

Sexual Health or Rights?

Integrating Sexual Rights into USAID-funded HIV/AIDS Interventions in Ghana for Key Populations

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Abstract:

Background: Donor governments, their development agencies, and a range of non-governmental organizations (NGOs) seek to advance an integrated “sexual and reproductive health and rights” (SRHR) framework as part of the post-2015 development agenda. The SRHR framework serves as a bold new rights-based paradigm for the work of global health. However advocates of an integrated SRHR framework rarely acknowledge the theoretical and practical tensions between its health and rights aims. Of particular focus for this paper is the tension that arises when sexual health interventions perform better in the short run when the sexual and gender minority program beneficiaries *avoid* sexual rights work by remaining silent on their sexuality and gender expression, and avoid public engagement and advocacy.

Research Question: To explore these tensions between sexual health and rights, this paper asks, “How have sexual health interventions impacted sexual rights in Ghana?”

Methods: In answering this question, focus is placed on the logic and strategies of HIV/AIDS interventions to “key populations” in Ghana (2004–2014) funded by the US Agency for International Development (USAID). Ethnographic fieldwork and qualitative interviews were conducted in 2014 with frontline HIV service providers and human rights advocates in Ghana. These individuals explained how they addressed tensions between sexual health and sexual rights aims in their work delivering HIV services to key populations in Ghana and how the dynamic political and societal context in Ghana shaped these tensions. Additional interviews with sexual minorities (N=120) captured experiences of stigma, discrimination, and their suggestions for sexual health and rights efforts in the country.

Results: This paper provides details on USAID-funded sexual health organizations in Ghana, and the changing socio-political context there, to describe how they facilitated a paradox between sexual health and sexual rights. With the aim of maximizing uptake of sexual health services among key populations, coordinators and implementers of HIV/AIDS interventions in Ghana had the effect of 1) co-opting sexual rights efforts, 2) silencing their public activism and 3) incentivizing gender conformity and 'African' conceptions of sexuality among its clients and leadership. The paper concludes by applying these findings to the SRHR framework to offer suggestions for its implementation in international development.

Evolving Context: The paradox between sexual health and rights described in this paper, and the effects this has had in Ghana, are gradually evolving. On one side, HIV interventions are increasingly broadening their focus to incorporate structural and environmental factors related to sexual rights (e.g. including stigma and discrimination and, to a limited degree, advocacy and policy work). On another side, development funding has expanded to include a more substantial civil society, democracy, and public policy focus that highlights rights for sexual minorities, outside HIV service delivery. These new funds allow local NGOs to re-focus or have a new focus on sexual rights work by applying for funding through alternate donors/funding streams. Additionally, the government and civil society in Ghana has become gradually more tolerant of sexual and gender diversity (in some instances), allowing sexual health service providers more scope to address the distal risk-factors contributing to the health of sexual and gender minorities (empowerment, advocacy, etc.).

Suggestions (forthcoming)

- Suggestions for donor government agencies/USAID:
- Suggestions for international NGOs/Coordinators:
- Suggestions for domestic NGOs/Implementers:
- Suggestions for domestic Government/Government of Ghana:
- Suggestions from sexual minorities:

Mac-Darling will help supply suggestions

I will review interview data for respondent's suggestions

(500-1000 words).

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