et al., 2018; Yale Global Health Justice Partnership, 2019). Decriminalization of sex work is supported by Human Rights Watch, Amnesty International, UNAIDS, ILO, WHO, Anti-Slavery International, and the Global Alliance Against Trafficking in Women.

Colonial legacies and indigenous resistance. While global sexual rights frameworks are often anchored in institutional milestones and advocacy proposals, they exist alongside long-standing intergenerational Indigenous knowledge, customs, and values about life, death, relationality, health, and bodies. Indigenous communities around the world are diverse, each with distinct, local understandings of gender diversity, sexuality, relationality, and kinship that, in countries like Australia, may be 'systematically incompatible with colonial hierarchies and power' (Day et al., 2023). In regions like Sub-Saharan Africa and Central and South America, they may sometimes endorse patriarchal models, repression of women and girls, including mandatory genital modification (Fusaschi, 2020) and local hierarchies. Colonial rule disrupted (and continues to disrupt) Indigenous relational, kinship and governance systems through religious education, legal imposition, and medical interventions. Colonial regimes which imposed rigid nuclear family structures, criminalized gender diversity, punished people for speaking their own language, non-consensually sterilized women, removed generations of children from their families and used sexual violence as a tool of control and sought to break up existing kinship structures (O'Sullivan, 2021). These efforts aimed not only to regulate sexuality but to restructure entire ways of life and dispossess Indigenous communities (especially children) from their land, communities and culture. Indigenous communities and movements around the world continue to resist colonization and revitalize their culture (Kopenawa & Albert, 2010).

Institutional milestones: UN Organizations and NGOs

International organizations have played a pivotal role in shaping global understandings of sexual and reproductive rights, though often with limitations and contradictions. The 1968 International Conference on Human Rights in Tehran marked the first formal recognition of reproductive health and rights, including "the basic human right to

determine freely and responsibly the number and spacing of their children." (United Nations International Conference on Human Rights, 1968). This milestone laid the foundation for future advocacy. The 1994 International Conference on Population and Development (ICPD) in Cairo represented a major shift, reframing sexual and reproductive health not only as a population control issue, but as a matter of individual autonomy and rights (United Nations, 1994a). This momentum continued with the 1995 Beijing Conference on Women, which reinforced global commitments to gender equality and further integrated sexual rights into international development agendas (United Nations, 1995). The International Planned Parenthood Federation (IPPF) helped advance this discourse by promoting sexual rights language through its 1995 *Charter on Sexual and Reproductive Rights* and subsequent declarations (International Planned Parenthood Federation, 1995). Regional networks, including the Latin American and Caribbean Women's Health Network and the African SRHR Alliance, expanded on these frameworks while challenging their limitations and calling for more inclusive, locally relevant approaches.

Since its founding in 1978, WAS contributed significantly to the codification of sexual rights. The 1997 Valencia Sexual Rights Declaration was the first to assert sexual rights in a global forum (World Association for Sexual Health, 2014). The 1999 Hong Kong final approval of the Declaration reaffirmed and elaborated on these principles, and the 2014 revision of the Declaration of Sexual Rights (Singapore) expanded the framework to reflect contemporary concerns. In 2019, WAS issued the Declaration on Sexual Pleasure, recognizing pleasure as a fundamental component of sexual health and human rights (Ford et al., 2021; World Association for Sexual Health, 2016). The 2025 Declaration on Sexual Justice, adopted at the WAS Congress in Brisbane (Australia), builds on this legacy by centering justice, empowerment, redistribution, and intersectionality and focusing on a comprehensive conception of the sexual as potentially including reproductive aspects and gender dimensions.

In its 2023 report, *Sexual and Reproductive Justice as the Vehicle: Report to Deliver the Nairobi Summit Commitments*, the International Conference on Population and Development (ICPD) developed and affirmed the framework of "sexual and reproductive justice." The report emphasized that "the sexual and reproductive justice framework addresses the fact that reproductive oppression results from the intersections of multiple oppressions and is inherently connected to the struggle for social justice and human rights." (High Level Commission on the Nairobi Summit on ICPD25 Follow-up, 2023).

These developments illustrate a shift in the sexual rights discourse, from a health- and protection-centered model to one grounded in justice, identity, autonomy, self-determination, pleasure, redistribution and structural change. However, institutional progress remains subject to backlash, co-optation, and depoliticization. Sexual justice has not emerged solely from institutional declarations or conferences. It has been shaped and propelled by the sustained engagement of communities most affected by injustice and inequalities. While movements have driven forward conceptual and political breakthroughs, institutions have at times helped to formalize and codify these advances. This dynamic, a dual genealogy of collective action and organizational consolidation, continues to impact the evolving field of sexual justice today.

Conceptual foundations

When we talk about sexual justice, for the purposes of this paper, we are referring to the following principles:

- Sexual justice is an aspirational vision for a better world that can serve as a compass and a method for defending, advancing, and realizing the sexual rights already recognized by the leading international organizations such as WHO, ICPD, UNFPA, and NGOs like WAS, IPPF.
- Sexual justice is not confined to a legal framework. Rather, it confronts the cultural, legal, socio-economic, and psychological foundations that obstruct the realization of sexual rights, and consequently the advent of sexual health and more generally, social emancipation.

Box 2. How did we work.

Reflections on sexual justice and the strategic decision to develop a new vision and program of action were initiated in September 2021 at the 25th Congress of the WAS, hosted by the Southern African Sexual Health Association (SASHA) in Cape Town, South Africa. The slogan of the Congress, "Leave no one behind," sparked critical dialogue on justice, inclusion, and systemic transformation. An international consultation during the WAS Congress, the *Sexual Justice Indaba*, laid the intellectual and political foundation for what would become the Sexual Justice Initiative (SJI). This initiative emerged in response to worsening global conditions: a coordinated backlash against sexual and reproductive rights, the consolidation of authoritarian power, and escalating attacks on the rights of women and girls, LGBTIQ+ communities, sex workers, migrants, Indigenous populations, and people living with disabilities, among other historically oppressed and excluded groups. These developments prompted sustained, multi-level consultation processes led by the WAS Sexual Justice Initiative. Since the Cape Town *Indaba* in 2021, the SJI convened a series of regional consultations and collaborative events. These included the Sexual Justice Consultation in Antalya (2023) and various other congresses across all WAS regional federations, engagement with local sexological and partner organizations, and 18 meetings with the evolving SJI Steering Committee. In parallel, a review of the academic and advocacy literature on sexual justice was commissioned, providing critical insight into the backgrounds, key questions, and ongoing controversies shaping the field of sexual justice (Pinto et al., 2025). While this report draws primarily from social science literature and the work of international sexual rights organizations, it recognizes the importance of multiple disciplines for thinking about justice, including history, political science, public health, cultural studies, and sociology. This includes conceptualizations of justice that move beyond institutional responses to experiences of justice. The development of the Declaration and this paper are a product of this moment and the people and organizations involved. During the drafting several issues were debated, including the use of the term 'citizenship', the relationship between equality and equity, the limits of identity and inclusion politics, the politics of asking institutions to do better versus arming communities with the resources to effect change, the importance of naming geopolitical events and actors, and the importance to be given to Indigenous perspectives complementing with other perspectives and theories.

- Sexual justice is an urgent and transformative framework for addressing the systemic inequities and injustice that shape global and local experiences of sexuality, health, and rights. While international frameworks have recognized sexual and reproductive rights as fundamental, they remain unevenly realized, particularly for those who live at the intersections of socio-economic injustice, structural violence and oppression, moralistic control, colonial legacies, and authoritarian retrenchments.

At the center of sexual justice are the principles of human dignity, citizenship, autonomy, and the right to experience sexual pleasure (World Association for Sexual Health, 2016). This includes the right to safe, consensual, and satisfying sexual relationships, and equally the right to refuse unwanted or coercive ones. Sexual justice recognizes bodily integrity as a central dimension of human flourishing for many, while making space for those whose experiences of sexuality activity may not include sexual practice, a sexual relation or desire. It affirms that every person should have access to sexual healthcare and education across their lifespan.

Perspectives of justice

While there are multiple theories of justice, we center three key concepts here as foundational to thinking about sexual justice. These approaches focus on changing systems, redistributing resources, and repairing harm.

a. Transformative Justice: Aims to dismantle and reimagine the systems that produce and sustain injustice. Rather than simply integrating excluded individuals and communities into institutions that were never designed to meet their needs and aspirations, it demands new models rooted in care, equity, and self-determination. Transformative Justice calls for a redistribution of power across legal, cultural, economic, and political systems, and affirms full sexual and social citizenship as a core condition of justice.
b. Distributive Justice: Focuses on the fair allocation of resources, opportunities, and services, including access to comprehensive sexuality education, abortion, contraception, HIV and STI care, gender-affirming healthcare, and pleasure-affirming information and care. Justice requires not only a guarantee of universal access, but also targeted redistribution to individuals and communities historically denied these rights.
c. Reparative Justice: Acknowledges both past and ongoing harms and commits to redressing them. This includes visibility, policy change, financial and systemic repair, and community healing. Harms such as coerced sterilization, non-consensual interventions on intersex

children, homosexual conversion therapies, institutional neglect of aging persons and those living with chronic conditions, gender-based violence, consequences of forced displacement must be addressed through institutional accountability and processes of repair.

Together, these three dimensions of justice offer a robust and actionable framework for political clarification and systemic change. They help translate sexual justice from principle into practice.

Principles of sexual justice

Intersectionality. The intersectional approach is foundational to the sexual justice framework. Originally developed by legal scholar Kimberlé Crenshaw (1989), it describes how structural forms of power, such as classism, racism, heterosexism, sexism, and ableism, intersect and compound, creating specific and layered experiences of discrimination and exclusion. Intersectionality is not simply about identity categories; it reveals how social positions interact with structural and contextual forces to shape lived experiences and how different people's characteristics can have a multiplier and cumulative effect on the experiences of injustice.

Considering injustice through an intersectional lens helps identify which individuals and communities are most impacted by social oppressions, and how those oppressions manifest in relation to sexualities, sexual health, and rights. Sexual justice allows for responses that reflect real-life complexity, rather than relying on one-size-fits-all solutions. Justice must be systemic, localized, and deeply responsive to context (Levon, 2015; Taylor et al., 2010).

Dignity, equality, equity, and redistribution. Sexual justice centers human dignity, not as a fixed or abstract idealized concept, but as a lived and evolving experience. While the notion of dignity is often debated, it remains foundational. As stated in Article 1 of the Universal Declaration of Human Rights (United Nations, 1948), "All human beings are born free and equal in dignity and rights." Dignity affirms that all human beings possess inherent worth and are deserving of respect simply by virtue of being human (Macklin, 2003). The principle of human dignity is central to the concept of justice. It calls for respect for each person's integrity, and the protection of all people from degrading treatment. It affirms not only the right to healthcare, but also the right to consent, respect, and confidentiality, among other rights.

In this light, equality assumes that everyone starts from the same place. Equity, by contrast, recognizes that structural and systemic barriers create unequal starting points. To make rights real, these barriers must be removed, and resources must be actively redistributed accordingly to people's needs. Without equity, rights remain theoretical rather than lived. Justice requires targeted investment in communities that have been systematically excluded, not out of charity, but in recognition of their dignity and the injustices they have endured during the historical process.

Citizenship and belonging. Sexual justice draws on an expanded understanding of citizenship, one that moves beyond legal status or narrow definitions of national belonging. Citizenship means having the ability to participate in shaping community life and to claim one's rights and responsibilities. In some countries, women and girls are wholly denied citizenship. Some people and communities are also wholly denied citizenship (e.g. stateless persons, undocumented migrants), while others, despite holding legal status, are treated as second-class citizens. These include incarcerated individuals, young people, sex workers, gender-diverse people, older persons, racialized people and those living with psychosocial and physical and cognitive disabilities. Justice requires a redefinition of citizenship to guarantee the rights of all those who are systematically excluded. It also calls for critical examination of the laws, policies, systems and social norms that assign unequal value to different lives. It encompasses, but also goes beyond, sexual citizenship (Richardson, 2018). Viewed through an intersectional lens, sexuality and sexual health become both targets of structural oppression and indicators of broader exclusion. Struggles for recognition by women and girls, ethnic minorities and LGBTIQ+ people have shaped the evolving

concept in human rights discourse. In many contexts, even recognized nationals such as incarcerated people or young people continue to face restrictions on their civil and political rights.

Autonomy, consent, and diversity. Autonomy is a core principle of sexual justice: the right of every person to make decisions about their body, relationships, and pleasure, free from coercion, fear, or shame. Consent must be specific, dynamic, voluntary, informed, and situated within broader social realities. Autonomy is also central to dignity. Structural forces, such as poverty, criminalization, stigma, racism, and ableism often shape the conditions under which autonomy is undermined or rendered impossible. Sexual justice affirms the full diversity of human sexual experiences, including queer, trans, non-binary, genderqueer, intersex, same-gender, and other situated gender-diverse and non-heteronormative expressions in Western and non-Western contexts. It demands respect for gender identities and sexual lifestyles, and holds that discrimination on these grounds is a fundamental violation of human dignity.

Systemic injustice

Sexual injustice does not emerge in a vacuum. It is cultivated through legal, economic, cultural, and institutional systems that reproduce inequalities, maintain domination, and restrict autonomy. These are not isolated violations or unfortunate oversights. They are systemic, multidimensional, persistent, and global.

Structural violence and the politics of control

Medical anthropologist Paul Farmer described structural violence as "violence exerted systematically, that is, indirectly, by everyone who belongs to a certain social order." (Farmer, 2009). Sexual injustice is one form of this structural violence. It manifests through discriminatory laws and policies, harmful medical practices, exclusionary school curricula, algorithmically controlled digital platforms, among others. Institutional and social norms that define what is considered "healthy," "good," "beautiful," "desirable," or "legitimate" – are not neutral but are often shaped as a central part of oppressive systems. Global structures of domination, including colonialism, neoliberalism, patriarchy, ableism, and racial or religious supremacy, construct and maintain social hierarchies that determine whose lives are to be protected, whose sexualities are sanctioned, and whose desires are deemed legitimate. Increasingly, these global structures operate as ideological weapons, replacing rights-based frameworks with authoritarian moral regimes (Datta, 2025). These dynamics are not abstract. They manifest through the commodification of care and pleasure, which erects economic barriers to access. They manifest in normative systems that pathologize non-dominant identities, expressions, and types of relationships and also in class domination, racism, and ableism, which determine who can access healthcare, education, and justice. In this context, injustice is not a state of exception. It is a built-in feature of existing dominant systems (Agamben, 2005).

Crisis as a means for control

Crisis, whether economic, ecological, political, moral, or public health-related, is often used to justify exclusion and discrimination. Under the guise of protection, urgency, or fiscal necessity, rights are rolled back, funding is cut, and vulnerable populations are erased from policy agendas. These effects are not neutral. They fall hardest on those already marginalized: trans and gender-diverse adolescents lose access to affirming care; gender-based violence and forced pregnancies escalate in conflict zones; access to abortion is increasingly limited or prohibited; sex workers are excluded from health and social protections; LGBTIQ+ people face legal barriers to full access to their rights, including criminalization in 65 countries, where legal sanctions range from fines to incarceration and, in some cases, death penalty. In more nearly one hundred countries non- discrimination laws to protect them do not exist, and in other cases they also face censorship in education. Migrants, racialized communities, and disabled individuals face layered barriers to care and justice. Indigenous populations are subjected to forced sterilization, child removal, coercive (sexual) education, punishment for wearing

cultural dress or ceremonial nudity, and repression of gender diversity.

4.3. The Limits of Liberal Rights Frameworks

Sexual justice also demands a critical examination of the frameworks that are meant to guarantee rights. The prominence of human rights as an international ideal is relatively new, developing in the 60s and 70s as a substitute for earlier struggles for revolutionary communism and resistance (Moyn, 2012). Liberal human rights models often rely on assumptions of neutrality, individualism, and universality. Yet they frequently fail to account for structural inequality and can obscure the realities of those unable to access or navigate legal systems. Without critique, human rights frameworks risk becoming tools of exclusion rather than instruments of emancipation. In this paper, sexual justice is perceived as a tool that can be leveraged toward more comprehensive goals of emancipation.

5. FROM REPRODUCTIVE TO SEXUAL HEALTH AND RIGHTS

At the international level of policies, the emergence of discussions on sexual rights originated in the field of reproductive rights. The first declaration of human rights (United Nations International Conference on Human Rights, 1968) stated that "the elimination of discrimination against women is a necessity for the progress of humanity" (Art. 15) and that "the protection of the family and the child is a concern for the international community. Parents have the fundamental right to choose freely and responsibly the number and spacing of their children" (Art. 16). The inclusion of sexual rights, through the right to "a satisfying and safe sex life," first appeared at the ICPD Conference in Cairo in 1994. This brief history clearly shows that, in a way, and in the United Nations' phrasing on human rights, the issue of sexual rights has been derived from reproductive rights. It was not until the WAS (1997) and International Planned Parenthood Federation (1995) declarations that sexual rights acquired an autonomous formulation and framework (Table 1).

Given this history, some policy frameworks tend to combine "sexual AND reproductive health and rights" into a single unit. Historically, reproductive rights and reproductive justice have primarily focused on women, girls, and children, emphasizing bodily and reproductive autonomy, including the freedom to decide whether or not to become pregnant, family planning, access to abortion and contraception, and more recently, the prevention of gender-based violence, and bodily integrity.

The Reproductive Justice movement emerged from the initiative of women and girls of color (Onwuachi-Saunders et al., 2019). It is defined as the complete physical, mental, spiritual, political, social, and economic well-being of women and girls, grounded in the full realization and protection of women's human rights (Ross, 2006; Ross & Solinger, 2019). In contrast, men's reproductive health and rights remained largely underaddressed, though some international bodies have begun to take an interest (Strong et al., 2025). Men are disproportionately targeted in HIV/AIDS interventions, particularly concerning prevention, counseling, and treatment, and in the treatment of sexual dysfunction (Giami & Perrey, 2012). Yet the persistent focus on reproductive capacities tends to exclude broader experiences of sexuality, especially for those whose sexual lives are not centered on reproduction, whether by choice, condition, or circumstance (such as age, chronic illness, life in institutional, medical, or carceral settings) (Miller, 2000). Trans communities continue to advocate for equitable access to reproductive rights and justice, including access to fertility treatments and reproductive care, abolishing requirements for sterilization to access legal gender affirmation, and access to culturally competent abortion, contraception and cancer screening services (Allen et al., 2025).

Access to a "satisfying and safe sex life" was recognized as a human right at the 1994 ICPD conference in Cairo:

> 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 relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life

> and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. (United Nations, 1994b).

However, despite a growing acknowledgement of sexual rights, the dissociation between sexual activity and reproduction has not yet been fully translated into a central recognition of sexual pleasure as a public health and human rights priority. Sexual activity in general (whether reproductive or non-reproductive) continues to be framed narrowly through the lens of disease prevention, family planning, violence, or reproductive risk, rather than as a site of well-being, pleasure, communication, and autonomy (Ford et al., 2021).

Sexual justice does not oppose or replace the framework of sexual rights; rather, it provides a vision and a tool for their deeper promotion. Through advocacy for the equitable redistribution of power, resources, and opportunity, it enables individuals and communities to more fully access sexual health services, education, information, and decision-making. Sexual justice calls for a broader view. It asserts that access to sexual life and pleasure must not depend solely on one's ability, intention, or refusal to procreate. Instead, pleasure and sexual well-being should be recognized as vital dimensions of freedom, autonomy, dignity and physical and mental health. In this perspective, reproductive lives and choices are to be considered and understood as a potential part of sexual life and not as the central signification and value of all sexual expression. Too often, sexual pleasure and expression are overlooked in legal, health, and education systems and treated as peripheral rather than central to wellbeing and rights. This denial does not affect all populations equally. It disproportionately targets primarily women and girls whose sexual lives are principally oriented toward reproduction more than pleasure and bodily autonomy (Laan et al., 2021), those living outside monogamous marriage, those outside dominant norms of reproductive utility or sexual desirability, including young people, older adults, chronically ill and disabled individuals, and incarcerated people. Their exclusion from sexual and reproductive discourse is not accidental, but the result of structural omission and systemic neglect. The age of sexual consent is embedded within legal and cultural systems, leading to significant differences between nations. This age, which can range from 11 to 18 years, is subject to legislation that considers cultural, social, and religious factors. In Europe, most countries set this age between 14 and 16 years, while in North America it varies between 16 and 18 years, depending on the state. In Asia and Africa, regulatory frameworks are highly heterogeneous, reflecting diverse legal traditions and sociocultural contexts (United Nations Educational & Scientific & Cultural Organization, 2024). Current debates focus on the protection of minors and human rights, advocating for a review of laws to reflect young people's capacity to make informed decisions. Furthermore, comprehensive sexuality education is highlighted as a central component in supporting young people's understanding of their rights and responsibilities. As public perceptions of sexuality evolve, debates and reforms surrounding the age of consent are likely to continue.

This narrative reflects an evolution in thinking: the concept of sexual justice, particularly when linked with reproductive rights and justice, emerges as a strategic consequence of applying an intersectional approach. From this perspective, sexual rights and sexual justice are not separate from reproductive rights, but essential to them. Without bodily and sexual autonomy, individuals cannot exercise reproductive rights, including the right to decide whether or not to have children, and to determine the timing and spacing of births. The following cases illustrate how sexual injustice is not abstract. It is happening now in specific and escalating ways across sectors, geographies, and populations. These examples reflect the real-world conditions that fuel the need for a sexual justice framework (Box 3).

Objective of sexual justice

Based on an analysis of the current overall situation and on the Declaration for Sexual Justice, the Sexual Justice Initiative commits to the following core aims (Box 4):

Part 2: Implementing sexual justice

Responding to sexual injustice

Sexual justice is not a fixed destination, but a multidimensional vision and strategy for naming harm, confronting structural inequality, and organizing systemic change. While sexual rights remain fundamental, they are not sufficient. Sexual rights frameworks often stop at recognition. Sexual justice asks: what sustains exclusion, how systems of domination and inequalities can be deconstructed, and what are the barriers to the accomplishment of sexual rights?

This following section maps the contours of potential sexual justice advocacy: how power is distributed, how oppression is legitimized, and how transformation can be pursued. It does so not as a checklist, but as a political compass to guide action across institutions, systems, and lived realities.

The World Sexual Health Assembly, whose inaugural meeting was held in Porto, Portugal, on September 5, 2025, brought together representatives of NGOs and major international organizations within the UN framework and laid the foundations for the implementation of the Sexual Justice (El Kak et al., 2025).

Naming structural exclusion

Despite decades of advocacy, legal reform, and policy development, vast inequalities persist. Certain populations continue to be labeled as "hard to reach," as if the fault lies in their remoteness or invisibility, rather than the systems built and the languages to exclude them and make them invisible. WAS calls for explicit recognition of groups whose experiences are routinely erased or marginalized, including:

- Those suffering from socioeconomic inequalities and deprived of a minimum income
- Lesbian, Gay, Bisexual, Trans and Queer people who are impacted by criminal laws around sexual orientation and gender expressions without access to anti-discrimination or anti-vilification protections
- Transgender, gender diverse, and non-binary people, who face medical gatekeeping, institutional violence, social stigma, political and legal violence and lack of recognition of their unique identities
- Intersex people who face unwanted, unnecessary medical interventions and lack of recognition of their unique identities
- People with disabilities, whose sexual agency is denied, ignored, or pathologized
- Young people, often deemed incapable of autonomy, desire, or informed consent
- Older adults exposed to the denial of their sexual lives and excluded from health services and public discourse on sexuality
- Sex workers, who remain criminalized, surveilled, and denied labor protections
- Indigenous and First Nations communities, whose social and moral values, kinship structures, gender diversity, and sexual autonomy are suppressed or misrecognized by colonial, religious, educational and biomedical systems including imposition of forced abortion, abstinence-only sexuality education, prohibition of nudity and multiple relationships
- Deported populations and migrants forced to leave because of war, ecological injustice or persecution.

These communities are not simply "vulnerable." They have been systematically marginalized by state violence, economic injustice, institutional neglect, epistemic erasure, and moral exclusion. Their demands are not secondary; they are foundational to the pursuit of sexual justice (Erel et al., 2010).

The politics of equity and inclusion

"Equity" has become a frequent refrain in progressive discourse, often framed as a commitment to inclusion. But, without the structural redistribution of power and resources, such language risks obscuring the status quo. WAS cautions against the co-option of equity language as a rhetorical

Box 3. Attacks against sexual rights.

Reproductive health

- Attacks on abortion rights and the revocation of previously protected access in many countries including the USA, Poland among others
- The impact of the "Global Gag Rule"[1] and policies that restrict funding for reproductive health services
- Increasing barriers to contraception and comprehensive reproductive care
- Banning of Comprehensive Sexual Education

Access to Information

- The banning of books, particularly those related to sexual health, sexuality, and gender
- The censorship of research and suppression of evidence-based sexual health information
- Websites and social media platforms blocking and restricting sexual health content

Transgender, Gender-Diverse, and Non-Binary Populations (focus on adolescents)

- Political attacks on gender identity, including USA and British declarations that "only two genders exist"
- The increasing barriers and criminalization of gender-affirming healthcare for adolescents (Ammaturo & Moscati, 2021)
- The erasure of trans and non-binary identities from legal and educational frameworks

Gender-Based Violence

- The rise in violence against women, LGBTIQ+ people, people with disabilities, and marginalized communities
- Weakening legal protections for survivors
- An urgent need for justice and accountability for gender-based violence

Conflicts & Forced Migration

- The disproportionate impact of war and forced migration on access to sexual health and rights
- Increased sexual violence in conflict zones
- The need for international protection and access to sexual and reproductive healthcare for refugees

Women & Girls Globally

- The rollback of protections for women and girls, including child marriage and Female Genital Mutilation (FGM)
- The exclusion of women and girls from the public space (work, education, health, culture) in some countries (i.e., Iran, Afghanistan)
- The continued fight for education and economic rights for women
- Addressing gender disparities in healthcare, employment, and social status

Sex Workers & Decriminalization

- Expanding criminalization of sex work, workplaces, and clients, leading to increased violence and police targeting
- Lack of adequate labor protections, including occupational health and safety standards, industrial rights and collective bargaining

Colonial Impositions on Indigenous populations

- Forced sterilization, culturally irrelevant sex education, and prohibitions on nudity, dress, and multiple relationships (Giami & Levinson, 2021; Peiretti-Courtis, 2018)
- Persecution of gender diverse expressions and identifications (such as Hijras)

Note: [1]The global gag rule prohibits foreign nongovernmental organizations (NGOs) who receive U.S. global health assistance from providing legal abortion services or referrals, while also barring advocacy for abortion law reform—even if it's done with the NGO's own, non-U.S. funds.

tool to justify superficial or symbolic reform. Sexual health programs may claim to advance equity while continuing to exclude undocumented migrants, criminalized populations, and gender-diverse individuals. The label "hard to reach" does not reflect geographic or logistical challenges, nor

Box 4. WAS declaration on sexual justice.

1. To ensure the protection, respect and promotion, of sexual and reproductive rights as affirmed by global health and human rights frameworks and in particular by the WAS Sexual Rights Declaration (2014) and WAS Sexual Pleasure Declaration (2019). These rights must be strengthened where they exist, applied consistently to all individuals and communities, and expanded in contexts where they remain unrecognized or denied.
2. To advance equitable access to these rights and resources by addressing the structural determinants of exclusion and discrimination. This requires a significant redistribution of resources and sustained investment in oppressed and marginalized communities to support culturally relevant, locally-led programs in health, education, and advocacy.
3. To challenge and change institutional norms, representations, prejudices, attitudes, and practices, particularly within healthcare and education systems, that perpetuate exclusion, discrimination, and harm toward non heteronormative and non-marital lifestyles and gender identities. This includes addressing systematic bias, filling professional training gaps, and reforming policy frameworks that entrench inequality.
4. To support structural transformation through accountability, redress, and reparative action. This includes dismantling legal, political, economic, and colonial systems that produce and reproduce injustice, and developing mechanisms for collective repair and healing for individuals and communities affected by violations of sexual rights.

The Sexual Justice Initiative takes action at three levels of organizations:

- First, it works in solidarity with civil society and local community organizations to amplify and support the critical work they do in sexual health promotion, outreach, and advocacy.
- Second, it engages directly with healthcare and educational systems, contributing to the training and ongoing development of sexual health and education professionals. This includes integrating issues of sexual rights and justice into curricula, clinical protocols, and preventive and educational practices.
- Third, it serves as a lever to influence governments, institutions, and international bodies to reform laws, policies, and systems, particularly in health, education, and justice, to advocate in favor of equitable access and protection of sexual rights.

This layered vision and approach reflects the core aim of the Sexual Justice framework: to strengthen recognized sexual and reproductive rights, ensure their application to all individuals and communities, and support their development where they remain unrecognized or denied. Promoted by WAS, this framework is offered as a further step in the global movement toward a more equitable and just society.

a lack of access; it reveals a failure of political will (Turner et al., 2018). Equity is not a gesture. It is a structural imperative. It must be measured not by language, but by outcomes. Who has access? Who is protected? Who is rendered visible?

Inclusion vs. assimilation

Sexual justice demands inclusion, which requires structural transformation. The aim is not only to integrate marginalized people into unjust systems, but to remake those systems through their knowledge, leadership, and priorities to facilitate full participation in social and political life.

This requires: redistributing funding, decision-making power, and institutional power, recognizing diverse knowledge, methods and epistemologies, peer-led, and community-based dismantling and rebuilding of authoritarian and oppressive governance systems, designing policies and services that reflect, rather than erase lived realities, inclusion without transformation is assimilation. Justice demands self-determination, not conditional acceptance. Otherwise, inclusion may become another tool to preserve the very hierarchies it claims to dismantle.

Principles in practice

Sexual justice is not fixed. It is responsive. It evolves with movements, crises, and shifts in power. It insists on specificity: who is affected, where, and under what conditions? And it remains open to redefinition and reinvention according to contexts. Sexual justice is not an abstract theory. It is lived, embodied, contested, and enacted in daily life. It shows up in policy and practice, in resistance and reform. This section explores how the principles outlined in earlier sections are either upheld or denied across key domains: health systems, education, law, and civil society.

From principles to practice: core pillars

- Redistribution of power, resources, and opportunities
- Equity in access, treatment, and outcomes
- Accountability, through legal, institutional, and community-based mechanisms
- Participation by those most affected in the design, delivery, and evaluation of systems and services.

These pillars move us beyond affirming rights in theory. They provide a foundation for transforming the systems that govern sexual and reproductive lives, ensuring that justice is declared and delivered.

Health systems: more than access

Healthcare is one of the most visible and contested arenas where sexual justice must be enacted. While rights-based approaches often emphasize access, justice goes further. It asks: Who are these systems built for? Who is excluded, and on what terms?

Persistent barriers include:

- Medical gatekeeping, especially for trans, non-binary, intersex, and disabled people.
- Racism and cultural insensitivity in care settings, such as gynecological and obstetric violence.
- Coercive practices, such as forced sterilization and non-consensual procedures.
- Unequal access to sexual and reproductive health services, including contraception, HIV care, gender-affirming support, and pleasure-inclusive information.
- Systemic exclusion of those without financial means, social security coverage, or legal recognition.

Sexual justice demands the dismantling of these structural barriers and building care systems grounded in dignity, autonomy, and true inclusion. Not just access, but transformation.

Education and knowledge production

Education shapes the narratives that define sexual health policy, clinical practice, and social representation. Yet much of what passes for "sexuality education" remains constrained by shame, silence, or moral panic.

Sexual justice demands:

- Comprehensive, evidence-based, and pleasure-affirming sexuality education for all
- The inclusion of historically excluded forms of knowledge, including queer, feminist, young people, Indigenous, and sex worker perspectives
- Active resistance to censorship, algorithmic suppression, and disinformation.

Knowledge about sexual health and rights is never politically neutral. Who decides what can be taught, said, or funded, shapes entire generations of understanding.

Law and legal reform

Legal systems are often the most visible and enduring sites of injustice. They criminalize certain bodies and identities, deny access to redress, and uphold inequality through silence, omission, or hostility.

Sexual justice demands legal frameworks that go beyond symbolic recognition. They must repair harm and redistribute protection and power. This includes:

- Institutional accountability for violence and abuse by police, clergy, medical providers, use of armed forces and private militia,
- Private and public economical interest and other forms of authorities and power,
- Explicit protections for bodily autonomy, informed consent, and gender identity.
- Decriminalization of sex work, same-sex intimacy, and non-normative gender expression.
- Legal recognition of diverse family and relationship structures.
- Legal recognition of gender identity without the obligation to undergo medical procedures.

Justice is not fulfilled by law alone. But without legal transformation, justice remains out of reach.

Areas for action

Achieving sexual justice requires more than recognition or reform, it requires systemic transformation grounded in dignity, redistribution, and accountability. The recommendations below build on the conceptual, historical, and political foundations laid throughout this paper. They are intended to guide action across health, legal, educational, funding, and advocacy systems. Each reflects the imperative to center lived experience, address structural inequities, and co-create participatory models of care and governance.

The first and foundational goal is to reshape cultural norms, beliefs, and representational

Table 1. Basic declarations and treaties regarding sexual health and justice.

Organization	Key principle	Reference
World Health Organization (WHO)	Defines sexual health as requiring "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"	(World Health Organization, 2006)
The United Nations Population Fund (UNFPA)	Advocates for sexual health that includes "pleasurable and safe sexual experiences, free of coercion, discrimination, and violence," emphasizing the right to bodily autonomy and access to comprehensive sexual and reproductive health services.	(United Nations Population Fund, 2019)
The International Conference on Population and Development (ICPD) Programme of Action	Asserts that reproductive health implies "the capability to reproduce and the freedom to decide if, when and how often to do so," and that individuals should be able to have a "satisfying and safe sex life."	(United Nations, 1994b)
The United Nations Educational, Scientific and Cultural Organization (UNESCO)	Emphasizes that comprehensive sexuality education aims to equip individuals with the knowledge and skills to "realize their health, well-being and dignity," and to have "respectful social and sexual relationships."	(United Nations Educational & Scientific & Cultural Organization, 2024)
The Joint United Nations Program on HIV/AIDS (UNAIDS)	Highlights the importance of sexual and reproductive health and rights in achieving global health goals, underscoring the need for access to comprehensive services that respect individuals' rights to safe and pleasurable sexual experiences.	(Joint United Nations Programme on HIV/AIDS, 2024)

systems, placing justice at the center of our work as sexologists, sexual health professionals, and sexuality educators. These actors must serve as ambassadors and advocates for sexual justice globally. In collaboration with advocates and community leaders, we propose the following strategic directions for action across multiple levels of society.

For governments and policymakers

- Enshrine sexual justice in national laws, policy frameworks and funding arrangements. This must include explicit protections and rights for women and girls, LGBTIQ+ people, sex workers, migrants, Indigenous communities, older persons, disabled individuals, and other historically excluded groups.
- Decriminalize and depathologize consensual sexual practices, gender diversity, and adolescent sexual agency. Repeal laws that criminalize abortion, sex work, gender expression, same-sex intimacy, and non-marital sexual activity.
- Establish and fund independent mechanisms to monitor violations of sexual and reproductive rights, ensure access to legal redress, and recommend structural and reparative actions.
- Shift from service-only approaches to systemic investment, support public education, survivor-centered justice, cultural change initiatives, and long-term community partnerships.

For health and education systems

- Integrate sexual justice principles into the training of healthcare workers, educators, social workers, and justice actors. Curricula must address bias, trauma, ethics, and structural harm.
- Guarantee equitable, stigma-free access to comprehensive sexual and reproductive health services across the lifespan, including contraception, abortion, HIV/STI prevention and treatment, gender-affirming care, mental health support, sexual dysfunction treatment, menopause and aging-related care, adolescent and maternal sexual health, and services for older adults.
- Ensure care affirms the right to sexual pleasure, intimacy, and meaningful relationships, not only the absence of illness or risk.
- Promote anti-oppressive therapeutic approaches in mental, sexual, and relationship health.
- Protect and expand comprehensive sexuality education, grounded in rights-based and scientific principles. Curricula must include pleasure, consent, gender diversity, and lived context.
- Embed participatory and community-led models in service delivery and curriculum design, recognizing those most affected as experts in their own needs.

For civil society and advocacy movements

- Resource grassroots, peer-led leadership, especially by sex workers, LGBTIQ+ communities, feminists, young people organizers, and

Indigenous and racial justice networks, among others.
- Move beyond symbolic inclusion. Confront the structural roots of marginalization, racism, colonialism, classism, and heteropatriarchy, and embed these analyses in all advocacy work.
- Build intersectional coalitions linking sexual justice with social and political movements for racial, climate, reproductive, disability, and economic justice.
- Practice internal accountability, apply justice principles within organizations, leadership structures, and campaign strategies.

For international bodies and donors

- Fund the conditions for justice, not just clinical interventions. This includes advocacy infrastructure and community-based accountability systems.
- Support data justice and participatory research. Communities must define, gather, and interpret data on their own terms.
- Address global aid inequities and the colonial legacies embedded in current systems.
- Elevate South-led leadership and movement knowledge, especially in contexts facing repression or political restriction.

These recommendations are not exhaustive. Rather, they offer a strategic roadmap to move from principle to practice. They reflect a core understanding: justice is not simply the absence of harm, but the presence of care, autonomy, and self-determination.

To realize sexual justice, systems must be reshaped. This means laws with enforcement, fiscal advantages controlled at international level, budgets with equity, participatory policy-making, and education that affirms lived experience. Change must be measurable, accountable, and led by those whose rights have been denied.

This section connects the vision of sexual justice with the tools required to make it real. In the final section, we return to the values that animate this work and the global solidarity that sustains its momentum.

Conclusion

Sexual justice is not a fixed endpoint – it is a vision, a direction, a commitment, and a tool for social transformation. It calls us to confront entrenched systems of domination and exclusion, not only through critique, but by building new frameworks rooted in solidarity, care, accountability, and self-determination. This paper has traced the historical, conceptual, and political dimensions of sexual justice, drawing from the lived realities and movements of those most impacted. From grassroots activism to international advocacy, from feminist and queer analysis to decolonial and intersectional practice, sexual justice emerges as both a measure of existing forms of injustice, a method of emancipation, and the outlining of an ideal world.

However, we must admit a certain humility in our approach. Despite all our efforts, consultations, reviews, and analyses, and the discussions we have had within the Steering Committee and with other groups and communities, we must acknowledge that it is impossible to comprehensively cover all the dimensions, situations, individuals, and communities that are objects of injustice. This work is a first step toward recognizing other forms of injustice and communities that survive injustice and aims to serve as a framework for activists and communities to build upon. There is no single pathway forward, but the imperative is clear: a world of justice requires equitable redistribution, systemic repair, and the full participation of those who have been excluded. Sexual health and rights must not remain aspirational ideals; they must be realized, protected, and lived by all.

The World Association for Sexual Health, along with its regional federations, member organizations, and global partners, is committed to the realization of sexual justice worldwide. This is our collective task, our ethical obligation, and our shared future.

Note

1. According to the World Health Organization, LGBTIQ+ refers to "people who identify as lesbian, gay, bisexual, transgender, intersex or queer (LGBTIQ+). The plus sign represents the vast diversity of people in terms of sexual orientation, gender identity, expression and sex characteristics (SOGIESC). The LGBTIQ+ acronym is dynamic and can vary depending on the region or country, highlighting the

multitude of LGBTIQ+ communities across cultures." (https://www.who.int/activities/improving-lgbtqi-health-and-well–being-with-consideration-for-sogiesc).

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