Rights and Desire

A Facilitator's Manual to Healthy Sexuality

By Aziza Ahmed and Sunita Menon

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ABOUT BREAKTHROUGH

Breakthrough uses education and popular culture to promote public awareness and dialogue about human rights. We encourage individuals and communities to get involved in promoting social harmony and building a culture of human rights through the media, internet forums and educational materials.

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HANDOUTS

- Universal Declaration of Human Rights
- Circles of Sexuality
- Male and Female Physiology of Reproduction
- Tips on Correct Male Condom Use
- The Effects Wheel
- The Ally Pledge
- Guide to the Audio-Visual Materials

Indicates activities that incorporate media clips from the accompanying AV Materials VCD.

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Foreword

Rights and Desire: A Facilitator's Manual to Healthy Sexuality provides a much needed resource to generate positive dialogue about relationships, sex and sexuality, and to demystify the complex and volatile connections between public and private spheres. Our sexuality should be a place of pleasure, joy, intimacy and respect but is instead, often a place of abuse, ignorance, disease and violence.

Sexuality is an integral part of being human. It is expressed through many forms including our thoughts, values, behaviors, practices, fantasies and desires. Sexual rights to freedom from coercion, discrimination and violence underlie healthy sexuality and incorporate human rights including the right of all persons to sexual and reproductive health care services and education; the right to choose partners and marriage; to choose when, and whether or not to have children; and the right to respect for bodily integrity.

Rights and Desire provides a tool for teachers, facilitators and leaders to bring fundamental human rights values of dignity, equality, compassion and justice into the sphere of sex and sexuality. This discussion has become even more important with the advent of HIV/AIDS. Public perceptions that equate the disease with "immoral" and "bad" sexual practices not only prevent healthy and low-risk sexual practices, but also lead to stigma and discrimination against people with HIV/AIDS.

Rights and Desire invites people to explore healthy and respectful sexual practices that respect human rights through exercises, discussions and multi-media. It forms part of the many resources of our multi-media campaign, *What Kind of Man Are You?*. The campaign—which addresses HIV infections within marriage—includes TV, radio and print ads along with a music video, informational postcards, bookmarks and other materials that are included in this package. The enclosed AV Materials VCD also includes media clips from other sources that augment some of the exercises.

Breakthrough began its journey of promoting human rights values amongst youth and general public with the launch of *Mann ke Manjeere*: *an album of women's dreams* and two music videos on violence against women. Our earlier toolkit, *Strength in Action: An Educator's Guide to Preventing Domestic Violence* (available in three other languages) has proven to be a popular resource in many different cultural contexts. Like *Strength in Action*, *Rights and Desire* has benefited from the input of students, educators, HIV-positive people and many others. We would like to thank the Royal Netherlands Embassy, Holdeen India Fund, the Ford Foundation, GTZ, and NOVIB, along with all the individuals who have made it possible to make this guide a reality.

By addressing sexuality as a human rights issue, it is Breakthrough's belief that we can all come together as individuals, schools, colleges, neighborhoods and communities to make the world a safer and healthier space for all of us. Our journey must begin in the most intimate and private space of relationships and sexuality if we are to realize our dream of human rights for all.

Mallika Dutt
Executive Director

PART I

Facilitator's Notes

About *Rights and Desire*

Why a Facilitator's Manual to Healthy Sexuality?

It goes without saying that [HIV/AIDS] has targeted women with a raging and twisted Darwinian ferocity. It goes equally without saying that gender inequality is what sustains and nurtures the virus, ultimately causing women to be infected in ever greater disproportionate numbers.

— Stephen Lewis, UN Secretary-General's envoy on HIV/AIDS in Africa[1]

This curriculum seeks to promote access to rights by empowering individuals who are vulnerable to contracting HIV/AIDS. Created for facilitators who work with young people, it aims to sensitize young men and women to the human rights aspects of sexuality, sexual rights, and HIV/AIDS. Except in titillating ways, the broad area of sexuality remains shrouded in secrecy in the public sphere. *Breakthrough* seeks to demystify this complex issue to help young people respect rights and to realize their own agency as sexual beings.

Addressing HIV/AIDS is complicated by many overlapping concerns, including the sheer number of people affected, the gender and the age of those affected. Social inequalities based on gender, class, caste and sexuality play a significant role in the spread of HIV/AIDS because they disempower individuals, often leaving them unable to set sexual boundaries or negotiate safer sex with partners. Young people in general, and young women in particular, are often denied the ability to be open and honest about sexual activity and therefore lack an environment where safer sex can be discussed.

Young people have the right to live a healthy life and the right to access accurate information that enables healthy decisions. However, various barriers exist which prevent young people, especially young women, from exercising these rights. The spread of HIV/AIDS is often accelerated by social norms and taboos which limit our access to information and increase our vulnerability.

For example, cultural norms that suggest it is not acceptable for a young woman to be sexually active may discourage her from visiting a doctor and asking important questions about sexually transmitted infections including HIV/AIDS. Other social, cultural, economic and political factors can also act to hinder living a healthy life. These might include a person's class, caste, religion, sexual orientation, and HIV status. Legislation and policy can also play a role in facilitating or detracting from an individual's ability to exercise rights.

Various factors shape the power dynamics that influence the exercise of safe, pleasurable sex which is the right of all individuals. Entrenched ideologies

Objectives of *Rights and Desire*

- To create a dialogue around power, sexuality, sexual rights, HIV/AIDS, pleasure and sexual health.
- To provide a framework by which individuals can begin to assess, critique, and understand the various factors that impact their sexual decision making.
- To create an understanding of rights and encourage personal agency for decision making.
- To enable participants to become actors in creating an environment that respects the rights of all people.

Who can use *Rights and Desire?*

Rights and Desire **was created to address young people, but can also be effectively adapted and used with other audiences, including:**

- Senior school teachers and counsellors
- University and college students
- Government organisations that hold trainings on specific issues related to HIV/AIDS, sexuality or sexual health
- Non-Governmental Organisations (NGOs)

like patriarchy, classism, heterosexism, imperialism, and militarism can foster unequal relationships or implicitly sanction violence. Traditional notions of masculinity, femininity, and sexuality, when left unchallenged, can embed themselves into the consciousness of adolescents and in turn, foster unequal relationships. Therefore, alternative ways of thinking about human rights, sexuality, and violence become all the more important in light of the profusion of stereotypical, distorted images that individuals are confronted with everyday.

Rights and Desire thus addresses and dissects these power dynamics—a process which is an integral aspect of teaching individuals how to better understand themselves as sexual beings while encouraging an environment where pleasure and safety are prioritized. The presence of HIV/AIDS makes it essential for individuals to feel empowered to exercise their sexual rights, including the ability to access information and negotiate their sexuality.

Women's rights are human rights. Reproductive and sexual rights are integral to each individual as well as to the promotion of larger human rights visions.

1. Stephen Lewis (interview) 'Aids has a Woman's Face' in Ms. Magazine at http://www.msmagazine.com/fall2004/microbicides.asp

Rights and Desire's Methodology

- ***Rights and Desire*** **encourages discussion on the issue with both young men and women through a participatory process. It stimulates dialogue and opens discussions, and encourages responsible actions, problem solving, and negotiation skills.**
- **It promotes a gender sensitive, human rights approach to sexuality, sexual health, and HIV/AIDS, giving young people the information to protect themselves from HIV while negotiating their sexuality.**
- **It focuses on experiential learning. It is structured so that the facilitator guides the participants through a process of experiences and activities, reflection and discussion. The participants are encouraged to look for ideas for action and application to similar situations in their lives. Situations and problems are presented, discussed, and analyzed.**

TOOLS FOR TRANSFORMATION

Breakthrough **uses popular culture as a tool for transformation.** ***Rights and Desire*** **encourages the use of popular electronic and print media. The accompanying Audio Visual (AV) Materials compiled by** ***Breakthrough*** **include materials that reflect both positive and negative messages reinforced in popular culture. Images from popular media are an interesting and stimulating way to engage participants and encourage examination of traditional images of masculinity, femininity and sexuality that are often reflected in media.**

Many of our suggested materials relate directly to Indian culture. Therefore, when applying this resource outside of the Indian context, one must adapt it to the specifics of the culture. For more on how to use the AV Materials effectively, see ***Guide to the Audio-Visual Materials*** **Handout.**

Taking Time to Reflect

It would help the facilitator to ask herself/himself the following questions before facilitating the activities in *Rights and Desire*:

- What do I know about sexuality, sexual rights, HIV/AIDS, and sexual health?
- Why is it important for me to talk about the issue?
- Am I comfortable talking about difficult issues such as sex and sexuality and physical and emotional violence and would I be comfortable conducting a workshop on these issues?
- What do I know about the ideologies of gender, and the specific vulnerability of women?
- How would I handle the situation if there were a victim of violence or an HIV-positive person in the participating group?
- Do I know what a rights framework is and how to talk about it?

If your response to any of these questions is uncertain, we encourage you to refer to *Part 1: Facilitators' Notes* as well as Annexure 2 in this manual.

HOW TO USE *RIGHTS AND DESIRE*

Rights and Desire **is designed to help facilitators run effective, participatory workshops on sexuality and rights. The entire curriculum can be comfortably completed in three full-days. If time is limited, the facilitator may wish to carefully select those activities which best meet the Objectives of the given training and the needs of the audience.**

Some of the activities incorporate media clips from the accompanying AV Materials. While the use of these clips can greatly enhance the discussion, it is possible to conduct the activities without the clips if the appropriate audio-visual equipment is not available. Please refer to *Guide to the Audio-Visual Materials* Handout.

The tool kit can easily be supplemented with activities and information from other sources. Specific sections can also be adapted into other workshops addressing human rights and women's rights issues.

- **The activities are structured for an ideal group size of 20-25 participants. This will enable maximum sharing and discussion among participants.**
- **It is important to allow people sufficient time to reflect and discuss. You can add some unstructured time into the workshops for this purpose.**
- **If the workshop takes place over more than one day, make sure you do a recap and the beginning and end of each day and ask participants to share their insights and feelings about the discussions from the previous session(s).**
- **Much of the learning on a topic such as this takes place in the safe and secure space of people's minds, and some participants may not be able to open up comfortably during discussions. You can offer time to participants to make notes, which would be their own and confidential, to ensure that they put down their observations. This tool for reflection can also serve as a powerful resource for the group at a later stage - both as a source of information and for them to analyze their attitudes.**

More guidelines for facilitators on planning and conducting an effective workshop and energizers are available in Annexure 1.

Building a Human Rights Culture

The true power of human rights lies in recognizing the value and contribution of each individual and respecting the basic dignity and rights of all human beings. The inability of individuals to exercise their sexual and reproductive health rights leads to the denial of their fundamental rights, including the right to life, health, bodily integrity, privacy, expression and information.

Human rights provide a universal framework for justice and equality, highlighting the importance of access to *all* rights for *all* people. For example, the right to a healthy life is often dependant on the ability to exercise one's sexual rights. Respecting human rights means respecting *all* rights. The human rights framework offers a means of making broad connections between the exercise of one's sexual rights and issues of class, religion, geography, or socio-economics.

Human rights can be understood at three different levels, all of which interact with one another – values, politics, and law.

Values: Human rights operate importantly at the level of our value systems. These are the values that support our social relationships, our work relationships, our religious beliefs, and how we treat our families and ourselves. Do we respect each others right to live with dignity? Do our daily practices promote equality, justice and peace? Do we have respect and compassion for the people in our lives? If we are part of institutions, do we try and ensure that they treat all human beings with respect?

Politics: The second level of human rights, which many of us are more familiar with, is the political level. People who are from a disadvantaged community can come together and organize for and demand their human rights. Groups of people can resist government policies and actions that undermine their human rights. Based on a common value system, individuals can come together to ensure respect for human rights.

Law: Thirdly human rights operate at the level of law –internationally, nationally and locally. Internationally, the United Nations has codified many human rights in documents. The basis of all these documents is the Universal Declaration of Human Rights or the UDHR (a copy of which is provided in the handouts accompanying this manual). At the national level, the constitution of a country often embodies human rights principles. The state (i.e. government and state-led authorities such as the police and judiciary) has the obligation to create and codify legislation to implement these principles, although this obligation is not always sufficiently met. Such legislation provides a system that both prevents violations and allows individuals to seek redress. At the local level, these laws are strengthened when each individual exhibits respect for another individual's human rights.

Sexual Rights: Why They Matter

Each individual in society should have accurate information about themselves as sexual beings. These rights include the right to sexual freedom, sexual autonomy, sexual integrity, safety, privacy, information, pleasure, the freedom to make reproductive choices, the right to associate freely, the right to sexual education and sexual health care.

Sexual rights are rights that allow us to live a healthy life free of discrimination. Individuals often suffer discrimination based on sexuality. For example a young sexually active woman may be called names or spoken of as having a 'ruined reputation'. Discrimination and stigmatization such as this are means of controlling the way we behave as sexual beings.

Some communities and individuals, including those with alternative sexual identities, (i.e., homosexuals, bisexuals & transgender) have suffered because of the discrimination faced by their communities. Sexual violence, physical violence, verbal abuse, isolation and neglect are consequences people face if they are seen to have acted outside of sexual norms. The absence of support services or even information adds to the violation of their rights.

The fight for sexual rights extends to all communities, regardless of gender, sexual identity, age, class or caste. At a time when HIV/AIDS affects millions of individuals globally, the struggle for sexual rights becomes increasingly important. Without enjoyment of sexual rights, individuals – especially women, children and people with alternative sexual identities – continue to be vulnerable to contracting HIV/AIDS.

Our individual rights are protected in many international treaties including the Convention on the Elimination of All Forms of Discrimination against Women, The Beijing Platform for Action and the International Conference on Population and Development. The foundations of these rights are espoused in the Universal Declaration for Human Rights (UDHR). India is a signatory to various treaties that commit to protecting the rights of India's population.

A Background to the Issues of HIV/AIDS

HIV/AIDS does not discriminate

HIV/AIDS affects all parts of the world, impacting the lives of people of all different cultures, classes, races, religions, and nationalities. And the numbers are still on the rise.

- There are approximately 40 million people living with HIV/AIDS today, and over five million of them are in India. [2].
- In 2003, almost five million people became infected with HIV across the world. This has been the greatest number of new infections in any one year since the beginning of the epidemic[3].

The staggering numbers of HIV-positive people leads to consequences that affect everyone, regardless of their HIV-status.

It affects our families. When a person looses a job or is unable to look after his/her family because of being infected with HIV/AIDS, children, elderly, and dependent spouses (often women) suffer.

It affects our economies. HIV/AIDS can lead to the loss of many skilled workers, having far reaching negative effects on the economy. These effects are already visible in hard hit Sub-Sahara African countries, where it is expected that the workforce will be 35% smaller by 2020 because of HIV/AIDS[4].

It affects the wellbeing of our communities. When shopkeepers, workers, doctors, nurses, teachers or other people who serve our communities are lost to HIV/AIDS, it affects all of us. It weakens crucial public services like health care and education, decreasing the countries ability to respond to the epidemic. In Sub-Saharan Africa, for example, AIDS is contributing to serious teacher shortages and is the cause of over one half of all deaths among employees in the public health sector.[5]

India has the second largest population of HIV-positive people in the world[6], and it is growing rapidly. Thus, people invaluable to our communities—including our mothers and fathers, daughters and sons, neighbors, friends, teachers and health care workers— are vulnerable to HIV. It is therefore not enough to just play it safe for oneself, but we must also take part in preventing the spread of the infection and respecting the rights of people living with HIV/AIDS. This will enable them to access appropriate care and treatment, live healthier longer lives and continue to play active roles in our communities.

Actors in the Epidemic: Impacting the Realization of Rights

While HIV/AIDS affects individuals, it is failings in support structures such as the family, state, and community that often perpetuate and increase vulnerability to HIV/AIDS.

The family. The family has an important role in the care, support, and treatment of people living with HIV/AIDS. Additionally, parents have the responsibility of helping their children become informed about sexuality and sexual health so they can make informed decisions about their sexuality. The institution of marriage is often believed to be a safe space in regards to HIV/AIDS. Unfortunately, this has not proven to be true, as illustrated by the rise in numbers of HIV-infections in married women. Each member of a household has a specific role in helping protect other family members from contracting HIV/AIDS as well as in supporting and caring for members of their family who are HIV-positive.

The community. Communities are often responsible for perpetuating social and cultural values that contribute to increased vulnerability to HIV/AIDS or marginalize infected individuals. There is no community that is immune to the impact of HIV/AIDS. Societal values that discriminate against women, members of certain classes, religions, and

sexualities increase vulnerability to HIV/AIDS. Additionally, communities play a special role in supporting and caring for individuals with HIV/AIDS and ensuring their rights are protected.

The state. Although it is the responsibility of the state to create an environment in which people's rights are respected, the state and its agencies have failed to protect the rights of people living with HIV/AIDS. Adequate infrastructure to provide access to medication, proper care and treatment for individuals living with HIV/AIDS is often lacking. Governments also need to provide sufficient resources for people to protect themselves from contracting HIV/AIDS including education, information and access to tools of prevention, including condoms.

The vulnerability of individuals with alternative sexualities (i.e. homosexuals, transgender people and Hijras, among others) to contracting HIV/AIDS is further exacerbated by discriminatory legislation and policy. The constitution and the ratification of international treaties and conventions mandates the Indian government to respect, protect, and promote human rights for all, *yet there are still discriminatory laws such as the anti-sodomy law Section 377 in effect in India (see Annexure 2.8 for more on Section 377). Currently, there is an active coalition of human rights organizations calling on the government to drop these discriminatory policies.*

Gender Inequality Fuels Vulnerability to HIV

For many women, it is ironic that the biggest HIV/AIDS risk is marriage. Across the world, more than four-fifths of new infections in women result from sex with their husband or primary partner[7].

Gendered values and norms often fuel a greater vulnerability to HIV/AIDS for women and girls. Today, nearly 50% of the people living with HIV/AIDS around the world are female.[8] Child marriage and lack of power in relationships, ignorance about sex and disease, and sexual coercion all contribute to the growing proportion of women and girls infected with the virus. [9] In addition, HIV-positive women are vulnerable to stigma and discrimination, which often has disproportionately negative effects on them. The stigma and discrimination faced by women diagnosed with HIV/AIDS is often manifested as violence, abandonment, and neglect and is compounded by the unequal social and economic status of women in many parts of the world.

Early Marriage. In many parts of the world, girls are married very young, often to older, sexually experienced men. Many lack the physical maturity to have safe sexual intercourse or to insist upon safer-sex practices such as condom use. They lack both the power in their relationship to be able to say 'no' to their husbands and the independence or resources to seek appropriate reproductive and health services. In addition, women in rural areas may become yet more vulnerable when their husbands leave home to find work.

Sexual Violence. Women are more frequently victims of sexual violence, including cultural and economic obligations to have sex with a husband. Violence against women, including sexual coercion, is not only a violation of their rights in and off itself, but also increases women's vulnerability to HIV/AIDS and negates the option of sexual abstinence. Biologically, forced sex leads to a greater chance of infection. In addition, the threat of violence discourages women from discussing contraceptives, HIV-status, or treatment with their partner.

Inadequate Information. Women and girls often do not have access to information and services around HIV/AIDS. A recent UNICEF survey found that up to 50% of young women in high prevalence countries did not know basic facts about AIDS[10]. Ignorance is one of the primary mechanisms fueling the epidemic. Until governments, medical professionals, schools and families can discuss HIV/AIDS honestly and openly, and until adults and young people have access to a full range of reproductive and sexual health education and services, women and girls will lack crucial information on how to protect themselves.

FACTORS THAT INCREASE WOMEN'S VULNERABILITY TO HIV/AIDS

Cultural	Gender specific socialization that teaches us that women should not demand condom use.Gender norms that place the burden and care for people living with HIV/AIDS on women.Young people face disapproval of their sexual activity, perpetuating secrecy and silence on the subject. The insistence on heterosexual frameworks marginalizes sexually diverse communities, leading to stigma and making it difficult for them to access information and services.
Economic	Economic dependency on men makes it difficult for women to insist on safer sex practices. It is difficult for sex workers to require condom use with clients. It is common for them to receive a financial incentive to have sex without a condom which their economic situation may not allow them to refuse. Women are often thrown out of family structures when it is discovered they are HIV-positive. This leads to greater economic hardship compounded by limited employment opportunities for women.
Legal / Policy	There is insufficient legal protection for women to exercise their sexual rights. Heterosexist laws marginalize members of sexually diverse communities. There are insufficient policy initiatives to promote access to health care services and treatment. People living with HIV/AIDS do not enjoy legal protection against discrimination.
Political	Vulnerable groups such as women, children, and sex workers often do not have political clout and cannot garner political will. Political commitment is necessary to implement appropriate legislation around HIV/AIDS, in particular around stigma and discrimination.

[2] UNAIDS/WHO AIDS epidemic update, December 2005

[3] UNAIDS, Executive Summary: 2004 Report on the Global AIDS Epidemic

[4] The Henry J. Kaiser Family Foundation, "HIV/AIDS Policy Fact Sheet: The Global HIV/AIDS Epidemic", July, 2004. Available for download at www.kff.org.

[5] The Henry J. Kaiser Family Foundation, "HIV/AIDS Policy Fact Sheet: The Global HIV/AIDS Epidemic", July, 2004. Available for download at www.kff.org.

[6] USAID (2003) 'HIV/AIDS country Profile, India", March

[7] "Women and HIV/AIDS: Select Facts" in International Women's Health Coalition at www.iwhc.org/resources/hivaidsfactsheet.cfm

[8] UNAIDS 2004, Report on the global AIDS epidemic: July 2004.

[9] IWHC Women and HIV/AIDS Fact Sheet

[10] AIDS epidemic update: December 2004 Women and AIDS at www.unaids.org/wad2004/EPIupdate2004_html_en/epi04_04_en.htm

PART II

Activities

Introduction: Warm-up Activities

(3 hours)

Discussing issues of sexuality and sexual rights is not always easy for participants in a workshop. Yet, for a healthy discussion, it is vital that the facilitator creates an atmosphere of comfort and ease. The activities in this section are designed to develop a positive group dynamic and to orient participants towards the theme.

ACTIVITY IN.1

Setting Group Expectations

TIME 15 minutes

MATERIALS Chart paper, markers, tape, a box and chits of paper for anonymous question box (optional).

OBJECTIVE To establish a code of behavior for the group so each member feels safe and comfortable with other participants.

METHODOLOGY

- Explain to the participants that, because they will be discussing sensitive issues, the group should agree to a number of ground rules to create a safe atmosphere.
- Ask the participants to come up with a list of ground rules that they will agree to observe. List those ground rules on chart paper.
- Ask participants for clarification, ensuring that everyone understands all the rules.
- Suggest any of the recommended ground rules not raised by participants that you think should also be on the list *(see the recommended list)*.
- Keep this list in the room throughout the workshop and refer to it when people are not adhering to the rules. Eventually, the participants will begin to remind each other when behavior is counterproductive to the process.

Recommended Ground Rules

Respect: Give undivided attention to the person who has the floor.

Confidentiality: What we share in this group will remain in this group.

Openness: We will be as open and honest as possible, but we won't disclose or discuss others' (family, neighbors, and friends) personal or private issues or lives. It is okay to discuss situations as general examples, but we won't use names or other identification. For example, we won't say, "My sister did …"

Non-Judgmental Approach: We can disagree with another person's point of view or behavior without judging or putting him/her down.

Sensitivity to Diversity: We will remember that members in the group may differ in cultural background and/or sexual orientation. We will be careful about making insensitive or careless remarks.

Right to Pass: It is okay to pass if you are not comfortable sharing.

Anonymity: It is okay to ask a question anonymously (using the suggestion or comment box), and the coordinator will respond to all questions.

Acceptance: It is okay to feel uncomfortable. All of us, young and old, can feel uncomfortable when talking about sensitive and personal topics, including HIV and sexuality.

Have a Good Time: The program is also about coming together as a community and enjoying working with each other.

ACTIVITY IN.2

Building a Human RightsTree[11]

TIME 1 hour

MATERIALS Flip chart, art supplies/markers, copies of the handout *Universal Declaration of Human Rights*.

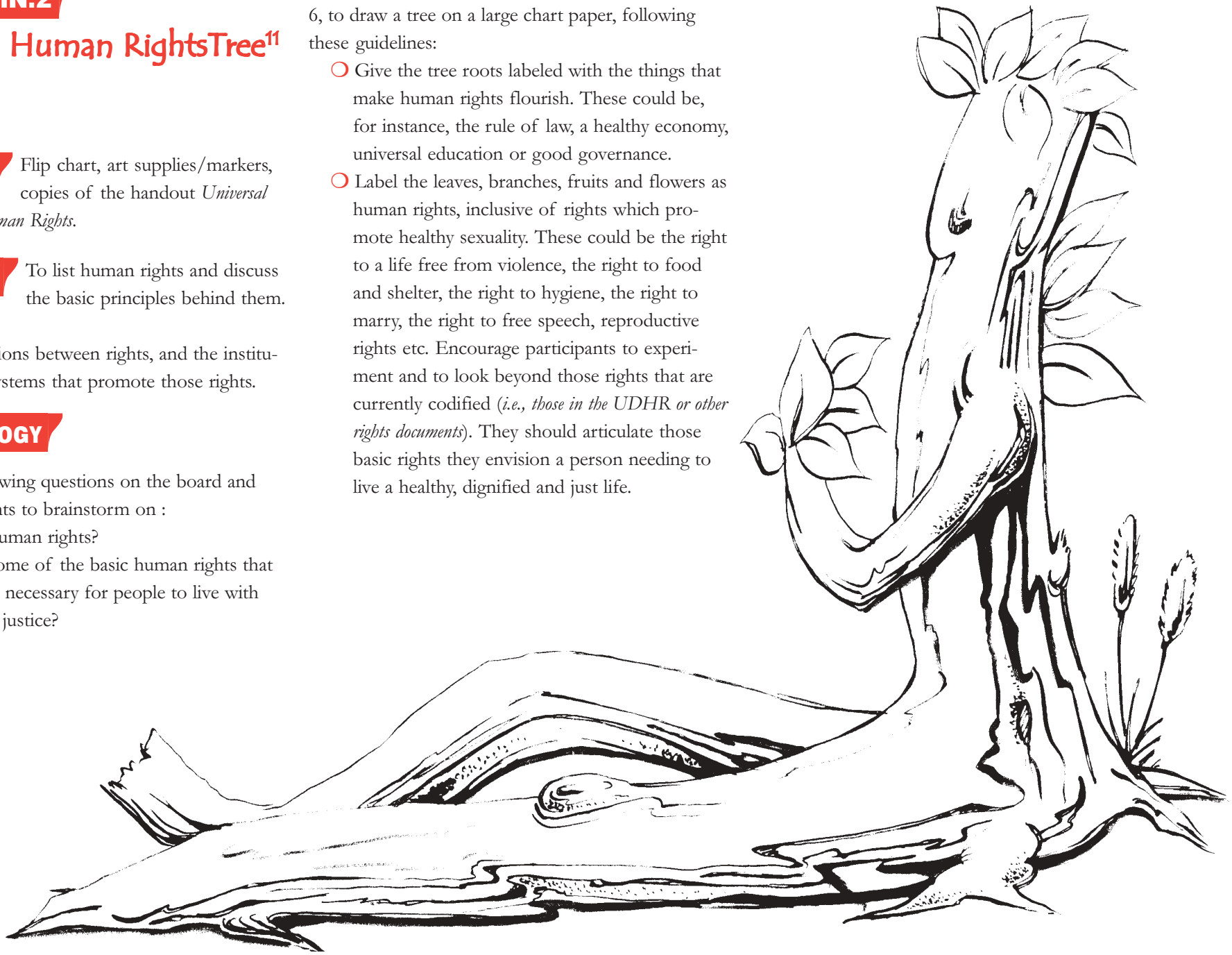
OBJECTIVES To list human rights and discuss the basic principles behind them.

To draw connections between rights, and the institutions/ support systems that promote those rights.

METHODOLOGY

1. Write the following questions on the board and ask the participants to brainstorm on :
   - What are human rights?
   - What are some of the basic human rights that you feel are necessary for people to live with dignity and justice?

2. Ask participants, working in small groups of 3 to 6, to draw a tree on a large chart paper, following these guidelines:
   - Give the tree roots labeled with the things that make human rights flourish. These could be, for instance, the rule of law, a healthy economy, universal education or good governance.
   - Label the leaves, branches, fruits and flowers as human rights, inclusive of rights which promote healthy sexuality. These could be the right to a life free from violence, the right to food and shelter, the right to hygiene, the right to marry, the right to free speech, reproductive rights etc. Encourage participants to experiment and to look beyond those rights that are currently codified (*i.e., those in the UDHR or other rights documents*). They should articulate those basic rights they envision a person needing to live a healthy, dignified and just life.



3. When the trees are complete, ask each group to present their tree and explain the reasons for the items they have included.

4. Process the activity by distributing copies of and reviewing the UDHR and then discussing the following:

- How does access to other human rights promote the concept of sexual rights? Can sexual rights exist without the other human rights?
- Divide the rights that participants have identified into categories such as family, state, government, legal system, society, the self, community and peer group.
- When, where and why do you think human rights get violated?
- Who is responsible for ensuring that these rights are respected and how?
- Focus on principles of human rights including **indivisibility, universality and intersectionality** *(for more on these concepts, refer to the notes at the end of the section).*
- Assuming that all people have the right to access these rights, do you think any one right takes precedence over the others?

[11] Adapted from "University of Minnesota, Human Rights Education." http://www1.umn.edu/humanrts/ (November 17, 2003).

OPTIONAL EXTENSIONS

- Match the fruits, leaves, and branches with articles of the Universal Declaration of Human Rights and write the number of the article next to each item. This is also an opportunity to see how applicable this fundamental document is today. (*Participants will need copies of the UDHR handout*). Alternatively, participants can simply discuss how these components constitute different kinds of rights we are all entitled to.
- Display these trees in the classroom or in public places to encourage discussion.

Facilitator's Notes

The three fundamental principles of human rights are the *universality*, *indivisibility* and *intersectionality* of all rights.

- **All rights are universal and belong to all people. We must all be active participants in creating global norms by which we hold governments, communities and ourselves accountable.**
- **Human rights are indivisible. Access to adequate food, housing and work are as important as political participation, free speech and religious expression. There should not be a hierarchy of rights where any one right is privileged over the other.**
- **Human rights must reflect our diverse and intersectional identities. To understand the similarities and differences in how we experience human rights, we must incorporate factors like gender, race, sexuality, class, geographic location and religion which make up our identities.**

Intersectionality is also a way of understanding how individuals can have power and privilege while simultaneously experiencing a violation of their rights. For example a poor, Dalit man who suffers violations based on his caste and economic class, can still have power and privilege because of his gender. A woman experiencing violence because of her gender can still have power because of her economic class. We must all acknowledge and take responsibility for our privileges and power if we are to become participants in creating a human rights culture.

ACTIVITY IN.3

Understanding the Difference between Gender and Sex

TIME 1 hour

MATERIALS Flip chart, art supplies/markers, copies of the handout *Universal Declaration of Human Rights*.

OBJECTIVES To list the difference between sex and gender.

To demonstrate how our roles as men and women are learned and thus can be challenged.

To elucidate the link between gender roles, power and rights.

METHODOLOGY

1. Ask the participants to quickly come up with 6-8 statements as a whole group which portray the characteristics of men and women. Ask them to use the format:

Men are ..... and Women are .....

For example, "Men are strong and women are sensitive"

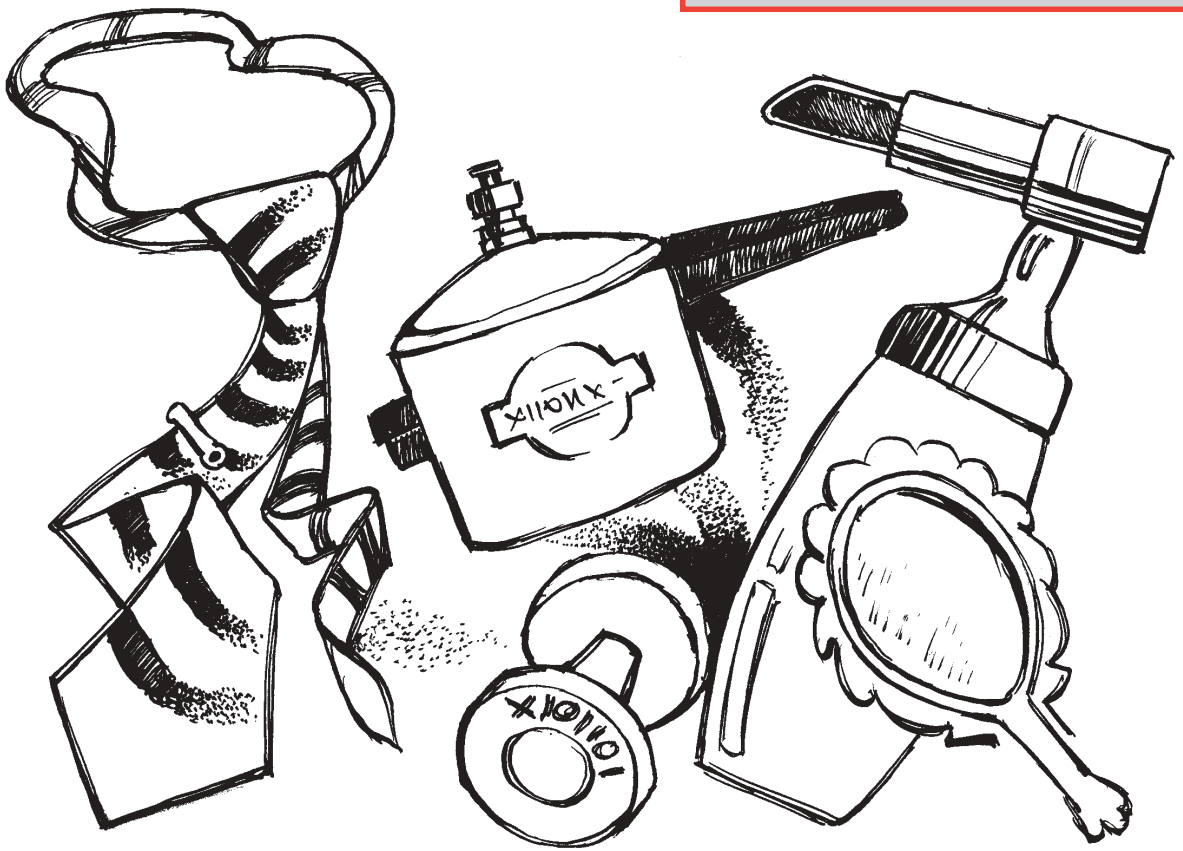
2. The facilitator writes them on the board and discusses the following:

- Are there any characteristics which are common to both men and women, or are the characteristics exclusive to a particular sex?
- If there are differences, what are they? For example, is having a beard or bearing a child biologically determined?
- If non-biological qualities can be common to both sexes, then why does differentiation between the two happen?

3. Be sure the following points are made:

ESSENTIAL POINTS

SEX	GENDER
Is biological	Is socially constructed
You are born with it.	It is learned
Cannot be changed (without surgical intervention)	It can be changed.
Is constant	Gender roles vary in different societies, countries, cultures and historical periods.



4. Ask participants to line up in the middle of the room. Explain to them that one side of the room represents "gender", the other side represents "sex". The facilitator then calls out a statement that is either a characteristic defined by gender or a characteristic defined by sex, without giving the answer. Possible statements are listed at the end of this section.

5. After reading each statement, ask the participants to move to what they believe is the appropriate side of the room. On taking their positions, have the participants explain their stance.

6. The facilitator then shares the correct answers as given below.

GENDER/SEX STATEMENTS

- Women give birth to babies, men don't. **(sex)**
- Little girls are gentle, boys are tough. **(gender)**
- Amongst Indian agricultural workers, women are paid 40-60 percent of the male wage for the same work output. **(gender)**
- Women can breast feed babies, men can bottle-feed babies. **(sex; gender)**
- Most business people in India are men. **(gender)**
- In Meghalaya women inherit and men do not. **(gender)**
- Men's voices break at puberty, women's do not. **(sex)**
- In one study of 224 cultures, there were five in which men did all the cooking, and 36 in which women did all the house building. **(gender)**
- Women are forbidden from working in dangerous jobs such as underground mining. **(gender)**
- According to UN statistics, women do 67% of the world's work, yet their earnings for it amount to only 10% of the world's income. **(gender)**

7. Have the participants take their seats and then conclude the activity using the following discussion questions:

- Were there any statements which surprised you? Why?
- What is the role of family, community, media, culture and traditions in perpetuating gender-based stereotypes?
- How do gender roles vary across age, classes, races, cultures and historical periods?
- In what ways do our genders affect our enjoyment of rights? Can it make one more vulnerable to violation of rights? (*The facilitator can take up differences in roles between men and women and restrictions on mobility, educational opportunities, political rights, difference in responsibilities for care and nurturing family members*).

Be sure the following points are made during the activity:

- **Discrimination, whether subtle or overt, occurs in all strata of society. One of the reasons gender discrimination occurs is because people confuse sex and gender. Sex (whether you are male or female) is biologically determined while gender is a product of socialization. It is one's socialization that determines feminine and masculine traits that men and women are expected to have in society. This is the basis of gender inequalities.**
- **Nature does not determine feminine and masculine traits that women and men must have. It only dictates whether you are born male or female.**
- **The difference between sex and gender must always be kept in mind. It is useful to be aware of the subtle forms of discrimination as well as the power play that exist in our homes, communities and society.**
- **Enacting certain roles or having certain expectations placed on you because of your gender can affect your enjoyment of rights. For example, in a culture where women are expected not to question their husbands, they may be forced to keep silent if violence occurs, thus jeopardizing their right to live a life free of violence.**

ACTIVITY IN.4

The Circles of HumanSexuality

TIME 45 minutes

MATERIALS Chart papers and markers, board and chalk, copies of the *Circles of Sexuality* handout, pens or pencils.

OBJECTIVES To define sexuality and its different components.

To identify issues of sexuality which are important to the group.

PREPARATION Review the *Circles of Sexuality* handout and *An Explanation of Circles of Sexuality* (Annexure 2.1). Draw a large version of the *Circles of Sexuality* on the chart paper or the board.

METHODOLOGY

1. Write 'Sexuality' on the board. Ask participants to brainstorm on the word sexuality, sharing the words that come into their mind. Write these around the word 'sexuality'.

2. Explain that when they see the words 'sex' or 'sexuality', many people think of sexual intercourse. Some also think of other kinds of physical sexual activities. Sexuality is much more than sexual feelings or sexual intercourse. It is an important part of who each person is. It includes all the feelings, thoughts, and behaviors of being female or male, being attracted and attractive to others, and being in love, as well as being in relationships that include sexual intimacy and physical sexual activity.

3. Draw a box around the letters *s-e-x*. Point out that *s, e,* and *x* are only three of the letters in the word *sexuality*.

4. Display the five circles of sexuality. Explain that this way of looking at human sexuality breaks sexuality down into five different components: sensuality, intimacy, identity, behaviors, reproduction, and sexualization. Everything related to human sexuality will fit into one of these circles.

5. Beginning with the circle labeled sensuality, explain each circle briefly. Take five minutes to read the definition of the circle aloud, point out its elements, and ask for examples of behaviors that would fit in the circle. Write within that circle any words from the initial brainstorming exercise that would fit into that circle's definition. Continue with each circle until you have explained each component of sexuality.

6. Ask if anyone has any questions. Then conclude the activity using the following discussion questions:

DISCUSSION QUESTIONS

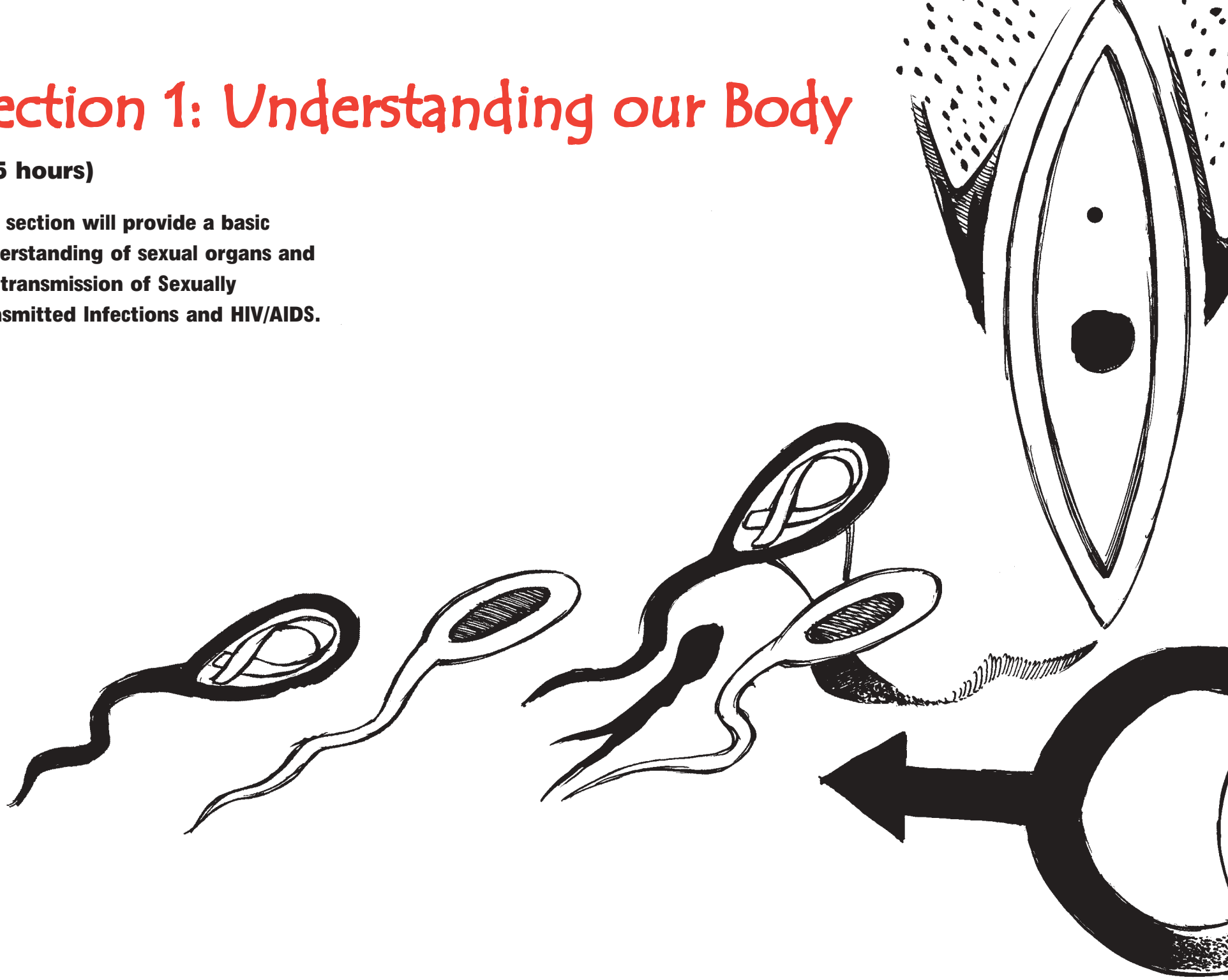
- Which of the five sexuality circles feels most familiar? Which of them is less familiar? What do you think is the reason for this?
- Is there any part of these five circles that you never thought of as *sexual*? Please explain.
- Which circle is important for young people to know? Which ones are not important? Why?
- Which circle would you feel interested in discussing with your partner? How would you bring it up?
- How is rights connected to different circles of sexuality?

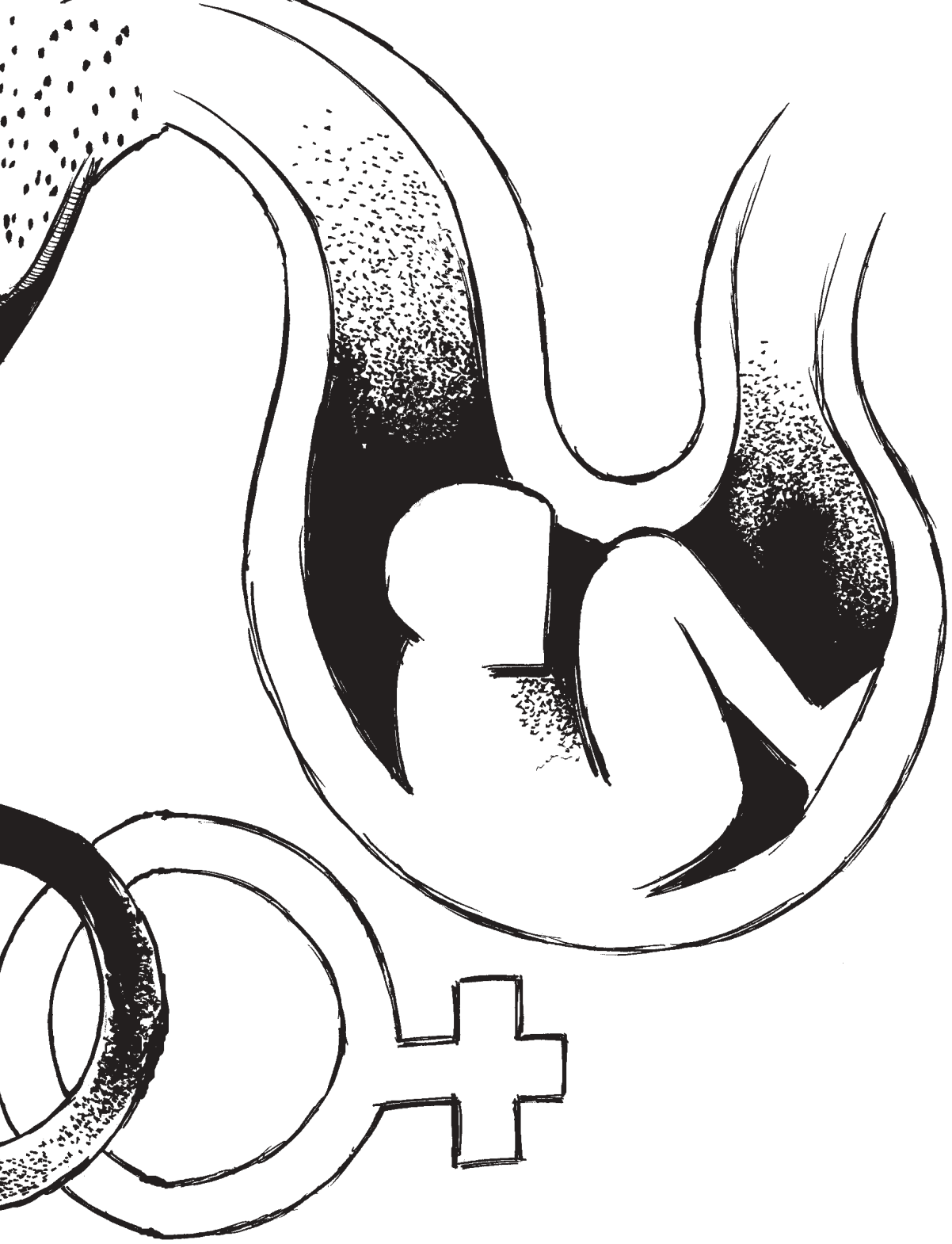
Adapted from Life Planning Education. Advocates for Youth (Washington, DC: , ©1995)

Section 1: Understanding our Body

(2.5 hours)

This section will provide a basic understanding of sexual organs and the transmission of Sexually Transmitted Infections and HIV/AIDS.





ACTIVITY 1.1

Sexual Organs[12]

TIME 1 Hour

MATERIALS Enlarged illustration of *Reproductive Organs* handouts (both male and female), chits of paper each with the name of a different reproductive organs written on it (take organ and body part names from the *Reproductive Organs* handouts), stapler, pens/pencils.

OBJECTIVE To be able to label, differentiate and explain male and female genitalia and reproductive systems.

METHODOLOGY

1. Explain to the participants that you are going to give them a quiz to see how much they know about the female and male reproductive systems. Explain that no one will be graded on this quiz and that its purpose is to help the participants to associate genitals and reproductive organs with their functions. Ask the group to work together in pairs. Go over the instructions for the activity.

[12] Adapted from The Naz Foundation (India) Trust Guide to Teaching about Sex and Sexuality, (NAZ Foundation, New Delhi, 1996)

2. Give participants assorted chits, each with the name of a different body part or reproductive organ. You could also use local slang or language if participants are not familiar with the medical terms.

3. Display the enlarged illustration of female anatomy. Ask the pairs to come up one by one and place their chits at the appropriate places on the diagram and explain the organ's function. Be sure the following points are made:

ESSENTIAL POINTS

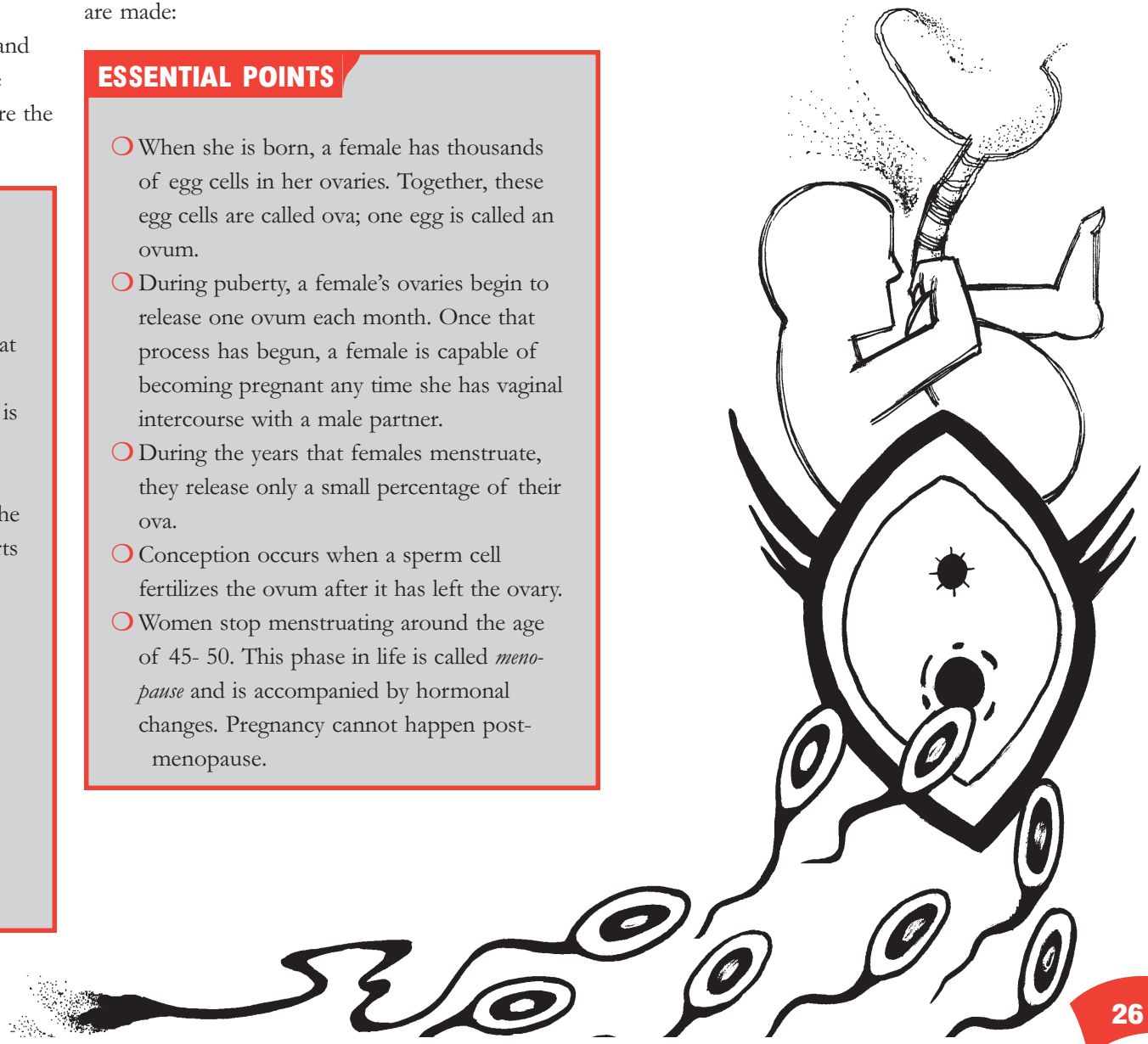
- 'Vulva' is the correct term for the female external genitals, even though it is not a familiar term to most people. Point out that some people believe harmful and negative myths about the female vulva – e.g. that it is dirty or ugly – and emphasize that these myths are not true. The vulva is a normal, healthy part of the female body, just like the penis and scrotum are normal, healthy parts of the male body.
- The clitoris is a highly sensitive part of a female's body. Its function is to provide sexual pleasure.
- The vulva has two openings, each with its own function – the opening to the vagina and the opening to the urethra.
- The anus is not part of the vulva.
- A female can see this part of her body by holding a hand-mirror between her legs.

4. Ask for a volunteer to explain the female reproductive process, beginning with ovulation and ending with the menstrual period. Ask the group to assist if the volunteer runs into difficulty and make sure to clarify any confusion. Be sure the following points are made:

ESSENTIAL POINTS

- When she is born, a female has thousands of egg cells in her ovaries. Together, these egg cells are called ova; one egg is called an ovum.
- During puberty, a female's ovaries begin to release one ovum each month. Once that process has begun, a female is capable of becoming pregnant any time she has vaginal intercourse with a male partner.
- During the years that females menstruate, they release only a small percentage of their ova.
- Conception occurs when a sperm cell fertilizes the ovum after it has left the ovary.
- Women stop menstruating around the age of 45- 50. This phase in life is called *menopause* and is accompanied by hormonal changes. Pregnancy cannot happen post-menopause.

5. Display the enlarged illustration of the male *Reproductive Organs* handout and ask pairs to up come one by one to place their chits on the appropriate place on the diagram and explain the organ's function.



6. Ask for a second volunteer to explain the male reproductive process, beginning with sperm production and ending with ejaculation. Be sure the following points are made:

ESSENTIAL POINTS

- A male is born with two round glands called testicles, located in the lower part of his body, near his penis.
- The penis is a highly sensitive part of a male's body, the head of the penis, called the glans, is especially sensitive.
- The penis has one opening that performs more than one function – release of urine and the release of sperm in seminal fluid.
- At maturity, a male's testicles begin to produce and store millions of sperm cells.
- Sperm cell's can only be produced at 96.6 degrees - two degrees below normal body temperature. The scrotum acts like a temperature gauge and draws the testicles closer to the body when it is cold or drops the testicles further from the body when it is hot to keep them at the right temperature for sperm production and storage.
- When a male ejaculates after his testicles have begun producing sperm, millions of sperm cells are released from his penis, along with other fluids.
- If ejaculation occurs inside a female's vagina or near its opening, sperm can swim into the female's Fallopian tubes. If there is an ovum in the Fallopian tube, conception occurs when the sperm fertilizes the egg cell.

7. Add any missing information or queries raised by participants and discuss the following points:

DISCUSSION QUESTIONS

- Which parts of the male and female anatomy are the same or similar? (Possible answers: Both have a urethra and an anus; the clitoris and the glans are similar because they contain many nerve endings and are highly sensitive.)
- Why do males generally feel more comfortable than females about their genitals? (Possible answer: Males can see their genitals and are taught to touch and handle their penis to urinate. Females cannot easily see their genitals and are often discouraged from touching them.)
- Why is it important to feel comfortable touching your own genitals? (Possible answers: (a) Genitals are sources of erotic pleasure, and masturbation is a risk-free way of expressing and experiencing one's sexuality. (b) Males need to touch their testicles to feel for lumps that might be a sign of testicular cancer. (c) Many females use tampons. (d) For both sexes, some methods of contraception require touching the genitals.)
- Why is it important for people to understand exactly how and when conception occurs? (Possible answers: (a) It is important for people to know how their bodies function, and how they can stay healthy. (b) Knowing exactly how and when conception occurs is a necessary part of knowing how to prevent pregnancy, by abstaining from vaginal intercourse or by using effective contraception.)
- Remembering the *Circles of Sexuality* exercise, which aspects of sexuality and sexual expression are ignored or excluded if one focuses only on genitalia and reproduction? What implications does this narrowed focus have for HIV prevention education?

ACTIVITY 1.2

Understanding Sexual Terms

TIME 30 minutes

MATERIALS Note cards with sexual terms written on them.

OBJECTIVES To become comfortable talking about sexual terms.

To define the terms related to sexual health (excluding sexual organs).

PREPARATION Review *Sexual Terms and Definitions* (Annexure 2.2)

METHODOLOGY

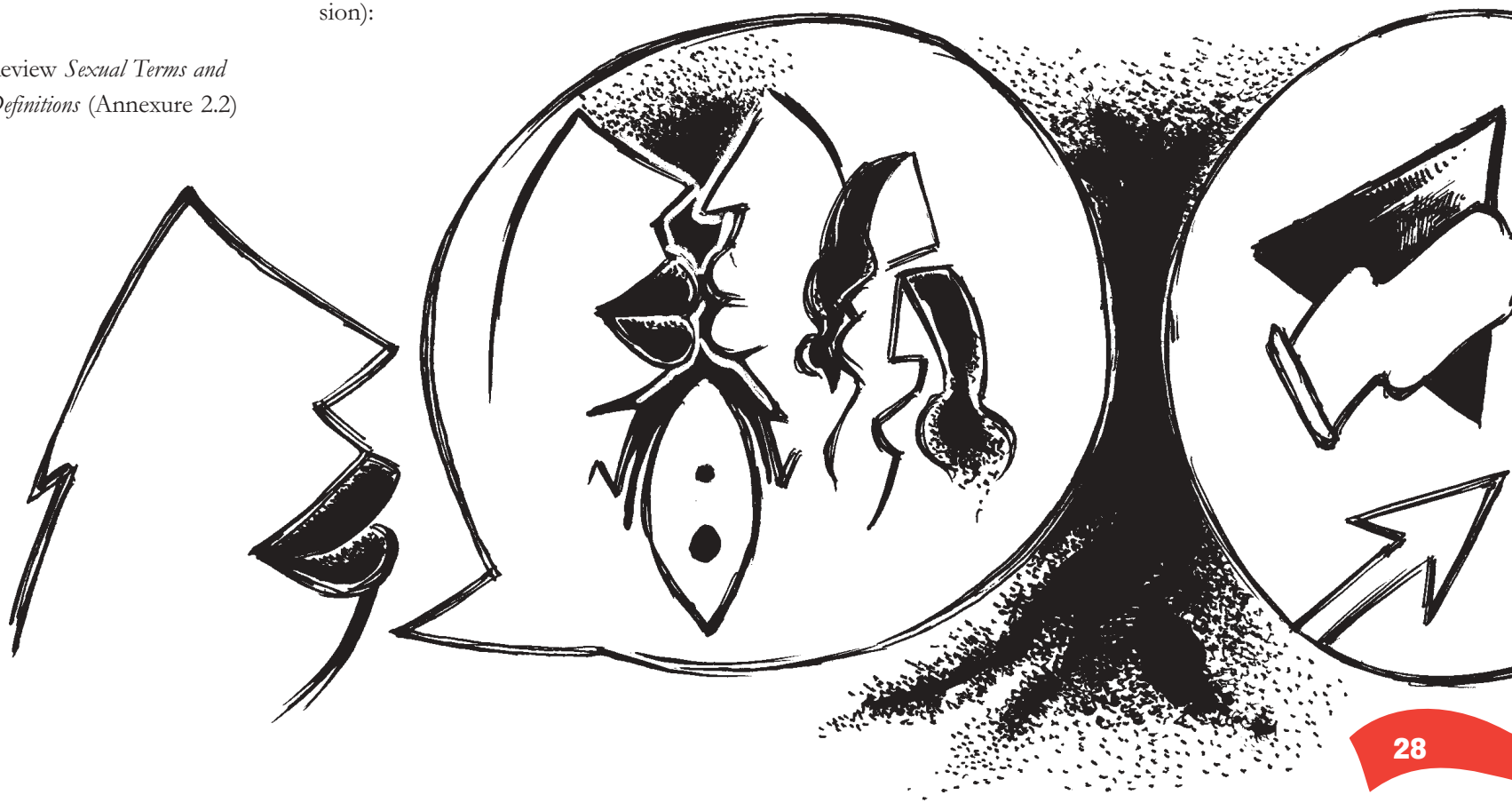
1. Ask the participants to pair up and discuss the following questions with their partners:
   - When was the first time you heard about sex?
   - From what source did you hear about it?
   - How did you feel, and what was your reaction?

2. Have each person share their partners experience with the larger group.

3. Distribute a stack of note cards, each with one of the following sexual terms written on (these may or may not have been discussed in the previous session):

NOTE CARDS

Intercourse	Sex
Oral sex	Vaginal sex
Anal Sex	Erection
Masturbate	Orgasm
Gay	Lesbian
Transgender	Bisexual
Ejaculate	Virginity
Circumcision	Pornography
Rape	Incest
Sexual Rights	Sexual pleasure
Reproduction	Reproductive rights



4. Each participant should do their best to define the word on their card for the group. Note that some terms, like virginity, may not have exact definitions. This is alright, but for the sake of understanding one another during the session, a definition should be agreed upon. The facilitator can then place the correct definition on the chart. At the end of the session, participants should agree to use the terms defined.

5. Ask if anyone has questions and then conclude the activity with the following discussion questions:

DISCUSSION QUESTIONS

- How did it feel talking about sexual terms?
- Is there a stigma associated with discussing sexuality? Why might such a stigma exist?
- Why is it important to know about sexual and reproductive health and rights?
- Where can you turn to when you need information on sexual health or general sex related matters?
- Does the source of information impact the way we perceive sexuality? If so how does it influence our perception? Is it a positive or a negative influence?
- How does denial of sexuality-related information result in rights violations?
- Where should the information come from and what would make it easier for people to access information on sexual health and rights?

Facilitator's Notes

Sexual information should be generated through the process of unencumbered and yet scientifically ethical inquiry, and disseminated in appropriate ways at all societal levels. The right to sexual information ought to be available to all. However, due to moral, social and political stigma, sexual information is hidden, misleading or simply inaccessible. Thus, people turn to other sources for information including pornography which may increase stigma and prevent correct knowledge. This stigma and secrecy may also discourage people from taking up issues of sexual rights, indirectly promoting further violation of rights.

ACTIVITY 1.3

HIV/ AIDS Risk Behaviors

TIME 30 minutes

MATERIALS AV Materials, DVD player with TV or computer with LCD projector.

OBJECTIVE To identify means of HIV transmission and associated risk levels.

PREPARATION Prepare three signs that say "Definitely a Risk", "Probably Not a Risk", and "Definitely Not a Risk." Place the signs in three different places on the walls of the room. Review the 'Risky – Not Risky' table alongside. Review *Facts about HIV/AIDS* (Annexure 2.3). You may need to refer to it through out the session.

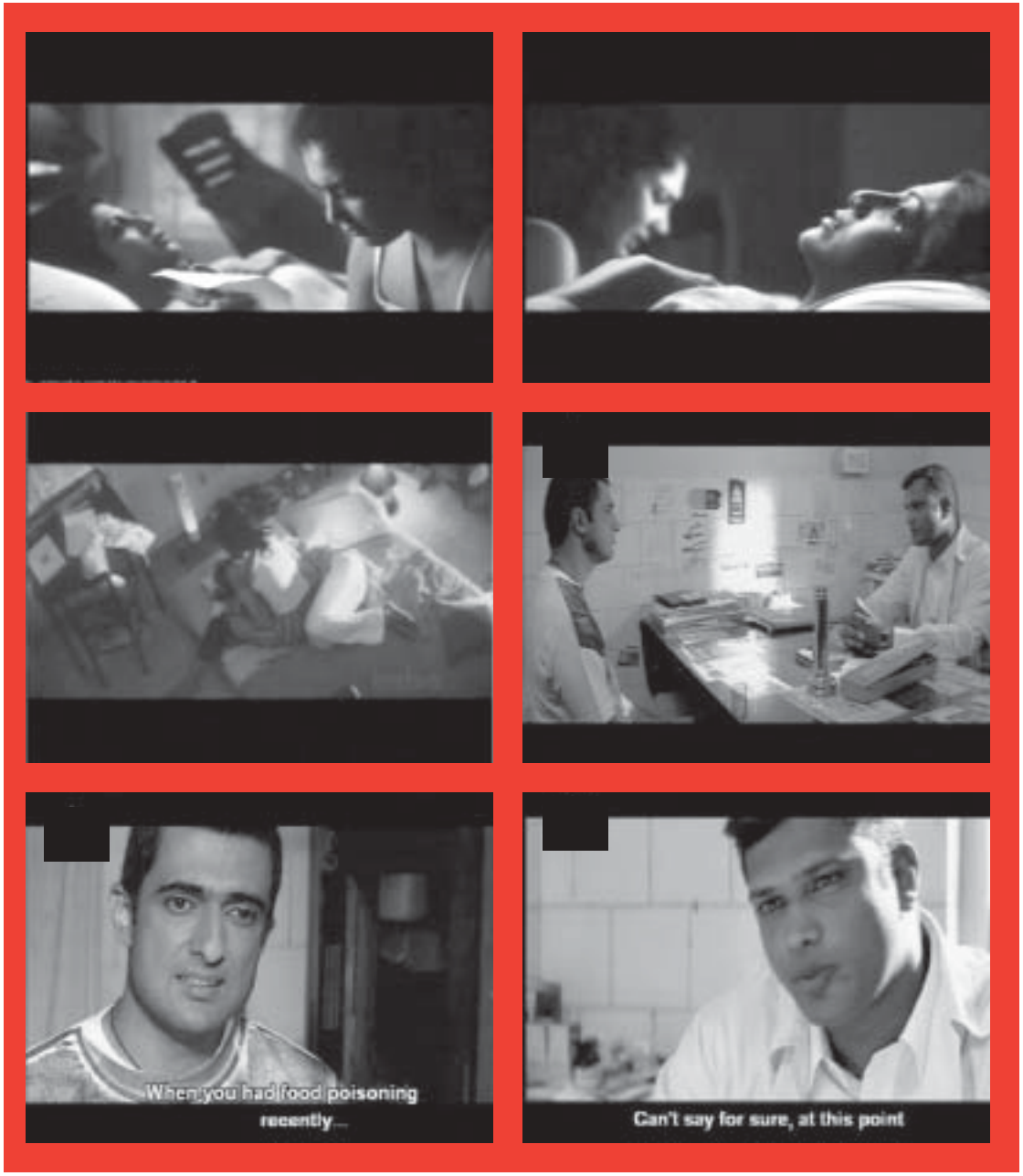
BEHAVIOR RISK LEVELS

Behavior	Definitely a Risk	Probably Not a Risk	Definitely Not a Risk
No sexual intercourse			●
Sharing needles while injecting drugs	●		
Sexual intercourse without using a condom	●		
Kissing			●
Receiving a blood transfusion		●	
Donating blood			●
Using a public toilet			●
Anal penetration without a well lubricated condom	●		
Shaking hands with a person living with AIDS			●
Oral sex with a condom / dental dam			●
Hugging a person living with AIDS			●
Being coughed on by a person infected with HIV			●
Going to work with a person who lives with AIDS			●
Being born to a mother with HIV	●		
Swimming in a pool			●
Being bitten by a mosquito or an insect			●
Masturbation			●
Sexual intercourse with proper use of a latex condom		●	

METHODOLOGY

1. Tell participants that this exercise will help them understand which behaviors place people at risk for HIV and which behaviors do not. Read a behavior from the table below and ask each participant decide whether they think the behavior is "definitely a risk", "probably not a risk" or "definitely a risk". They should then stand near the sign that reflects what they believe is the correct answer.

2. After each behavior has been read and participants have moved to their chosen part of the room, ask the participants to explain their answers. Give them the correct information where required.



3. Screen the media clips on HIV/ AIDS Risk behaviors included in the AV Materials as a closure and recap for the exercise. Conclude with the discussion points below:

DISCUSSION QUESTIONS

- What are the means of transmission of HIV?
- How can we reduce the risk of transmission of HIV in the "definitely risky activities"?
- If a risk is uncertain, how can a person decide whether or not to take part in that behavior?
- Is HIV/ AIDS the only sexually transmitted infection that we should be aware of?
- How can an awareness of sexual rights reduce or control risky behavior?

OPTIONAL EXTENSIONS

Have the group brainstorm a list of safer sex activity ideas. Examples of risk free activities include talking, touching, massaging, and dancing. Low-risk activities include, among others, deep kissing and using a condom during vaginal intercourse.

Adapted from* Educators' Guide to HIV/AIDS and Other STDs, *2000. Available from Health Education Consultants, 1284, Manor Park, Lakewood OH 44107, USA; or e-mail drssroka@aol.com

ACTIVITY 1.4

Myths and Facts about Sexually Transmitted Infections including HIV/AIDS

TIME 20 minutes

MATERIALS AV Materials, DVD player with TV or computer with LCD projector.

OBJECTIVE Break down myths and stereotypes surrounding HIV and Sexually Transmitted Infections.

METHODOLOGY

1. Ask the participants to stand in a row. Read out the statements in the box given at the end of this section[13].

2. Instruct participants to step back if they feel the statement is a myth and step forward if the statement is a fact.

3. After all the participants have made their decision, read out the correct answer.

4. Now screen the AV Materials on myths and facts about sexually transmitted infection.

5. Ask the participants to identify the myths, facts and popular perceptions surrounding HIV in these clips and ask them to identify some of the rights that are being denied to people because of their positive status.

6. Ask if anyone has questions, and then conclude the activity using the discussion questions below:

DISCUSSION QUESTIONS

- Is there a difference between HIV and AIDS? If yes, what?
- Can people with HIV have relationships?
- What were the common myths that you have heard before or thought were true?
- Why and how do you think these myths get generated?
- What are some of the facts that you learned today?
- Why is it important to debunk myths associated with HIV/ STI?
- What do you think the impact of these myths would be on the rights of a positive person or a person with a STI?
- How can we raise awareness about HIV and STIs so that these kinds of myths are not perpetuated?

Be sure to the following points are addressed during the activity:

ESSENTIAL POINTS

- Lack of awareness and stigma associated with sexuality are the prime reasons behind the creation and perpetuation of myths related to STIs and HIV. Even today, most people do not have the right to correct and complete sexual information. Out of fear of the negative effects of the stigma around sexuality, people may seek medical treatment for STIs from unqualified professionals ("quacks") or even try to self-medicate. The improper diagnosis and treatment that can result may in fact aggravate their infection. We all have the right to qualified health care for prevention and treatment of all sexual concerns, problems and disorders.
- Myths may also result in the infected person continuing to practice risky sexual behavior thereby putting other people at risk.

[13] Statements adapted from The Naz Foundation (India) Trust Guide to Teaching about Sex and Sexuality, (Naz Foundation, New Delhi, 1996)

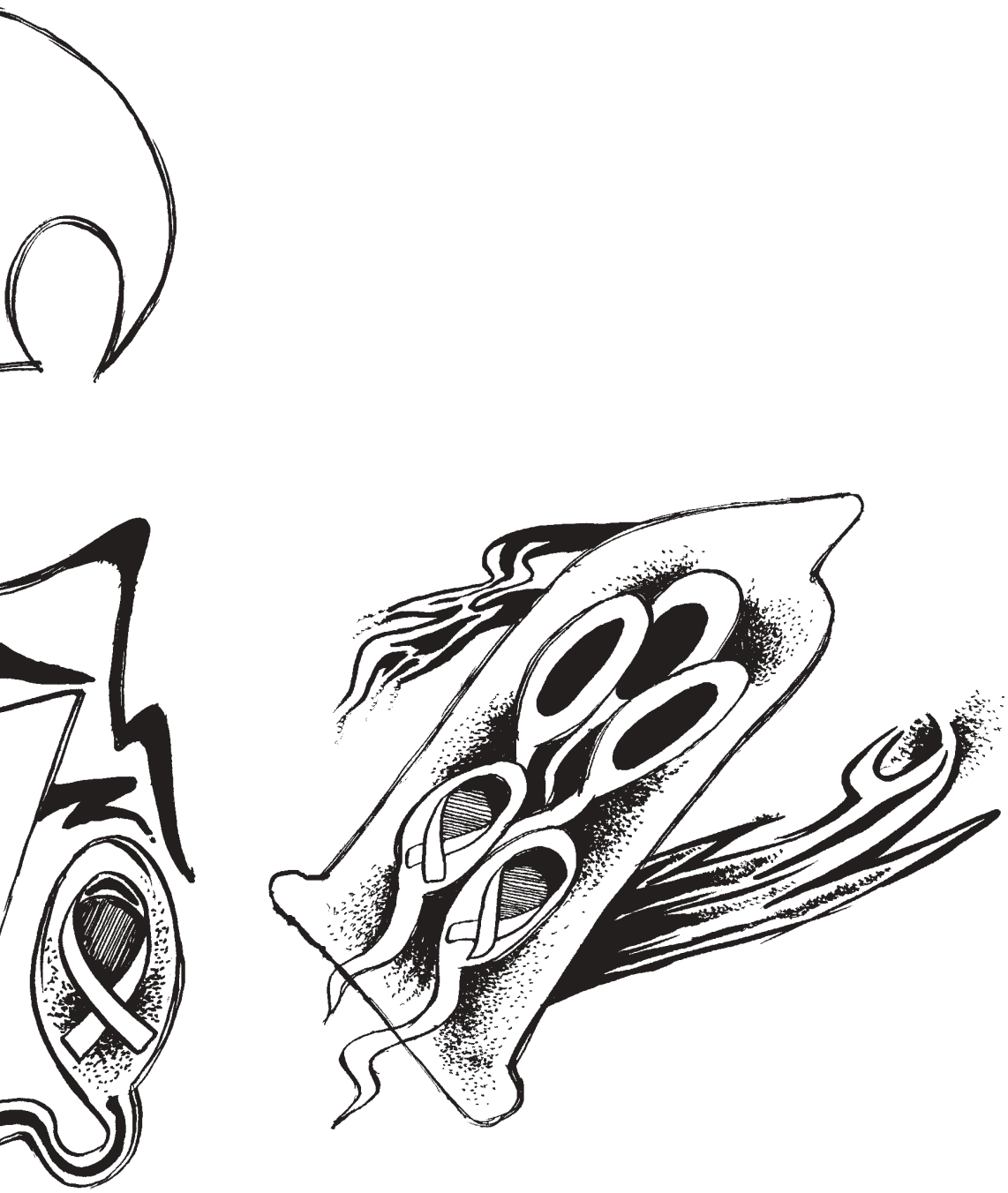
MYTH OR FACT?

Statement	Myth or Fact?	Reason
People can have sexually transmitted infections without showing symptoms.	Fact	Often people who have STIs will not have symptoms.
Once you have been cured of an STI, you cannot get it again.	Myth	Even if you have been treated for an STI, you can get it again from another sexual partner. The best way to ensure that you do not get an STI during sexual activity is to ensure that both individuals have been tested for STIs prior to sexual activity.
Condoms help prevent the spread of sexually transmitted diseases.	Fact	Not only are they an effective method of birth control, they are also effective in preventing STIs.
85% of people in India who are infected with HIV contracted it through sex.	Fact	Although cultural norms dictate that Indians should only have sex after marriage (*between a man and woman*), in fact, many people engage in sex outside their marriage. Additionally, marriage has not proven to be a safe space as 70-80% of women are infected by their husbands.
Sexually transmitted infections are cured if the infected man has sex with a virgin.	Myth	STIs require medical treatment. In addition, having sex with a virgin or anyone else can put that person at risk for infection.
Most women with HIV are sex workers.	Myth	The majority of women with HIV are housewives. This is often because housewives find it difficult to negotiate condom use. 70-80% of women are infected by their husbands.
A man can only become infected with HIV from an infected woman, not if he has sex with an infected man or Hijra.	Myth	HIV transmission can occur between any two individuals engaging in high-risk activities. The sex and gender of a partner does not reduce the risk of transmission.
If you have an STI, having sex with a Hijra can cure it.	Myth	Only proper medical treatment can cure an STI. Having unprotected sex with another person will simply put them at risk for contracting an STI.
50% of all HIV infections happen to individuals between the ages of 15-25.	Fact	Sex education is an important tool for preventing young people from making uninformed decisions about sex.

Section 2: Pleasure and Safe Sex

(2.5 hours)

The purpose of this section is to bring together principles of human rights learned in the 'Human Rights Tree', with the fundamentals of sexual organs and HIV/AIDS learned in Section I to discuss the right to a healthy, pleasurable and safe sexual experience. This section will also cover the rights of people living with HIV/AIDS.



ACTIVITY 2.1

Our Right to Pleasure

TIME 45 minutes

MATERIALS Slips of paper with different body parts written on them, diagram of a human body, pencils, paper bag, AV Materials, DVD player with TV or computer with LCD projector.

OBJECTIVES To be able to explain what it means to have the right to a healthy, pleasurable and safe sexual experience.

To be able to recognize the importance and contribution of effective communication towards healthy sexuality.

OPTIONAL ENERGIZER

- Ask the participants to stand in a circle and find a partner.
- After identifying their partner, they should move around the room separately, imagining that they are window shopping in a mall. When they find their partner, they should greet the other with different body parts (similar to shaking hands). E.g. using elbows, feet, shoulders, head, arms, knees, bottoms, nose, foot thumb, ear etc.

METHODOLOGY

1. After completing the energizer, ask each participant to write down on a piece of paper one part of their body where they like being touched and why, and one part of their body they don't like to be touched and why. They will not share this with the larger group.

2. Screen the AV Materials and ask the participants to notice peoples' perception of pleasure, both in the songs as well as the interviews. After the screening, ask them to discuss how this varies for different people.

3. Give each individual a slip of paper with a body part written on it.

4. On it they should write down one way to bring or experience sexual pleasure with that body part (for example, for 'mouth' they can write 'giving kisses' or for 'back' they could write 'receiving a back rub'). It can be something that was seen in a movie, heard in a song, or a personal experience. The clips from the AV Materials can be used as a cue for this. Everyone should be reassured that no one will know who wrote which responses on the paper.

5. Pass around a bag and ask the participants to put their slips of paper in it.

6. Shake the bag to mix the slips of paper and then pass the bag around again. This time, everyone should take one of the slip of paper from of the bag.

7. Ask each participant to read what is written on their paper aloud, but in the first person. Example: "I get pleasure when one kisses my arm."

8. As each person reads their slip, the facilitator should mark different spots on a human body diagram, creating a map of various parts of the body from which people derive pleasure.

9. Ask if anyone has questions, and then conclude the activity using the discussion questions alongside:

DISCUSSION QUESTIONS

- What do our diagram of the pleasure spots on the body and the media clips indicate about pleasure zones?
- Can these zones also become zones of pain? If yes, then can the pleasure zone for one partner be a zone of pain for the other? What could be the outcome for each partner in that relationship?
- What are the necessary factors and steps that ensure pleasure and better sexual intimacy for both the partners at the same time?
- How can you define a zone of 'no tolerance'? How does one make sure that one is not violating the other person's personal space/ right?
- Define what is necessary for a safer sexual experience.




Facilitator's Notes

The definition of a safe sexual experience should include words like 'right', 'protection' and 'pleasure'. Each individual has a right to healthy, safe and pleasurable sexual intimacy. To recognize and understand this, one has to be aware and sensitive to the fact that each individual has his or her own distinctive ways of feeling pleasure. For both partners to enjoy sexual intimacy with each other, it is imperative that they both understand the importance of effective communication, which allows partners to communicate what gives them pleasure and what makes them uncomfortable. Effective communication can safeguard partners from the fear of disease, unwanted pregnancies, etc, and is therefore a pre-requisite to practicing safer sex.

ACTIVITY 2.2

Being Comfortable with Condoms and Safer Sex

TIME 60 minutes

MATERIALS 2 condoms for each member of the group, 1 female condom and 1 dental dam to pass around to the group, 1 banana for each member of the group (*if bananas are not available then, use the index and middle finger held together*).

OBJECTIVES To describe three ways in which condoms can provide protection along with pleasure.

To demonstrate condom use.

PREPARATION Get permission from the relevant authorities where the program is being conducted before doing this exercise. If you do not receive clearance or permission, do not conduct this activity or substitute it with the *Alternative Activity Option* below. Review Annexure 2.5 on male and female condoms and the handout on male condom usage.

OPTIONAL ENERGIZER

Have everyone sit in a circle. In the middle, place items like an umbrella, cap, ball, glass, skipping rope, etc. and a condom. Ask participants to come forward and select one item and show one way in which it can be used other than its usual function. Ask them to be as creative as possible. Ensure each participant comes up with at least one usage.

METHODOLOGY

1. Ask the participants to write down what comes to mind when they hear the word 'condom'.

2. Ask each participant to share what they have written. Write their responses on a flipchart. Discuss and write down at least three reasons why it is important to wear condoms.

3. Clarify any misinformation that arises in the discussion (*refer to Annexure 2.5 for information on male and female condoms, FAQ's, etc*).

4. Have everyone sit in a circle. Everyone gets two condoms and a banana. The facilitator first demonstrates how to put a condom on the banana.

5. The facilitator should point out the various rules of using a condom (See "*18 steps to using a condom*" at the end of the section). Then each participant conducts this exercise with their own condom and banana.

6. Each person should then take the condom off the banana following the correct procedure demonstrated by the facilitator.

7. Each person should then open the second condom. Give participants time to handle or play with the condom to understand what it feels like and build their comfort handling condoms.

8. Open the discussion for clarifying doubts about condom use. Conclude the activity using the discussion questions below:

DISCUSSION QUESTIONS

- Do people hesitate to buy condoms? If yes, why?
- How can this hesitation be reduced?
- What are the condom brands and types available in the market?
- How can they increase pleasure?
- How safe are condoms? How can their reliability be increased?

ALTERNATIVE ACTIVITY OPTION

Condom Card Lineup

TIME 60 minutes

MATERIALS A copy of the *18 Steps to Using a Condom* at the end of the section, large poster board cards, markers.

OBJECTIVES By the end of the session, the participants will be comfortable and able to use the correct words related to condoms and their use.

The participants will be able to describe the correct use of condoms.

PREPARATION Write each step of condom use on a separate large card, one card for each step. There are 18 steps in all. If there are more cards than participants, omit steps 7 through 13 so that there is the same number of cards as participants.

METHODOLOGY

1. Explain that you have prepared cards for all participants and that each card lists a different step to correctly using a condom.

2. Mix the cards up and pass them out to participants. Ask them, as a group, to arrange themselves in a line based on the cards they are holding so that they are standing in the correct sequence of the steps to correctly using a condom. (*They may come to you for assistance, stating that there are repeated cards. Do not give them any assistance. Remind them to put the cards in order on their own*).

3. After the participants have established an order, have each member of the group read their cards, starting with the first person in the line. Everyone must become comfortable in using words like condom, penis, erection, ejaculation, etc.

4. Ask each participant, in order, to explain why he or she thinks his or her card belongs in that place. Then ask if there are other places in the line that the card could be placed that would also be correct. Make appropriate corrections where required.

5. Process the activity, using the discussion questions:

DISCUSSION QUESTIONS

- What happened as the group worked?
- Why did some cards say '*lose erection*' and '*try again*'?
- Was anyone uncomfortable saying some of these words out loud? Which words?
- Why were people uncomfortable? Do they feel more comfortable now?
- What steps are missing (*e.g. 'use additional lubrication'*)?
- By correctly and consistently using condoms, which rights are being protected for you and your partner?

18 Steps to Correctly Using a Condom

1. Discuss safer sex.
2. Buy latex condoms… check expiry date.
3. Open condom package. (Don't use teeth.)
4. When penis is erect …
5. Squeeze tip of condom and place on head of penis.
6. Hold tip of condom and unroll until penis is completely covered.
7. Lose erection – remove condom.
8. Relax!
9. Try again with a new condom.
10. Open condom package. (Don't use teeth.)
11. When penis is erect …
12. Squeeze tip of condom and place on head of penis.
13. Hold tip of condom and unroll until penis is completely covered.
14. After ejaculation, while penis is still erect …
15. Hold condom at base of penis.
16. Carefully remove condom without spilling any semen.
17. Wrap condom in tissue and throw away. (Don't flush condom down toilet.)
18. Relax! (This step can be placed at any point in the process, and multiple cards can be made for it.)

ACTIVITY 2.3

Effective Communication and Negotiation

TIME 45 minutes

MATERIALS AV Materials, DVD player with TV or computer with LCD projector.

OBJECTIVES To generate methods of effective communication to enable intimacy, safer sex and pleasure.

To list common arguments against condom use and provide suggested responses.

METHODOLOGY

Part 1

1. Screen the condoms clips from the AV Materials.

2. Connect the media clips to the difficulty faced while negotiating matters of sexuality and in talking about intimacy, sex, condoms and STIs. Ask the participants in the larger group to come up with issues around sexuality that are common and yet difficult to talk about.

3. Divide the participants into four groups. Give each group one of the case studies given at the end of this activity and ask them to brain storm on the questions below as well as any questions given in the case study:

BRAINSTORMING TOPICS

- How do the characters in each of the cases feel about themselves?
- What were the difficulties faced in talking about condom use and/or HIV/AIDS?
- Who is being affected by the decisions taken by characters in the case study? Was the character considerate about his/her partner?
- Was it important to take up the issue? What would have happened if it were not addressed?
- What are the rights of each partner in the case studies and in what way are they responsible for protecting the rights of the other partner?

4. Ask each group to present their discussion to the entire group. Process the activities with the discussion questions below:

DISCUSSION QUESTIONS

- Which of the situations was the easiest to deal with? The most difficult? Why?
- What personal skills are required to deal with these situations in real life?
- What skills or information do you need in order to protect yourself against HIV/STIs?
- What are some of the rights, including sexual rights, that people should have in any relationship?
- What are some of the ways you can ensure that you and your partner's rights in your relationship are protected?

CASE STUDIES

1. **Vinay and Rani have been married for 15 years. Rani suspects her husband is cheating. She wants to take up the issue with her husband. However she does not want to put herself at risk economically by ending the marriage. She is also concerned about the sexual risk in the situation. In what ways can she communicate this to her husband?**

2. **Jai and Varsha have been seeing each other. Jai has just discovered that he is sero-positive for HIV. He wants to share his predicament with Varsha. How can he do it, and what are some ways that the couple can bring up a conversation about protection?**

3. **Mike and Ajay are interested in one another. They want to start sleeping together. Ajay wants Mike to get tested for all sexually transmitted infections, including HIV/AIDS, prior to sexual activity. Ajay also knows it is best to use a condom. How can Ajay raise these issues with Mike?**

4. **Navin and Sharmila have been dating exclusively for 6 months. They have not had sexual intercourse, although they are beginning to think about it. Navin has been facing a lot of peer pressure to have sex and he wants to be 'in' with the crowd. Sharmila has not made up her mind, but is clear about wanting to use some kind of contraception.**

Part II: A Condom Cliché Carousel

A carousel method involves several short discussions in pairs, allowing participants to discuss an issue with many partners to get various different perspectives.

METHODOLOGY

1. Ask participants to role play in pairs on how to respond to the common condom objections (or "*condom clichés*") one's partner may raise, as listed below:

Condom Clichés

- **But I thought you loved me?**
- **It's like chewing a sweet with the wrapper on**
- **It gets in the way of the spontaneity**
- **What's the matter, don't you trust me?**
- **But you're on the pill.**
- **It's all right. I promise I'll pull out before I come.**
- **I can't get hard using one of those.**
- **I want us to be really close.**
- **They always split, you can't rely on them.**
- **Why – have you been with someone else?**

2. In these pairs, one will play the boy and the other will be the girl. You could get the participants to contribute to the condom clichés from their own experience or that of their friends.

3. Ask the participants to share in the large group and compare all the responses they have developed to counter the condom clichés. Put all of these on a flipchart.

4. Ask if anyone has questions. Then conclude with the following questions:

DISCUSSION QUESTIONS

- Is it ok to refuse your partner sex if you are not interested or ready?
- What are the ways that you can effectively communicate this to your partner?
- List at least three ways to negotiate safer sex with your partner..
- Do condoms reduce pleasure? Why or why not? If yes, then how can you make the entire experience of using a condom more pleasurable?
- Why is it important even for married couples to use condoms?

ACTIVITY 2.4

The Rights of People with HIV/AIDS

TIME 60 minutes

MATERIALS 1 copy of each of the *First Person Statements* (given at end of this activity), markers, flip chart paper, DVD player with TV or computer with LCD projector, AV Materials.

OBJECTIVES To state the rights of people living with HIV/AIDS.

To identify ways in which one can contribute to the realization of these rights.

METHODOLOGY

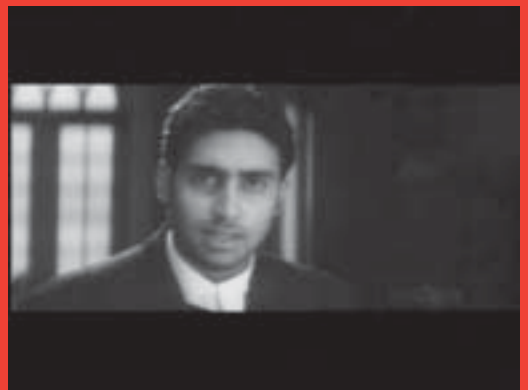
1. Divide participants in 5 groups. Each group will look at one case study. Each individual in the group should look at the situation from his/her perspective, as if they are the person telling the story and reflect on the following questions:

DISCUSSION QUESTIONS

- How did it make you feel?
- What are some of the rights that are being violated in your case?
- What rights should you have as a HIV-positive person?
- What are your expectations from society/ individuals/institutions to safeguard your rights as a positive person?
- Does your gender affect the issues you face as a positive person?
- Are there ways you can contribute to the realization of rights (both your own and those of others)?

2. Ask each participant to read the statement (in the first person) to their small group and share his/her responses with the group members.

3. After sharing and discussing within each group, gather collective responses in the larger group and note them on flip chart.



OPTIONAL EXTENSION / ALTERNATIVE ACTIVITY

Alternatively or in addition to the above activity, screen the clips from the AV Materials for this session and discuss the following questions.

- How did the clips make you feel?
- What are some of the rights that are being violated in these cases?
- What should be the rights of HIV-positive people?
- If you were in this situation, what would be your expectation from the society/individuals/institutions to safeguard your rights as a positive person?
- How does gender affect the issue of HIV/AIDS?
- Each person in the group should come up with ways by which you can contribute to realization of these rights.

Facilitator's Notes

Some rights which positive people need:

- Access to services (legal, medical, educational)
- Societal acceptance
- To live without discrimination (focus on condition of women and children)
- Right to housing
- Live a life free of violence
- Right to live a healthy life
- Right to employment or earning a living
- Religious Rights

FIRST PERSON STATEMENTS

(based on excerpts from the Positive Women's Network[14])

- **A person who promised me a job sold me into commercial sex work. When I tested HIV-positive, I was thrown out of the place and had to return home. My family was not in a position to support me. Moreover, I have a younger sister and they did not want her future to be affected due to me. So I was sent away. I have no one to support me.**

- **I am a young woman living with HIV. Following my husband's death, my family does not allow me to go anywhere. Representatives of the positive people's network have repeatedly invited me to group meetings and training programs. But I am unable to attend them regularly because my family and neighbors suspect that I am involved in commercial sex work if I go out so often. So I am unable to learn anything to support myself.**

- **I am the mother of a child living with HIV. She began anti-retroviral therapy at the age of 1 year. She is now 7 years old. Till now, there are no pediatric formulations of ARV therapy or pediatric medicines for most opportunistic infections. My child finds it very difficult to swallow tablets as adult dosages alone are available. I have to break the tablets to give to my child every single day. If the medicines are in capsule form, they cannot be divided, and so half the medicine is wasted.**

- **When I was 11 years old, my parents got me married to a relative, despite my protests. I was treated very badly and had to return to my mother's home. I was therefore not able to study. Then I got married again and during my pregnancy I tested HIV-positive. I now live alone with my two children. What will happen to us if I continue to fall ill? I don't have any financial or emotional support that I can count on.**

[14] Statements taken from an article by Positive Women's Network India - 'A Vision Document of the Positive Women's Network India'

ACTIVITY 2.5

Women and Vulnerability

TIME 30 minutes

MATERIALS DVD player with TV or computer with LCD projector, AV Materials, board and markers.

OBJECTIVES To use multimedia as a tool to talk about HIV and the vulnerability of women to HIV.

To be able to establish links between a women's social status, a man's responsibility and contracting HIV in a marriage.

METHODOLOGY

1. Screen the music video *Maati* from the AV Materials. Explain that the video is part of a campaign produced by Breakthrough entitled *"What Kind of Man are You?"*

2. Ask the participants to view the video carefully in preparation for a discussion around it.

3. Facilitate a discussion using the discussion questions below. *(Note: There are more questions given than can be covered in one session. They have been grouped by theme, so you may wish to choose the stream of questions that is most applicable to the issues on which you would like your session to focus).* Plan some time at the end for open questions.

DISCUSSION QUESTIONS

General

- What does this video depict?
- What are your responses to the music video?
- Do you connect to the issues raised in the video?

Gender dimension to HIV

- Discuss the various reasons for married women's vulnerability to HIV. Include sociological, economic, moral and biological reasons. (*Review the Notes for the Facilitator at the end of this section to ensure all relevant points have been addressed*).
- What are some of the rights which are denied to women which increase their vulnerability to HIV?
- In a married situation, who takes charge of making decisions related to:
  - Initiating sex
  - Contraception or talking about safer sex.
  - Reproduction or deciding to have a child.
- What impact does who is in charge of decision making have on the relationship or the woman's ability to negotiate?
- How does HIV impact a women's life in comparison to a man's?
- What are some ways that you can discuss safer sex with your long-term partner?
- What actions can men take in order to reduce the risk of HIV transmission for their sexual partners?

Living with HIV

- Does life change after contracting HIV? What are the possible changes?
- Do people who are HIV-positive always look or feel sick?
- What medical assistance is available for people who are positive?
- What assistance or support do people living with HIV require? How can you contribute to a support structure?

Discussion points adapted from www.who.int/en

Facilitator's Notes

Women's right to safe sexuality and to autonomy in all decisions relating to sexuality is respected almost nowhere, and in India it is no different. At the beginning of the AIDS epidemic in the 1980's, women were considered marginally at risk from HIV, which seemed confined to men who had sex with men, sex workers and intravenous drug users. Today almost half of those living with HIV are women. An increasing number of them have contracted it from their husbands or their primary male partners[15].

The major issues contributing to the increase of infection among women:

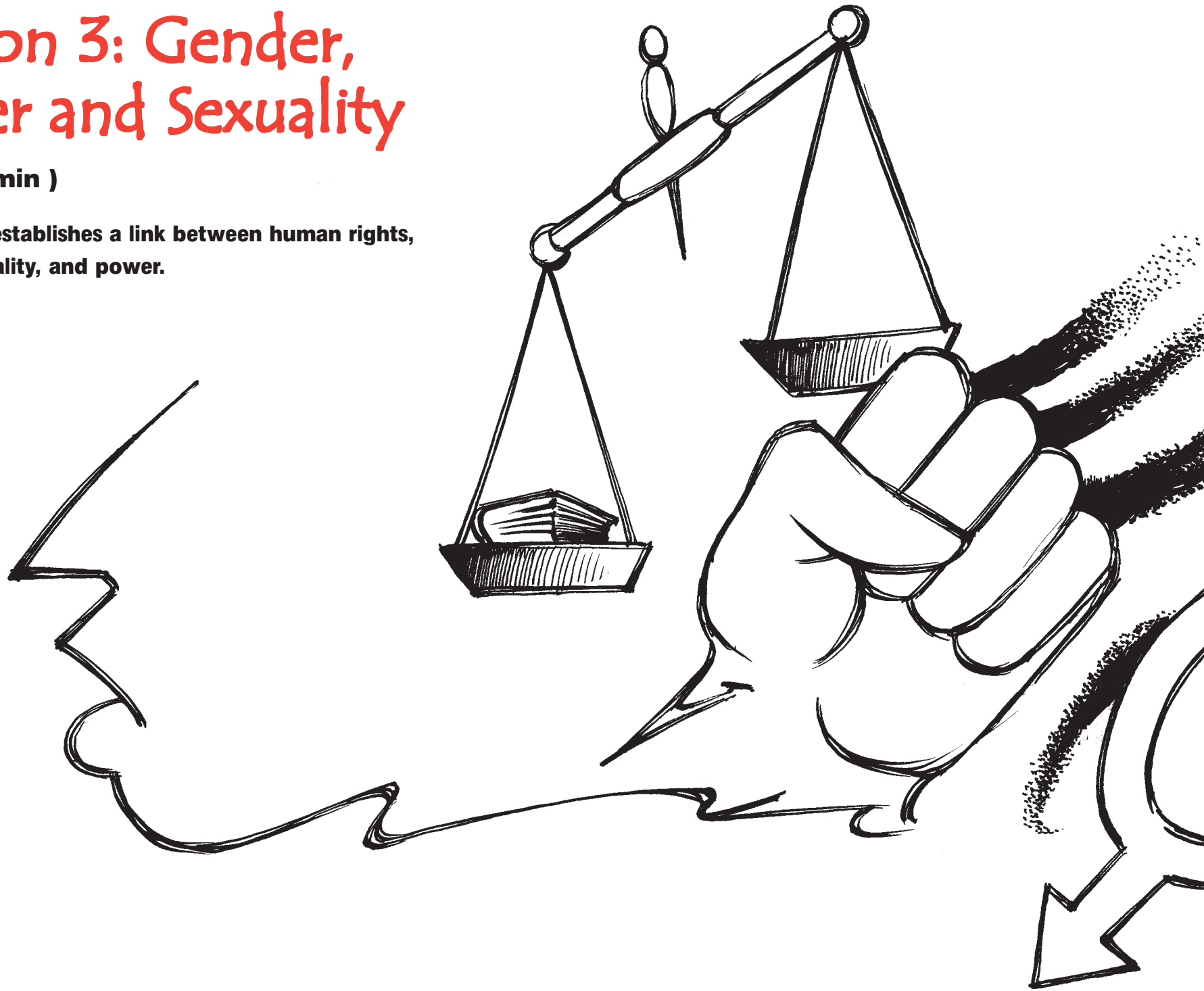
- Women lack right of control over their sexuality and sexual relationships.
- Women are at a biological disadvantage. Male-to-female transmission of HIV is much more likely than female-to-male. Studies show that women are twice as likely as men to contract HIV.
- Because of existing gender norms, women are often financially dependent on men.
- All forms of coerced sex – from violent rape to cultural/economic obligations to have sex when it is not really wanted, increases the risk of micro lesions which in turn increase the risk of STIs or HIV infection.
- Motherhood is given a lot of importance in married relationship and thus even after knowing a partner's positive status, women may feel they need to conceive.
- Poor reproductive and sexual health, leading to serious morbidity and mortality.
- Neglect of health needs, nutrition, medical care etc. Women's access to care and support for HIV/AIDS is much ignored and limited. Family resources are nearly always devoted to caring for the man. Women, even when infected, are often expected to provide the majority of care to the family.
- Stigma and discrimination in relation to AIDS (and all STIs) is much stronger against women. They risk violence, abandonment, neglect (of health and material needs), destitution, and ostracism from family and community. Also, women are often blamed for the spread of the disease, always seen as the "vector" even though the majority of women have been infected by their primary partner/husband.

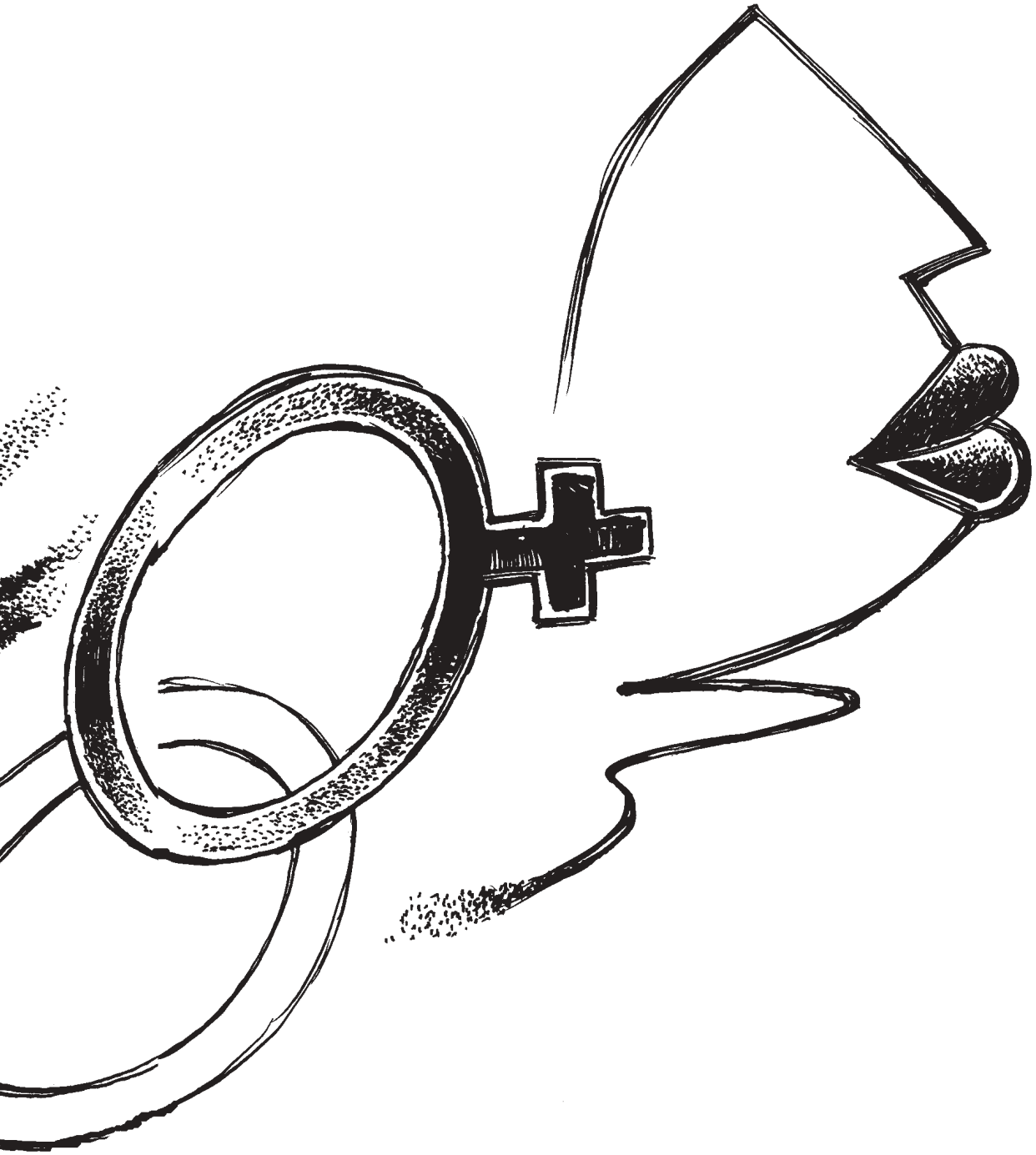
[15] AIDS epidemic update: December 2004 Women and AIDS at www.unaids.org/wad2004/EPIupdate2004_html_en/epi04_04_en.htm

Section 3: Gender, Power and Sexuality

(5 hrs 10 min)

This section establishes a link between human rights, gender, sexuality, and power.





ACTIVITY 3.1

Sexual and Reproductive Health Rights

TIME 40 minutes

MATERIALS White board, chart paper and markers, 1 copy of the handout *Effects Wheel* for each small group.

OBJECTIVES To identify areas where people might face difficulty accessing sexual and reproductive rights.

To chart out the interrelatedness and consequences of sexual rights violations.

PREPARATION Review Annexure 2.7 on *Sexual Rights*

METHODOLOGY

1. Ask the participants to identify specific problems/ obstacles related to sexual and reproductive health rights that individuals from varying backgrounds might face and frame them as below.
   - If as a woman you are intimidated into having sex, then…
   - If individuals cannot access information about sexual health, then…

more overleaf

- If you cannot be honest with your physician about your sexual activity, then…
- If you do not have a midwife or obstetrician in your community, then…
- If you are HIV-positive and do not have access to anti-retroviral treatment, then…
- If you are HIV-positive and you are fired from your job, then…

2. Put up the statements on the white board and label the list "Problem Statements". Participants do not need to complete the statements at this point.

3. Divide the larger group into smaller groups of 5-6. Give each group a copy of the *Effects Wheel* handout.

4. Assign each group one of the problem statements. Ask the participants to write the problem statement in the center circle, and then brainstorm the effects related to that statement (in other words, they should come up with various ways to complete the statement). They should start by putting the first order effects in the second-most inner circle and move outwards. For example, in response to "If as a woman you are intimidated into having sex, then…," these might be some of the first order of effects:

- You would go through physical, psychological and sexual abuse.
- You would not be able to negotiate safer sex, including condom use or use of other contraception.

Participants should then take the first order of effects responses and expand them out to the second order of effects (the next circle). For example, for the above two effects, the ripple effect would create the following problems:

- You would be at risk for unwanted pregnancy and may be vulnerable to STIs including HIV/AIDS.
- You may suffer post-traumatic stress.
- The abuser may feel he can continue abusive sexual behavior and violence without consequence.

The third circle should build upon the second circle. For example,

- Because of trauma / illness, you may not be able to work, thus making you economically challenged and dependent on others.
- Gender norms (such as men being sexually aggressive and women being passive) would be reinforced.
- Your right to live free of violence, your right to work, and your right to sexual autonomy, sexual integrity and safety would be violated.

5. Each group should elect a spokesperson to present to the larger group. The spokesperson should identify the impact of each statement on a broader range of human rights.

6. Ask people if they have any questions and conclude with the following discussion questions:

DISCUSSION QUESTIONS

- What is a sexual right?
- What other rights are impacted when our sexual and reproductive health rights are not realized?
- When an individual cannot exercise his or her sexual and reproductive health rights, do they become more vulnerable to contracting HIV/AIDS?
- What can be done to protect sexual and reproductive rights?

Adapted from Sue Lewis and Anne Davies, Gender Equity in Mathematics and Science (Canberra, Australia: Curriculum Development Center, 1988).

ACTIVITY 3.2
Understanding Gender

TIME 30 minutes

MATERIALS DVD player with TV or computer with LCD projector, AV Materials.

OBJECTIVES To examine men's role in promoting safe sex within marriage.

To analyze what masculinity means to different people.

METHODOLOGY

1. Screen "*What Kind of Man Are You?*" from the AV Materials.

2. Explain that the images in the advertisements show a scene in one couple's life. The words, however, speak the statements of various women from various walks of life.

3. Ask participants to reflect as they listen to the advertisement and watch the images. Discuss the following questions:

DISCUSSION QUESTIONS

- What was depicted in the advertisement? What were the main issues which came up?
- What kind of relationship do the two share? Think about things like trust, openness, space to communicate, and power dynamics.
- Were there any statements that you can relate to?
- Do any statements make you think of a couple that you know?
- Do you think that women and men relate to this advertisement differently? How and why?
- Do unequal relationships make women vulnerable to HIV? If so how?
- The last line in the advertisement says "If you were a man you would use a condom, so that nothing ever harms me. What kind of man are you?" What is your understanding of the statement? *(Note to facilitators: this statement asks men to question what it means to be a man, to look beyond masculinity, and to work to protect the rights of his sexual partner(s).)*
- What rights does the woman have? What role does the man play in ensuring these rights?
- How difficult is it to challenge gender based stereotypes? Can you come up with your own examples of when you have broken stereotypes in your own life?

more overleaf

ACTIVITY 3.3
The Power Walk

TIME 45 minutes

MATERIALS Chits of papers each with one of the identities *(listed on facing page)* written on them for each participant, the *UDHR* handout.

Note: An open space is needed that is sufficient for participants to stand in the center and move back 12 steps or forward 12 steps.

OBJECTIVES Demonstrate real-life situations where our identities play a role in our access to rights.

To empathize with people from diverse backgrounds who are denied rights and examine why some do, and others do not, get their rights.

To identify our own role in promoting universal human rights.

METHODOLOGY

1. Ask the participants to line up, facing front, at a starting line. Explain that the goal of the game is to reach the finish line first.

2. Use a wall or a line of chairs to identify a finish line that is 15 - 20 steps in front of the starting line. This line depicts the opportunities that we need in our lives. The facilitator should make adjustments to suit the target group, for example, changing the number of participants, the number of steps taken, the questions asked and space used.

3. After everyone is at the starting line, give each participant a chit with an identity written on it *(identities listed on facing page)*. Instruct them that they have to assume this identity while answering a series of questions posed by the facilitator. Based on their answers, they will have to step forward or backward as instructed.

QUESTIONS AND STEPS

- Did your parents have enough money to support you comfortably as a child?
  If so, take 2 steps forward.
- Who among you was born with or has acquired a serious illness?
  If you have, take 2 steps back.
- Who among you does not have a house?
  If you do not, step back twice.
- Who here is vulnerable to or faces violence?
  If you are, step backwards two times.
- Who among you has a stable monthly income that you think is adequate for your family needs?
  If you do, step forward three times.
- Who among you belongs to a community group that you feel suffers from discrimination?
  If you do, step back three times.
- Who has connections with political parties or with media groups?
  If you do, take two steps forward.

- Who among you has adequate health care, including sexual and reproductive health care?
  If you do, take three steps forward.

- Who among you married/can marry according to your choice?
  If you can, step forward two times.

- Who here has a good education, including basic sex education?
  If you do, step forward two times.

- Who among you has access to internet?
  If you do, step forward two times.

- Who among you are women?
  If you are, step back three times.

- Who among you is unemployed or underpaid?
  If you are, step backwards three times.

- Who has a bank account?
  If you do, take one step forward.

List of Identities for Power walk

- Wife of a business tycoon
- House wife from a middle class family
- Working woman
- Commercial sex worker in a city
- Clerk in a govt. office
- 20-year-old boy studying in Oxford University
- A Muslim laborer (male) working at a construction site
- An unemployed Dalit post-graduate youth (male)
- 18-year-old girl from a small village
- An Indian girl born and brought up in the U.S.A.
- Student of a government school in a city
- A struggling poet
- Female student at IIT/ IIM
- Woman from tribal community
- MLA from Bihar
- Young college graduate (female) working at a call center or for a big MNC
- Soldier posted in Jammu and Kashmir
- A woman doctor
- A male manager with an MNC
- A T.V. actress
- A grocery shop owner (male)
- A female hawker selling vegetables
- Business tycoon
- A homeless woman
- An HIV-positive woman
- An HIV-positive child living in a slum
- Child rag picker
- Waiter in a five-star hotel
- Bar dancer
- War journalist

4. Ask participants to note their locations after all the statements have been read. Then ask all the participants who have not reached the finish line to race to grab a place for themselves at the finish line. Have participants note the people who reached first and how much space they occupy and how much space is occupied by the people who had to race to the finish line at the end of the game.

more overleaf

5. Ask if anyone has questions. Then conclude the activity using the discussion questions below:

DISCUSSION QUESTIONS

- How do you feel about your own position and that of others?
- What do the start and finish lines represent?
- Before the final race to the finish, why do you think some people were at or in front of the finish line and some were lagging behind? How do you account for this?
- How did the identity you were assigned in the game influence your access to rights? (Do a comparative analysis of people's identities, how much space they are occupying on the finish line, and the position they occupied before the final race).
- Why do you think some statements require that you take a step forward, and others require that you move backward?
- What do you think are the needs of those who found it difficult to reach the finish?
- Do you think it would have been different if you were playing yourself rather than your assigned identity in the exercise? Why?
- What can people who are denied opportunities do to access rights in order to reach their goals? Ask those who were closest to or over the finish line if they feel any responsibility for those left behind? Are there any positive ways they can act on those responsibilities?

Facilitator's Notes

Everyone is burdened with one kind of disadvantage or another. An important step in the consciousness-raising of rights-sensitive people is developing their ability to reflect on their own position in life and empathize with others who have fewer advantages or who are faced with different challenges. During the processing of the exercise, make sure to share that the starting line represents the human dignity that people inherently and equally possess. At the starting line, we are all born equal because we possess human potentialities that we have to develop to the fullest. But from birth and as we go through life, there are factors which hinder us from attaining our full potential. That is why we occupy different distances. Draw attention to Articles 1 and 2 of the UDHR given in the handout.Explain that the finish line represents the fullness of being human, when our human dignity is protected and respected. It is what we all aspire for. The distance between the starting and the finish lines tells us that we need a certain standard of living to enable us to protect our dignity. What constitutes such living standards is what we call human rights. Draw attention to Article 25 of the UDHR given in the handout.

Conclude by pointing out that wherever participants found themselves standing, their dignity deserves to be equally respected and protected.

ACTIVITY 3.4

Gender, Power, and Language:

TIME 40 minutes

MATERIALS Flip chart paper, markers, DVD player with TV or computer with LCD projector, AV Materials.

OBJECTIVE To understand how language is used as a means of control over people's sexuality.

To be able to use correct terms and definitions related to sexuality.

METHODOLOGY

1. Divide the participants into 5 groups.

2. Give each group one of the assignments below:

   A. Write down all the words a woman might use to describe sex. Write down all the words a man might use to describe sex.

   B. Write down all the words that are used to describe a woman who is believed to have had sexual interactions with many people. Write down all the words that are used to describe men who have had sexual interactions with many people.

   C. Write down all the words a man uses to talk about his penis (including the various names for 'penis') and all the words he would use to describe a woman's vagina.

   D. Write down all the words a woman uses to talk about her vagina (including the various names for 'vagina') and all the words she would use to describe a man's penis.

   E. Write down all the words used to describe individuals in the lesbian, gay, bisexual, and transgender communities

3. Have each group present their list of words to the larger group. Then discuss the following questions:

DISCUSSION QUESTIONS

- What kinds of words do we use to describe sexual organs and sex? Are we comfortable using the formal/medical terms?
- Is there the same number of words to describe women's genital as there are to describe men's? Was it difficult to think of words? Why or why not?
- Do women avoid talking about private parts more than men do?
- Is there shame or embarrassment around saying certain words?-Were there things for which the words are not on the list generated by the group? What does this say about our silence as a culture?

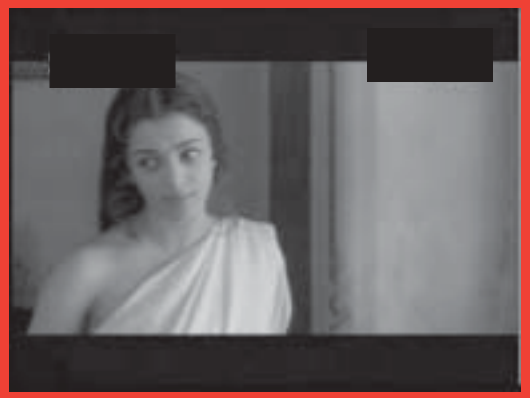
Facilitator's Notes

Participants may be shy about saying words that they have heard. Encourage participants by reminding them that this is an exercise to understand why we use the words we use. It is okay to laugh. Often when discussing sex and sexuality, people feel shy and uncomfortable. Laughter can alleviate feelings of embarrassment. However, laughter should not be inappropriate - for example, if someone is telling a personal story or experience, participants should be reminded that utmost respect is due to the speaker.

Closely examine words that may come up in the course of the conversation. *Promiscuous*, for example, is often used as a term to describe a person who is very sexually active. However, this term is also a label used as a means of control and to recreate a moral standard. By the end of the session, participants should be questioning the words they are using, what they mean, and whose standards they reinforce.

more overleaf

4. Screen the AV Materials for this activity. Based on the media clips, use the following questions to discuss the role language plays in controlling people's sexuality:



DISCUSSION QUESTIONS

- Are there different standards for sexuality for men and women? Why do you think this is so?
- Do terms men use to describe sex have more power associated with them? Are women more passive then men about the words they use to describe sex?
- How does language control a woman's desire or her ability to take the initiative in negotiating a relationship?
- What do these norms imply about power? Who is perceived to have the power in sexual relationships?
- Is it okay for women to make the first advance (take into account different people's experiences, not only your own)? What might a woman be called if she is seen as too 'forward'? Does fear of being called these words act to control our sexuality?
- How is language used to control our behavior? Have you ever been in fear of being called a name that refers to your sexuality?
- Do the words we use to describe people who are transgender or engaged in same - sex relationships ever stigmatize members of these communities? Are they seen as negative words?- Is there a power relationship between heterosexuality and/or homosexuality? Is one considered more 'normal'?- How do power dynamics affect our ability to negotiate rights?
- What happens when people challenge the so called sexual norms? Are the consequence the same for males and females?
- What language can we use to assert our rights and challenge power dynamics which promote discrimination and violations?

ACTIVITY 3.5

Gender, Power, and Violence

TIME 30 minutes

MATERIALS DVD player with TV or computer with LCD screen, AV Materials, copies of the *Ally's Pledge* handout.

OBJECTIVE To visually portray to the group instances of domestic violence in an urban middle-class context.

To discuss how domestic violence cuts across socio-economic categories in society.

METHODOLOGY

1. Screen the music video *Babul* (from the AV Materials) twice for the group. The first time, ask them to just watch it. The second time, ask them to jot down any thoughts or reactions they have to the video. If there is a time constraint, you can screen the video once and then move directly into discussion.

2. Ask the group to respond to the content of the video. Use the suggested questions *(continued overleaf)* to discuss all three scenes as instances of domestic violence and as examples of power dynamics in the home:

DISCUSSION QUESTIONS

- What is the little girl seeing in the video? What impact would it have on her?
- What happened in the first scene (with the man and woman in the car)? Why did the man slap the woman? Is it considered "acceptable" or a "man's right" to hit his wife?
- What happened in the scene with the woman in the rain? Was there any violence in this scene? (Facilitator can introduce the concept of *emotional* or *verbal* abuse).
- What happened in the last scene? Can rape happen within marriage? (Facilitator can introduce the concept of *marital rape*).

more overleaf

DISCUSSION QUESTIONS

- What exactly is domestic violence? (Facilitator to promote participants to create a definition that includes *all* the forms of abuse portrayed in the video, not just physical violence).
- Does this video reflect reality?
- What are the power dynamics that play out in the video?
- What gives men the power?
- What are the expectations placed on girls around marriage? What are the expectations and limitations placed on them around career or education?
- Is domestic violence a private matter between a man and a woman?
- What role do parents play in perpetuating or implicitly supporting domestic violence?
- What can parents teach their daughters, or what kind of support can they give them, to avoid domestic violence and protect their rights?

OPTIONAL EXTENSION

- Ask the participants to sign the *Ally's Pledge* as an action towards preventing domestic violence.

Facilitator's Notes

DEFINITION OF DOMESTIC VIOLENCE

Any act of gender based violence that results in or is likely to result in physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life

(From *UN Declaration on the Elimination of Violence against Women*, 1993)

Domestic violence can include

- **Physical violence**
- **Marital rape**
- **Psychological distress**
- **Emotional violence**
- **Dowry-related harassment**

A woman's socialization begins in the natal home, with her parents, siblings and relatives. In this video, we see a young girl who is asking her father not to marry her to a goldsmith, trader or a king, but rather to an ironsmith who will break her chains. It highlights the fact that choices available to girls and women in our society are limited and ultimately the men in their lives—fathers and husbands—have much more control over the woman's fate. Encourage participants to discuss the role of the natal home and parents in the lives of girls. How can girls and women encourage basic rights in the home?

Encourage the group to discuss various "justifications" for domestic violence and judge how valid they are. Some common reasons for domestic violence cited in studies are: alcohol, drugs, infidelity (of the husband or of the wife), working women, and household incidents such as food not being prepared on time. Ask the group to think of other reasons why domestic violence may occur and discuss the validity of a violent response. Along with an understanding of domestic violence, the group should leave the workshop with the knowledge that it is wrong.

Facilitators should highlight that there are certain misconceptions about domestic violence such as the idea that only poor or illiterate women are victims, or that women who are professionally qualified do not suffer from violence. Domestic violence can occur in any social context—and it does. Women who are better educated, and/or financially independent, and who have the support of their families are more able to leave a violent situation, but social pressure and traditional expectations of women still make it a very difficult choice.

ACTIVITY 3.6
Dynamics of Sexual Violence

TIME 2 hours

MATERIALS Post It notes, DVD player with TV or computer with LCD, AV Materials, copies of the two case studies.

OBJECTIVE To examine the dynamics of sexual violence and how these impact the ability to report sexual violence.

To define our personal space and determine when violation happens.

To identify concrete ways of addressing sexual violence.

METHODOLOGY

Part I

1. Screen the AV Materials on sexual violence and allow a brief amount of time for participants to share their reactions.

more overleaf

2. Give all participants Post Its and ask them to identify and write the following on the Post Its (*they should only write one item per Post It*):

- Places on your body that your close friends and family can touch.
- Places on your body that only an intimate partner can touch.
- Places on your body that you consider extremely private (this can include places you have allowed others to touch).

3. Ask participants to keep their Post Its for later in the activity. Depending on the comfort level of the group, participants can share their personal space levels with each other.

4. Facilitate a discussion on the following:

DISCUSSION QUESTIONS

- What would you define as intrusion of private space? Does it differ for different people?
- Is there a concept of personal space even within close intimate relationships like marriage or within the family?
- Is it possible to be violated by someone you trust or love?
- How do you feel if someone touches the areas which you feel are private without consent?
- How does one define rape and sexual assault? (*Facilitator should provide specific definitions of rape and sexual assault. See Annexure 2.6*).

Part II

1. Divide the group into smaller groups of 5-6.

2. Provide each group with one of the case studies at the end of this section. Instruct the participants to read and discuss the case study in their groups based on the following questions:

- What happened and why did it happen? Identify any violations of sexual rights in the case.
- Who is to be blamed/ who is responsible for the situation?
- What are the power dynamics being played out in the case?

3. Ask each group to make a presentation based on their discussion.

4. Conclude the activity with the discussion questions below and provide any missing information on rape and sexual assault (*see Annexure 2.6*):

DISCUSSION QUESTIONS

- Why might some people blame Meeta more? Are we less likely to blame the girl in the second scenario than the girl in the first?
- What are the consequences that might face the person who is blamed for inviting sexual assault?
- Have you ever faced harassment and do you think you were to blame for it? Did you fear that if you told the story to someone you might be blamed?
- How does stigma contribute to silence around reporting sexual violence? How does this contribute to enabling people who commit acts of violence to continue to harm others?
- What effect would a violation of sexual rights like the ones portrayed here have on the person who is abused?
- What concrete action can be taken in a situation of rape or sexual assault to prevent the repetition of such an occurrence or to prevent it in the first place?
- If an assault does take place, what are the steps that one must take? If you know somebody who has gone through such an experience, what can you do to support her?

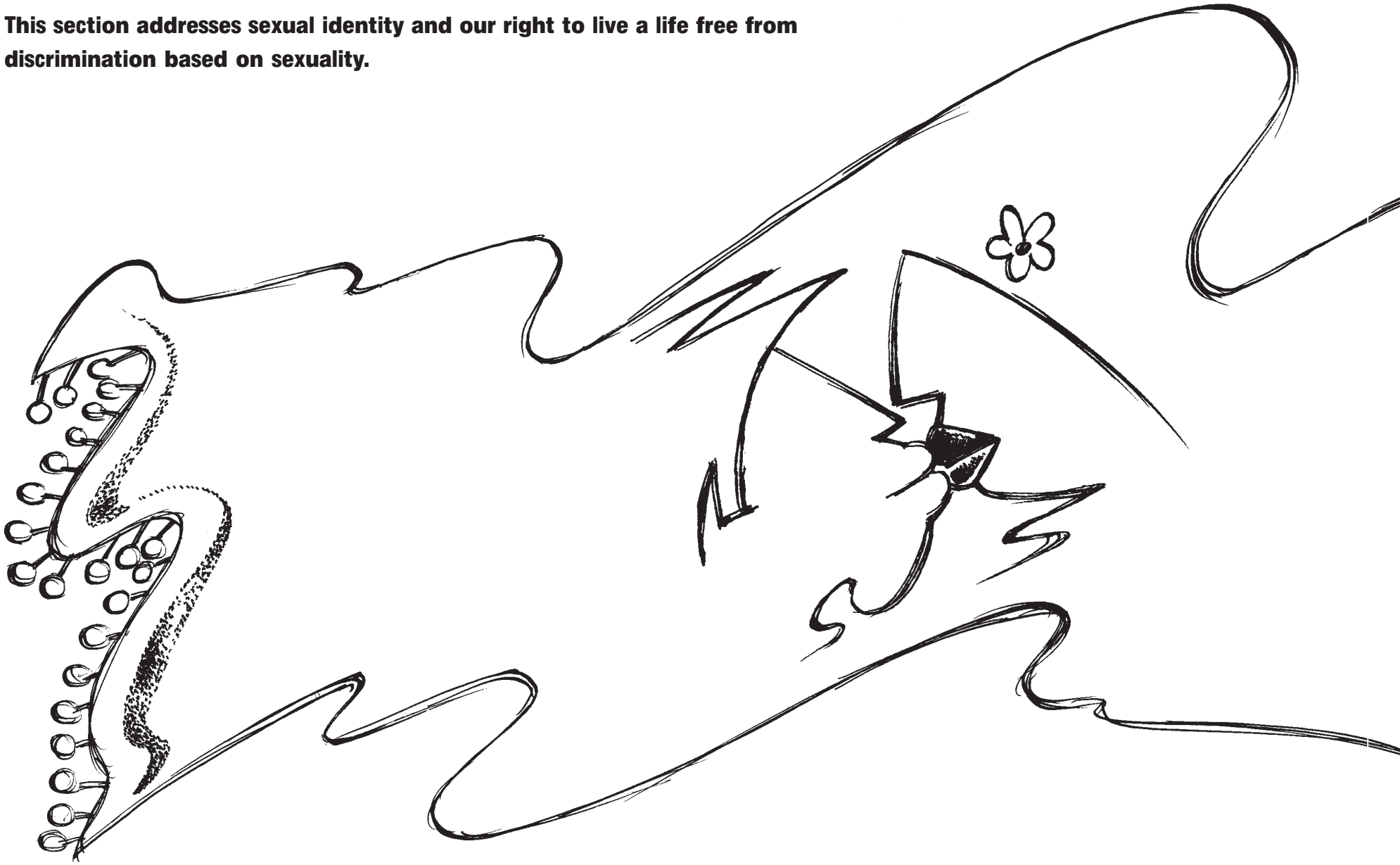
CASE STUDIES

1. Meeta is 17 years old. There is one boy in particular named Vimal, who she likes very much. One evening she lies to her parents and tells them that she is going to meet her friends for a movie. In fact, she is meeting Vimal. She puts on her clothes, a sleeveless top and pants, but then puts a kurtha on top. She plans to take it off when she leaves the house, but she knows her parents will disapprove of her wearing a sleeveless shirt. She also puts some makeup in her purse before she leaves. When she gets to the movies, Vimal suggests that they just skip the movie and go to the park instead. Meeta likes Vimal very much and feels happy that he wants to spend time with her. As they walk to the park they chat about their friends and Meeta tells Vimal that she has lied to her parents about where she was going. When they get to the park, they sit on the grass. Vimal tries to kiss Meeta. She becomes very uncomfortable and tells him that she does not want to kiss him. Instead of backing off as she requested, Vimal becomes more aggressive and pushes Meeta over. He begins to kiss her and touch her breasts and legs. He even puts his hands inside Meeta's pants. Meeta becomes very nervous and scared. She pushes Vimal off her and runs out of the park and immediately goes home. Meeta feels scared and alone. She cries the whole way home. She feels betrayed by Vimal. Meeta is worried that if she tells her parents, they will get angry with her for lying to them. She is nervous about what Vimal will tell his friends about her. She is afraid if she tells her friends, they will blame her for what happened.

2. Ritu is a young girl aged 9. She comes home from school everyday and likes to help her mother out around the house. One day when no one is home except the maid, Ritu's uncle comes over. He asks Ritu to show him the work she has been doing in school. Proudly, Ritu takes her uncle into her bedroom. The maid sees the uncle go into Ritu's room, but does not think anything of it, since he often comes around the house to visit. The next day, Ritu is again alone at home with the maid and the uncle comes by. Ritu quickly runs and hides and asks the maid to please say that she is not at home. The maid does this, but then questions Ritu as to why she is acting so strangely. Ritu tells the maid that the day before, her uncle had put his penis inside her. The maid is shocked and even though she realizes that Ritu has been raped, she tells Ritu that she must tell no one that this has happened. Otherwise there will be many problems in the family. Ritu is angry, sad, and upset. She wants to tell someone and feels that something very bad has happened. She doesn't know what to do to make herself feel better.

Section 4: Cultural Context of Sexual Identity

This section addresses sexual identity and our right to live a life free from discrimination based on sexuality.



ACTIVITY 4.1

Media and Stereotypes

There are two options for this activity. While the activities are designed to stand alone, they also complement each other nicely. Thus, the facilitator can choose which option is most relevant to the goals of the training, or, if time allows, both activities can be used in succession and modified to remove redundant questions.

ACTIVITY OPTION A
Gendered Associations

TIME 2 hours

MATERIALS DVD player with TV or computer with LCD projector, AV Materials.

OBJECTIVES To identify stereotypical images of gender in media.

To describe reasons behind the portrayal of gender-based stereotypes.

METHODOLOGY

1. Have participants take part in a **gender association** game as follows. The facilitator calls out the names of different products. After each product, the participants have to call out the first gender associa-

more overleaf

tion they make with that product - male or female. E.g. motorbikes, razors, kitchen appliances, fairness cream, powder, suiting, engine oil etc.

2. Initiate a quick discussion on how our brains are conditioned to make stereotypical associations between certain products and a particular gender.

3. Show the media clips and ask the participants to take notes on the following points. This can be done individually or in small groups, with each group addressing one topic. Besides the images shown, the participants can use advertisements they have seen on TV as examples.

- What images of gender do the clips portray?
- What are the work-related roles played by men and women in the videos? (Think about what is considered "productive" work and what is domestic or reproductive work).
- How are beauty and "good looks" portrayed for men and women in these clips? What kinds of standards are set for each?
- In what way are men and women seen as sexual objects when their bodies and their sexuality are linked to products? Think of how they themselves are treated as commodities or products.
- To what extent is ability valued? Compare this to the extent to which beauty/appearance is valued.
- What attitudes are promoted for men and women? What expectations are set for them?

4. Ask an individual (or a group) to present for each of the points and process the presentations with the following discussion questions:

DISCUSSION QUESTIONS

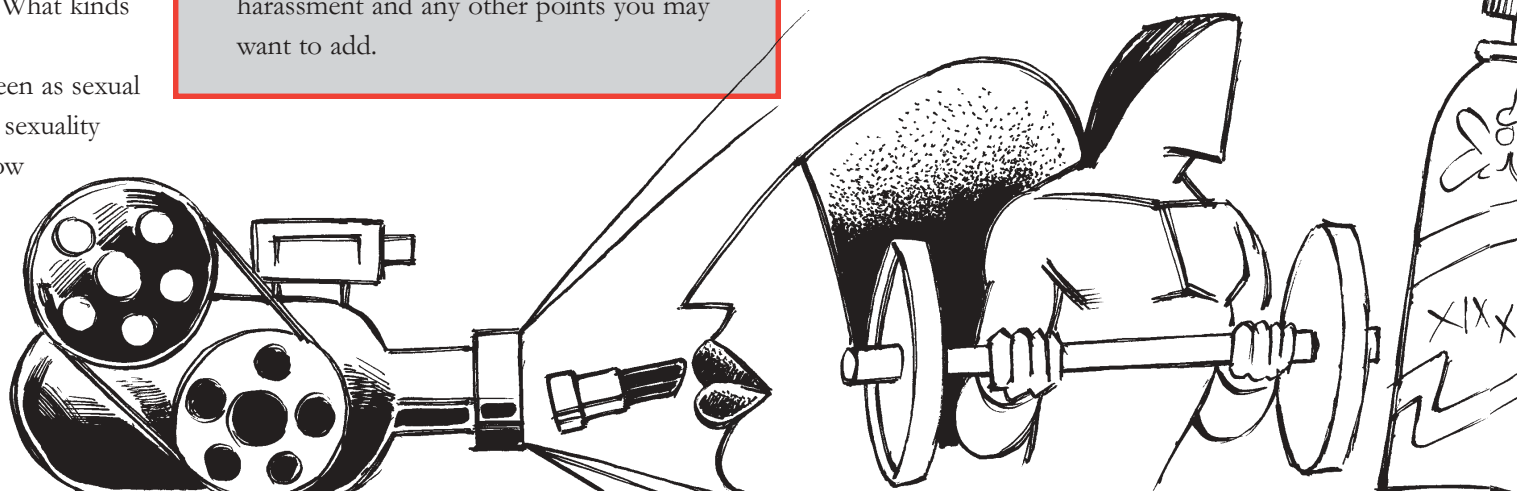
- Do you connect with the images on the screen? Is that how things are in real life?
- Do you aspire to be like that? Why / why not?
- Why do you think such images are being promoted and what are the implications of this? You could consider economic reasons for the promotion of these images or the implication for attitudes towards the self and others who do not fit the stereotypical images.
- What does this kind of portrayal of gender do to the status of women? Consider their rights, the possibility of violence/ sexual harassment and any other points you may want to add.

OPTIONAL EXTENSION

1. Follow the activity with a screening of the music video *'Mann ke Manjeere'* (included in the AV Materials). Ask participants to compare the treatment and portrayal of women in this video as compared to the clips shown earlier.

2. Explain that the video is based on real life events in which traditional stereotypes of a woman's role in society were broken by a woman named Shameem Phatan.

3. Ask participants to brainstorm more positive images from TV or films which portray gender equity and equity in relationships and promotes the rights of people.



ACTIVITY OPTION B
Making Gender-Equitable Advertisements

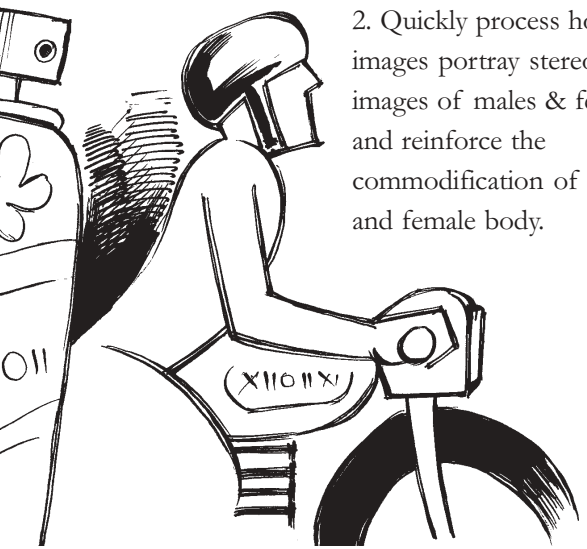
TIME 1 hour

MATERIALS Chart papers, markers, pens, glue tack or two sided tape, props like a duppata or whatever is available on site.

OBJECTIVE To create gender sensitive advertisements that demonstrate how mass media can promote rights and equality.

METHODOLOGY

1. Screen the selection of advertisements from the AV Materials for this activity.



2. Quickly process how these images portray stereotypical images of males & females and reinforce the commodification of the male and female body.

3. Break the participants into groups of 4-5. Explain that a marketing campaign is being launched for the promotion of certain products including:

- XYZ motorbikes
- Dreamz body cream
- Dan aftershaves
- Mad Condoms / sanitary napkins
  (facilitator can choose depending on the group)
- Dum Dum Chat Masala

4. Divide the participants into small groups of 5-6. Explain that each group has to design a gender-sensitive advertisement for one of the products in order to win the advertisement contract from the company. Each group can name themselves as an advertising firm. Ask each group to select at least one spot for which they will design an advertisement for air on TV, radio or print media, as per their choice.

The criteria for selection will be:

Gender sensitivity ..... 10 points
Audience appeal. ..... 10 points
Creativity. ..... 10 points

5. Give the group 20-25 min to prepare for their presentations. Groups may choose to act out their advertisement or they may want to sketch out the concept on paper and explain it too the group.

6. After each group has presented, the other groups give them scores based on the above-mentioned criteria and point scales. The group that scores the maximum points out of 30 wins the contract.

7. Conclude the activity with the discussion questions:

DISCUSSION QUESTIONS

- How did you feel while making these ads?
- What kind of messages came up? Were they different than the messages you see in ads on TV?
- Did they manage to break any stereotypes on gender or were they indirectly promoting the same norms?
- Do you think advertisements like these, which break stereotypes and promote the rights of women, will work with the masses? Why / why not?
- Are there existing advertisement campaigns, serials, or movies which possess audience appeal and yet are sensitive in the portrayal of gender equity?
- How do you think you can take action on promoting gender equity in the media in the future?

SOCIAL ADVERTISING VARIATION

Instead of asking participants to create an advertisement for a product, you can have the groups design social advertisements on issues such as women's rights, prevention of sexual harassment, violence against women, etc

ACTIVITY 4.2

Responding to Sexual Diversity [16]

TIME 1 hour

MATERIALS None

OBJECTIVES To identify a variety of responses to someone who is open about their alternative sexual orientation.

Recognize the possible consequences of different responses

METHODOLOGY

1. Divide the participants into small groups and ask each group to create a character, man or woman, giving them a name, age and occupation*. Tell the group that their character is in conversation with someone close to them (a friend) who says "I think I am gay. It's important to me that you know."

** It is sometimes easier for participants to explore responses and attitudes as someone else. This removes the fear of expressing an inappropriate response for which they fear ridicule.*

2. Ask each group to discuss the following with each other:

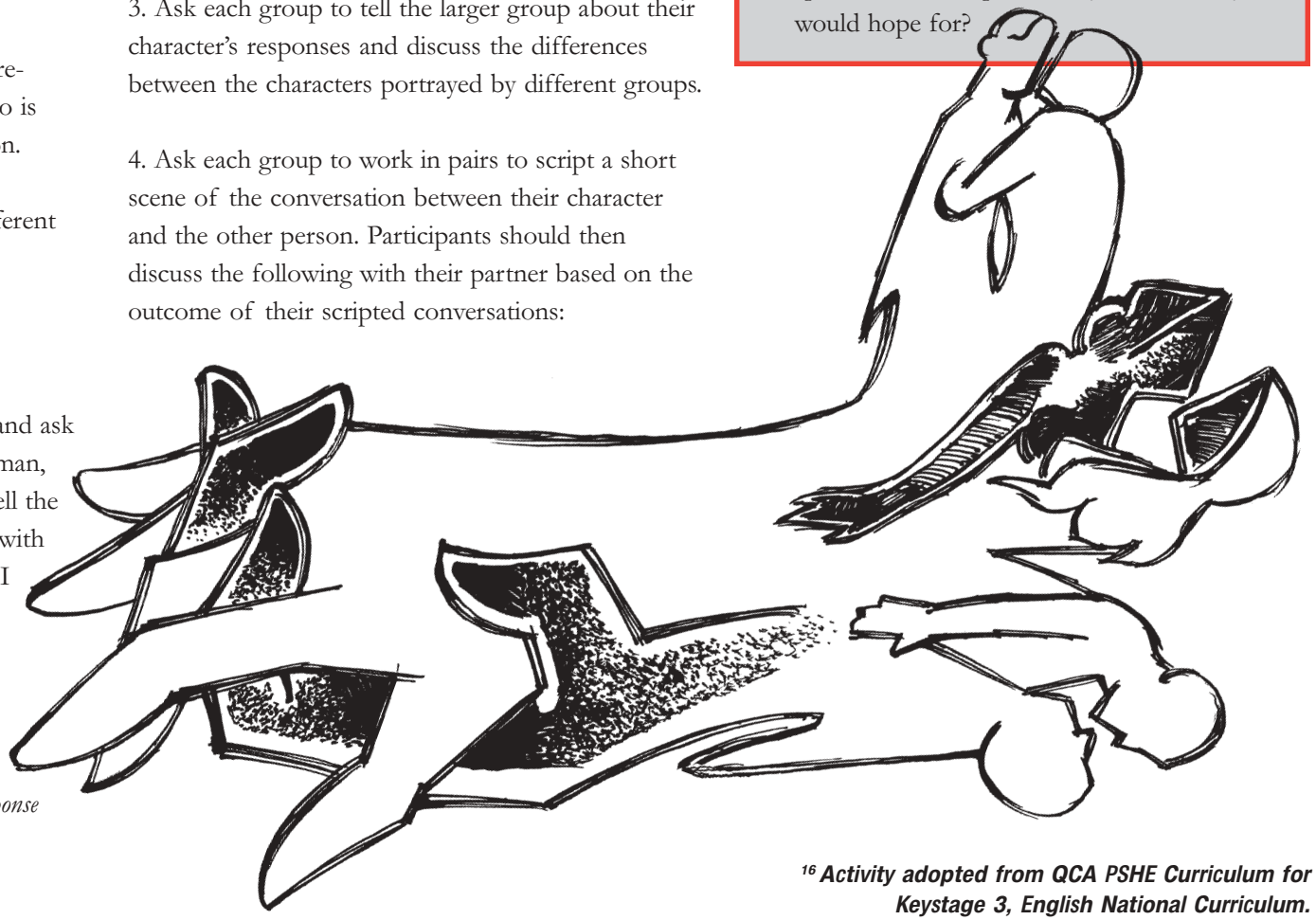
- If someone close to your character said this, how would your character feel?
- What could your character say to this person?
- Would your character be supportive or not? How would the character show this?

3. Ask each group to tell the larger group about their character's responses and discuss the differences between the characters portrayed by different groups.

4. Ask each group to work in pairs to script a short scene of the conversation between their character and the other person. Participants should then discuss the following with their partner based on the outcome of their scripted conversations:

DISCUSSION QUESTIONS

- How might your character have felt?
- Are the characters feelings different from what your own reactions would be?
- How might the person who said they were gay/lesbian feel about this particular response? What response do you think they would hope for?



[16] Activity adopted from QCA PSHE Curriculum for Keystage 3, English National Curriculum.

ACTIVITY 4.3

Sexual Diversity: Basic Myths and Facts

TIME 30 minutes

MATERIALS A small basket, paper chits with one myth written on each *(myths given overleaf – do not write the correct fact)*, tape recorder and music cassette, a pillow or book to pass around.

OBJECTIVE To break down stereotypes and myths related to sexual identity.

METHODOLOGY

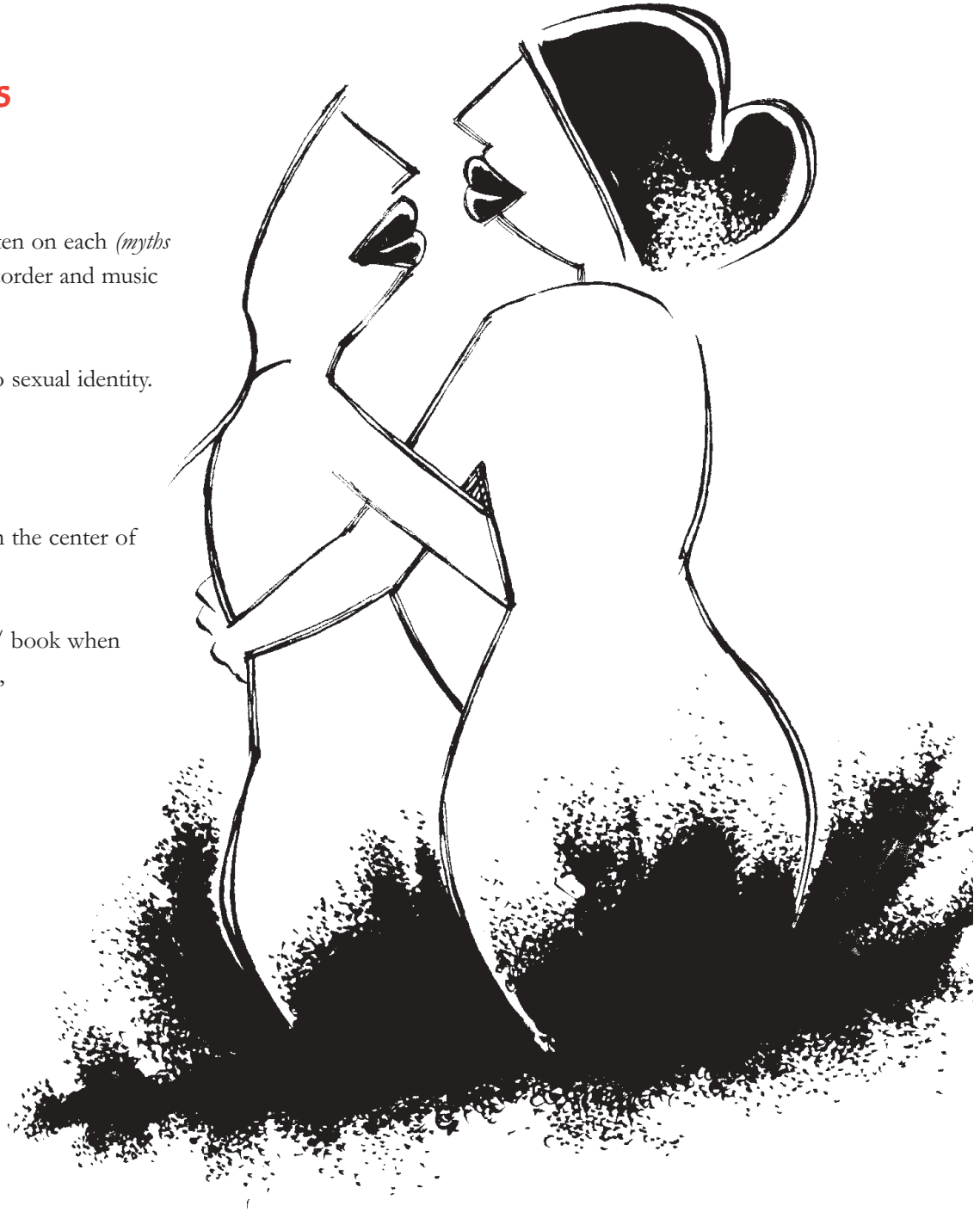
1. Put the chits with the myths written on them in a small basket in the center of the room and ask all the participants to sit in a circle.

2. Put on music and ask the participants to pass around the pillow/ book when the music begins. If no arrangement for a tape recorder is possible, the instructor can clap.

3. When the music stops, ask the participant who has the pillow or book to pick a chit from the basket. The participant should read out the statement written on the chit and tell the group what is wrong with it and why.

4. Have a group discussion on myths surrounding sexual orientation and provide the correct information.

more overleaf



5. Conclude the activity with the following discussion questions.

DISCUSSION QUESTIONS

- Do people have a right to sexual expression?
- How can we protect the rights of those with different sexual orientations?

Myths & Facts about Sexual Orientation

Myth: People who are gay or men who have sex with men are all HIV-positive.
Fact: Anyone can become HIV-positive, the virus does not only impact the gay or MSM community. In India, heterosexual sexual interactions are one of the main ways HIV/AIDS is spread.

Myth: It is wrong to be attracted to someone of the same sex.
Fact: It is normal for people to be attracted to individuals of the same sex, different sex, or both.

Myth: In today's society, it is very easy to tell others that you are gay, lesbian, bi-sexual or transgender.
Fact: There are high levels of discrimination against people who consider themselves part of the LGBT community. This discrimination often leads to secrecy which impacts the ability of an individual to live a healthy life.

Myth: Being attracted to someone of the same sex is a mental disorder.
Fact: It is normal for people to be attracted to individuals of the same sex, different sex, or both.

Myth: What we call 'homosexuality' is a western idea and never really existed in India.
Fact: Sexual attraction to and between people of the same sex has existed throughout time and in all cultures.

ACTIVITY 4.4

Understanding Sexuality and Health

TIME 40 minutes

MATERIALS Role play sheets, DVD player with TV or computer with LCD projector, AV Materials.

OBJECTIVE To assess how experiences related to our sexual identity can impact our health.

METHODOLOGY

1. Screen AV clips.

2. Ask participants to discuss what is considered "normal" and acceptable by the larger society, and the problems faced by people who do not fit into the heterosexual norm.

3. Ask for the required number of volunteers to come on stage to perform the role plays *(given overleaf)*. Brief the participants on the role play and who their characters are *(for more on facilitating role plays, refer to Annexure 1.3)*.

4. Have the volunteers act out the scenarios in a role play. The facilitator should make sure that the role play does not transgress from the given scenario.

5. After each performance, discuss the questions associated with that role play.

6. Ask for a new set of volunteers for each role play, again following their performance with the questions for that scenario. Select how many/which role plays to address in the session based on the needs of the participants and available time.

7. Conclude with the following discussion questions:

DISCUSSION QUESTIONS

- Is the experience of hiding sexuality similar for all sexual preferences?
- What are the factors which prevent a healthy access to information or even talking about sexual identity issues?
- What happens to people who fall outside the heterosexual norms in our society?
- What are the sexual rights involved in each of these case studies?
- How can one help in promoting sexual rights for all?
- What are the sexual rights that you think everyone is entitled to?

Role Play 1

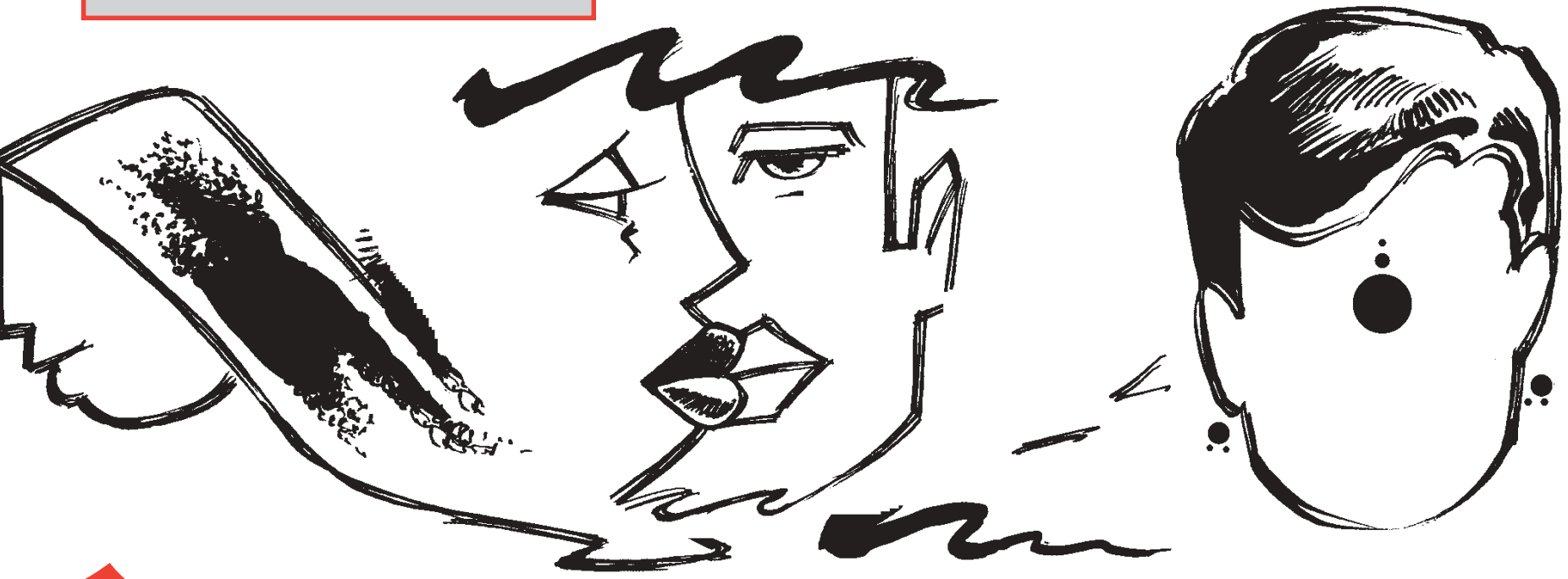
Characters: Doctor, patient

Plot: A young girl has been engaged in sexual activity with another young woman. She develops a bump on her vagina and wants to have it examined. She goes to the doctor and the doctor asks her why she might have the bump. Act out how the doctor might react to her when she tells him about her sexual activity. Act out both a positive and negative reactions to the patient and the patient's response to each.

more overleaf

DISCUSSION QUESTIONS

- Does the reaction of the physician ever make it hard to tell the truth about sexual activity? Can this also be true for heterosexual couples?
- How might this discrimination impact the type of health care one receives?
- How does it feel to have to censor one's sexual preferences?
- Have you ever had to conceal your sexuality/attraction from someone? (Remember sexuality does not only have to be sex, it can be flirtation, liking someone, etc.)



Role Play 2

Characters: Parents, child

Plot: A young man realizes that he has always had very strong feelings for other men. He is able to find a support group for gay men that encourages him to be honest about his sexuality. He now has a serious boyfriend. He wants to tell his parents. Act out the different ways his parents might react when he tells them that he is gay and the son's reactions to them.

DISCUSSION QUESTIONS

- What cultural values make it hard to accept diverse sexualities?
- What are some of the problems that arise when a person's parents react badly to their sexuality?
- If a person's parents are not supportive, where can they turn to receive support?
- How might being in a negative or hostile environment impact one's mental health?

Role Play 3

Characters: Three male friends

Plot: Three males have been friends since childhood. From the beginning, Mallik has always preferred to wear girls' clothing and makeup. First they used to joke about it, but recently Mallik seems to think it is not a joking matter. He seems to be a little depressed. Mallik has been looking on the internet and realized that there are many people who feel the same way he does: that he was born in the wrong body. He realizes that this is what it can mean to be transgender. He has even found websites that talk about how people have had their sex changed by taking hormones and undergoing surgery. He wants to tell his best friends who he cares for very much, and hopes that they will accept his identity. He hopes that they will be supportive of him because he does not know who else to turn to. Act out the different ways that Mallik's friends might react when he tells them what he has discovered about himself and how Mallik might react in turn.

DISCUSSION QUESTIONS

- What kind of support could you offer your friend in a situation like Mallik's?
- What are the health implications of discrimination in a case like Mallik's?
- What might happen if Mallik were to ask for a sex change?

Role Play 4

Characters: An older sister and a younger sister

Plot: The younger sister has recently started dating a boy. She decided to have sex with him, and they did. Now she feels that she was not ready. She wants to seek advice, but does not know who to go to. She is nervous about telling her sister because she believes that her sister may never have dated anyone before she got married, although she is not sure. Act out different ways in which her older sister may react and how the younger sister responds.

DISCUSSION QUESTIONS

- What are the emotional implications of the younger sister's inability to speak with someone?
- What would happen if her sister scolds her instead of being supportive?

ACTIVITY 4.5

Respecting our Rights

(FOUR-PART ACTIVITY)

TIME 2 hours

MATERIALS Copies of the *Personal Testimony* (given below), chart paper, writing paper and pencils/pens, DVD player with TV or computer with LCD projector, AV Materials.

OBJECTIVES To analyze the dynamics of discrimination based on sexual diversity.

To draw links between sexuality, health, and the right to live without discrimination.

To explore how we can participate in a process to organize and encourage legal change.

METHODOLOGY

Part I

1. Screen the AV Materials depicting media perceptions of the Hijra community.

2. Ask the group to discuss how Hijras are portrayed.
   - What is the general public's view of Hijras?
   - What do people believe about how they earn a living, the stories associated with them, why they live as a separate community, etc.?
   - Do these beliefs exclude Hijras from seeking to establish their rights?

3. Give each participant copies of the *Personal Testimony* given at the end of this section. Explain that the statement was given to People's Rights, an NGO that supports people of diverse sexuality. Although this is not a real person, the testimonial is based on true events that have happened.

4. As they hear the testimonial of Asma and her description of what happened to herself and her friend Kajol, ask participants to write down all of the rights that are violated in the testimonial. Read the testimony out loud to the group.

5. After participants have finished writing down their reactions, discuss the following questions with the group.

DISCUSSION QUESTIONS

- How do you feel knowing that this story is based on real experiences?
- Ask the participants to share the human rights violations in the case. What about those rights that go beyond the obvious rights like housing or employment?
- Do all people deserve the right to be the sexual being that they want to be?
- Do all humans deserve to have their basic rights respected, regardless of sexuality?

more overleaf

Part II: Legal Representation Role Play

1. Divide the participants into 4 smaller groups. Ensure each group has a copy of the *Personal Testimony*.

2. Assign three of the groups to imagine they are each the law firm who represents Asma and her friend Kajol. Assign the fourth group to be the judiciary who will hear the case.

3. Give the group representing the judiciary a copy of *Facts about Section 377 (*Annexure 2.8). Inform them that they will need to pass judgment on the case based on the description of the law in section 377. Inform the jury to also keep in mind that if the rape case is pressed, the law may allow Kajol's previous sexual history to be admitted in court as evidence of her 'loose'/ 'immoral' character. Also alert the jury that, to demonstrate that there is a history of discrimination in the courts against sexually active women bringing rape cases, they should give a verdict against the sex worker.

4. Give the groups 10 min to prepare their presentations. Have the three groups representing Asma present first. Then have the jury present to the group the current challenges in the legal system (Indian Law's stance according to Art 377 is that sodomy is considered an act of unnatural sex and therefore illegal) and their final judgment.

5. Process the role play with the following questions:

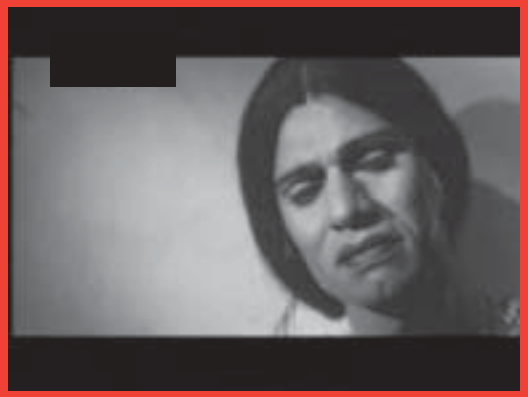
DISCUSSION QUESTIONS

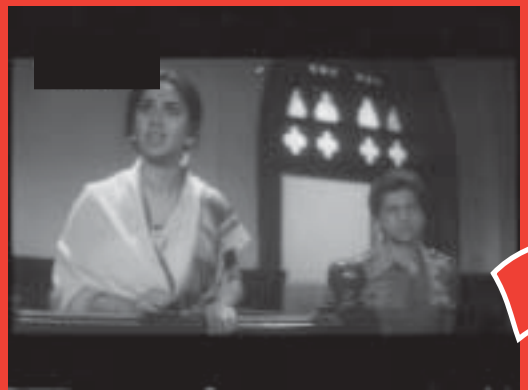
- Can you think of other people this legislation might impact?
- Would the police target men and women who are married and practicing sodomy? (*Note: in theory it might, in practice it does not*).
- How do you feel about legislation that regulates people's sexual behavior?
- What if there was a law that regulated what married couples do in the bedroom?
- Should we have the right to engage in consensual sexual behavior with whomever we please?

6. Screen clips from Damini (included in the AV Materials) and have the following discussion:

DISCUSSION QUESTIONS

- Does the practice of investigating someone's sexual history impact the outcome of the case?
- Does this affect all women? How?
- How does the fear of facing police, law and society prevent women from reporting cases of sexual abuse?
- Does it seem fair that certain women, sex workers for example, might never be able to take rape cases to court because society might deem them deserving of such actions?
- Is it our right as humans to live a life free of sexual violence?
- Is it our right as humans to be able to have a fair trial if our right has been violated?





Part III: Creating Pathways to Change

Is it possible to change a law to win the case? As advocates/ activists, you might have to do that!

1. Divide the large group into two groups (or more if necessary).

2. Ask each group to prepare a bill of sexual rights which they believe ought to be available to all human beings.

3. Ask each group to present their sexual bill of rights to the larger group. During the presentations, the facilitator should help think of new ideas and ensure that the appropriate rights have been identified (Facilitator should review Annexure 2.7 for more on sexual rights).

4. Close the activity with the following questions:

DISCUSSION QUESTIONS

- What are laws that have been changed due to activism?
- What does the legal system tell us about our values? Do values change?
- Can the sexual bill of rights that you have made be implemented? Why or why not?
- What do you think would be obstacles to implementing it?
- Beyond changing the legal system, in what other ways can we begin to change cultural attitudes ourselves?

PERSONAL TESTIMONY GIVEN TO THE NGO PEOPLE'S RIGHTS

Name: Asma **Age: 22 years**
Sexuality / Gender Identity: Hijra (not castrated)
Work: Sex worker **Place: Bangalore**

I am a Hijra. I live with other Hijras in a slum area outside Delhi. For years, I used to beg on the streets. I tried finding work in people's homes, just doing this and that, but people would not hire me because they were uncomfortable with my being a Hijra. About a year ago, a friend of mine told me that I could come to work with her and make some extra money. I didn't realize at first it was sex work, but soon I was offered 100 rupees to bring a man to orgasm. At first I used to feel bad that I did sex work, but now I understand that is a way that many people earn money to support themselves, and when someone asks me, I tell them proudly that this is what I do. On the 24th of June, when it was very hot outside, I was standing under a tree near a crossing on the road. I was waiting for my friend who had left with a client. We had a rule that one of us would stand and watch our belongings until the other came back. Like that we took turns all day. A police officer came and began to harass me. He approached me as though he was a client. Actually, I know that this police officer has often come to receive sexual pleasure from my friends. But instead of asking me about sex, he arrested me for no reason and took me to the station. At the station, the police made fun of the way that I look. They beat me. Some of them wanted to see if I had a penis, so they made me take off all of my clothes. One of them touched my penis. They continued to beat me. In the meantime, my friend Kajol came back to the place we were supposed to meet. She was bleeding badly because her client had refused to pay her and hit her face with a cricket glove. She didn't know what to do, and despite hearing that the police often harass Hijras, she went to the police station to report that she had been attacked. Kajol arrived and told the police what happened. They laughed at her and told her that they already had one of her kind at the back. They brought her to the cell where I was being kept naked. At one point, Kajol was taken to another area by a police officer. I don't know exactly what happened to her, but because she was crying when she returned, I believe that the officer raped her. They began to beat her as well, and took off all her clothes. We both felt very embarrassed, and very angry at what was happening. We were frustrated, sad, and alone. It felt that there was no where to turn. One police officer took pity on us and convinced the others to finally let us go. But before we left, the police told us that if we ever told anyone what happened, they would come and arrest us for engaging in sodomy. We are very afraid because the police know where we live. But they have been doing this to many Hijras and we want them to stop.

PART III

Annexures

ANNEXURE 1

Running Effective Workshop Sessions

Resource for Facilitators

ANNEXURE 1.1

Planning a Workshop on Sexuality

- A series of short workshops is better than one long workshop. Learning about sexual rights is not simply a matter of handing out information. To be effective in changing attitudes, it must engage the emotions as well as the intellect. Most people need time to absorb, reflect upon, and assimilate the ideas and emotions that a workshop may stimulate. Bringing a group together several times fosters growth and permits participants to share their changing perspectives and develop ongoing, supportive relationships.
- Consider carefully the experiences and needs of the participants. Think about what participants might need to be able to attend a workshop (e.g. free time, boarding and lodging, family approval, transportation) and try to meet those needs. When planning and presenting the workshop, consider the participants' background, educational level, learning style, sexual orientation, age, geographic location and context of their participation. What are their particular human rights concerns? Take a few minutes to find out.
- The setting, timing or situation of the workshop or the immediate factors in the participants' daily lives may influence their responses. For example, HIV-positive people, victims of abuse, or participants in a refugee camp, prison, homeless shelter, or battered women's hostel may be under great emotional stress. Or the group may be responding to a recent incident or political situation.
- Meet in a place large enough for everyone to sit in a circle so that no one is left out. Some activities involve moving around the room or include group work that requires space for groups to work separately, so there should be sufficient space for movement and for "break out" activities. Be sure the setting is safe and culturally appropriate for all.
- Be respectful of participants' time. Most people have little leisure and many demands on their time. Don't waste it! Announce in advance when the workshop will begin and end, and honor that commitment.
- Create an atmosphere of trust and respect. From the start, invite participants to establish ground rules that will create a safe atmosphere for everyone. Everyone should listen to others, avoid judging and accept all types of experience and opinions as equally "worthy". There should be no "correct answer" or a single "only solution". At the end of each session, re-evaluate the rules and discuss ways for improving your group process.
- Encourage everyone to speak. To this end, rotate facilitators and small group spokespersons. Only one person should speak at a time and anyone who does not wish to speak may pass. If you want to set time limits to prevent some from talking too much, agree to this and stick to it. You might want to choose some item such as a "talking stick" that is passed from one participant to another and permit only the person holding the stick to speak.
- The facilitator also has to demonstrate listening skills with body language, including nodding your

head and making eye contact. Repeat the statements of participants if the response is unclear.

- Develop the workshop sequence from the subjective through the objective to lead to action. Initiate the discussion to start broadly in a manner that engages participants personally and then become increasingly focused on specific issues. Help participants to feel part of something larger. Seek ways to connect the workshop to larger issues from personal, to community, to national and international rights issues.
- The workshop should move towards commitment and action with the participants addressing the following questions:
  - What do I want to do in my community about the violation of sexual rights and other related human rights issues?
  - What do I need in order to move towards that goal? (Be prepared with the kinds of community information likely to be needed in organizing local action.)
- Promote participant ownership of the workshop. Seek consensus in decisions regarding the direction the workshop should move, including consulting the group about the agenda and writing it up with their approval. Clarify the purpose or goal of the workshop, but especially in a longer workshop or ongoing course, give the group a voice in its structure, including timing of breaks and "group" expectations.
- Solicit evaluation at several points, not just at the conclusion of the session, and respond to suggestions, showing you value participants' feedback.

ANNEXURE 1.2

Ten Building Blocks for Effective Workshops

1 Discuss the goals and agenda. Adapt activities and agendas to the needs of the group. Be willing to be spontaneous and do not be afraid to detour from your carefully prepared agenda to respond to the needs and interests that emerge from the workshop or class. However, always ensure that such diversions help the group move towards the agreed upon goals of the workshop. Establish from the start what participants want to gain from the workshop and what the organizers and facilitators hope to achieve. Keep it visible and refer to it at the start of each segment.

2 When returning from breaks, consider doing an "energizer", such as those provided in Annexure 1.4.

3 Provide some kind of warm-up activity. Select an opening activity that can achieve some of these goals:

i. Introduce all participants in the workshop to each other.
ii. Present a core theme or raise a key question of the workshop.
iii. Sharpen an understanding of sexuality and human rights concepts.
iv. Create a rapport and a climate of co-operation and sharing
v. Realize the importance of the topic and stimulate a desire to learn more.

4 Involve participants in a major subjective activity. Develop a substantial amount of time to help participants examine some issue or aspect of their personal experience in a human rights context.

5 Offer at least one objective approach to the chapter topic. A major portion of the workshop should lead participants from personal experience to a close scrutiny of relevant international human rights concepts or documents. Facilitators might use the discussion in the *Facilitators' Notes* or Annexures as handouts or mini lectures.

6 Always provide an action component. Help participants to identify meaningful appropriate actions they could take in response to human rights abuses they experience. Include both short and long term actions that can provide participants with the chance to act on their convictions and understanding.

7 Involve participants in evaluating the workshop. Seek participants' opinions of what they have learned and the methods used to teach them. Do not however, wait until the end of the course or workshop. Ask often, and publicly acknowledge both criticism and praise. Evaluation of a workshop is useful for several reasons:

a. To give facilitators instant feedback, both positive and critical, which helps to improve the present and future workshops.
b. To demonstrate that participants views are valued.
c. To provide useful data for future funding or sponsors.

8 Keep records of all evaluations and learn from them. Having opportunities to express themselves helps participants clarify their thoughts and feelings. Some people will prefer written expressions such as journal writing, but include non-written and non-verbal expressions as well. Consider using graphic art, skits and plays, singing, dancing and other forms of creative expression.

9 Provide closure. Give participants the opportunity to contribute a personal observation about the issues covered, what he/she has learned or how they feel they might use the information or insight gained.

10 Help sustain post-workshop motivation and action. Establish some follow-up methods by which participants can continue to see themselves as resources to each other.

ANNEXURE 1.3

Guidelines for Role Plays and Case Studies

What is Role Playing?

Role playing is temporarily taking on a role and acting out a situation for the purpose of learning new skills or exploring new ways of relating to others. In conflict resolutions or negotiations, role playing lets participants practice and experiment with new skills and behaviors to see how they feel, how the behavior "works" and what problems come up. It gives you, the facilitator the opportunity to give feedback and assess how the participant is acquiring and using new skills and understandings.

Role Play Techniques

- **Role reversal:** Actors switch roles halfway through the role play.
- **Fish Bowl:** The audience forms a circle around the actors and comments on the action or motivations of the actors.
- **Replacements:** As the actors role play, observers from the audience may tap them on the shoulder and replace them.

Facilitating Role Plays

- Group discussion is not a debate. It is an opportunity to share a wide variety of ideas and understanding and a process of clarifying the issues faced by all group members. It is also used to arrive at a group opinion on the issues being discussed, or arrive at a set of questions that need to be answered
- Alter any or all of the role plays so they will fit the experiences and needs of members. Make sure that the role plays are appropriate to the cultures, language (including slang), and environment of the group.
- Explain the purpose of the role play, such as practicing problem-solving, trying new ways of communicating in conflicts, or practicing mediation. To learn from the role play, participants need to know why they are doing it.
- Describe the role play situation and the characters, as well as the type of role play it will be.
- Allow them about 10 minutes to read over the situation, assume their roles, and work out the role play. Visit with each group as they plan, and discuss their ideas for the role play. Help them with the ideas if necessary.
- Assign roles to players, taking care not to choose someone who might over-identify with the part. Give the roles fictional names.
- Brief the actors. Make sure they understand what the conflict is.
- Brief the audience. As observers, what should they look out for or listen for?
- Start the action. Intervene or coach only if absolutely necessary.
- If the role play doesn't come to a natural end, cut it off gently.
- Ask the first group to act out their situation for a few minutes. Then use the discussion questions to go over that role play with the entire group.

Repeat this procedure for all of the assigned role play situations, discussing the key points as appropriate, after each scenario. Or, you may conduct some discussions where all the young women answer the questions while the young men listen and then all the young men answer while the young women listen. This is a good way for each gender to hear the other's point of view.

- Thank the role players, using their real names.

Using Case Studies

Case studies provide a great way to start a session and to encourage participants to think about the topic that is presented. A lot of our exercises in *Rights and Desire* use case studies as a methodology. As a facilitator there are some things you need to do to prepare yourself before using this methodology.

- Be clear about the case and what it it trying to bring forth.
- Prepare copies of the case and provide it to the individuals/groups who will be working with it.
- Some of the exercises may need the participants to play a role or represent particular characters/ institutions while studying and presenting the case.
- Give participants adequate time to go through the case, discuss, come to a conclusion, and prepare the presentation they will give to the larger group.
- Have each small group present their case and any relevant discussion points to the larger group.
- Process the activity based on the case and then connect it to a larger issue or real world issues portrayed in the case.

ANNEXURE 1.4

Ice Breakers and Energizers

Icebreakers: Facilitating Introduction

When participants are meeting for the first time, start with an icebreaker that helps everyone to learn each other's names and their personal/professional information. If you are facilitating more than one session, choose a variety of icebreakers - you can use one to get people chatting and exchanging personal information, another to help memorize or review names, and another at a stretch break. The facilitator should use one or more of the following, depending upon the age, maturity and experience of group members.

My Name

People introduce themselves and say what they know about why they have their name (mother wanted to name me after her great aunt Hema who once climbed Kanchenjunga, etc.). It could be the first, middle or nick name.

Variation: people say their first names preceded by an adjective beginning with the same letter as their first names (for example, heavy Hema, idealistic Imran).

Things in Common

1. Divide the participants into groups of four or five people by having them number off. (You need to do this because people generally begin a meeting by sitting with the people they already know best). For example, ask the first person to call out their number as 1, the second as 2 and so on till 5. The next person begins again with 1. When everyone has a number, ask all the 1's to get together, all the 2's to get together etc. You will end up with 5 groups.
2. Tell the newly formed groups that their assignment is to find three things they have in common with every other person in the group, which are unrelated to the work they do. Tell people not to include body parts (we all have legs; we all have arms) and no clothing (we all wear shoes, we all wear pants). This helps the group explore shared interests more broadly.
3. Instruct them that one person must take notes and be ready to read their list to the whole room on the completion of the assignment.
4. Share the lists with the whole group. Because people are your best source for laughter and fun, the reading of the lists always generates a lot of laughter and discussion.

Time: 10 – 15 minutes, depending on the number of groups. To keep the activity to ten minutes, after seven minutes of brainstorming together, tell the groups that the lists they have created are perfect, no matter how many items they have, and debrief.

I've Done Something You Haven't Done

Have each person introduce themselves and then state something they have done that they think no one else in the group has done. If someone else has done it, the participant must state something else until s/he finds something that no one else has done.

Energizers

Energizers are used to get a group moving, re-focus concentration, give a break from long periods of sitting down, and excite a group about the next portion of a program. Use them in small doses to rejuvenate a group after lunch, first thing in the morning or between sessions if participants are loosing focus or feeling tired. Pick and choose from the following:

Blind Lead

One player is blindfolded, and the room is filled with obstacles (scatter some chairs; leave all kinds of junk on the floor). The idea is that the rest of the group will lead the blindfolded player through the room, by talking. This is also an excellent trust building activity.

Airplane

The person blindfolded (or just with eyes closed) is led through a maze composed of furniture and the other participants. He is an "Airplane" lost in the fog being talked down by the "Air Traffic Controller", who must remain in his/her "Tower". Standing on a chair/rehearsal block lends visibility for the controller. The airplane also only has a limited amount of fuel left (1-3 minutes) to reach a safe landing (arriving at the Tower). The airplane is also allowed two "brushes" (i.e. limited contact with an obstacle). The third brush or a direct hit or stepping on something causes a "crash". The "airplane" may step around, over or under the obstacles. Also, the airplane can only fly forward. It can however turn in any direction. The directions must be given from the pilot's point of view, a good exercise for fledgling directors.

Animal Circle

The group stands in a circle with one person in its middle as Director. This Director points to anyone, who must "make" an animal shape using the two people on either side of him/her (a total of 3 people). If the Director counts to five before the animal is "made", then the central person of the three, comes into the middle of circle to replace the Director.

Animal example: an *alligator* can be made with the middle person making its jaws of two arms, and the two side people making the tail by holding the hips of the middle person.

What are you doing?

The group stands in a circle. The first person starts by miming an action (e.g. brushing teeth). The person to his/her left asks, "What are you doing?" and first person answers by naming a second action/activity (e.g.: climbing a ladder). The questioner must then act out climbing a ladder, while the person to their left in turn asks, "What are you doing?" No one stops miming activity until everyone in the circle is doing some activity or action.

People to People

To be played with an odd number of people. The purpose of this activity is to create a human twister. The group stands in pairs in a circle with one person in the middle. The middle person calls out commands, such as "hand to hand" or "elbow to shoulder" to twist up pairs. After 2-3 twists, the middle person calls "people to people". As soon as they hear this, everyone raises their arms and yells, running across the circle. All, including the person in the middle, must find new partners, so one person will be left out and be the new middle person. Repeat.

Clothespin Samurai

The group forms a circle. Two persons are put in the middle blindfolded and with a "sword" (made out of rolled up newspaper). The middle people have several clothespins attached to their clothing (back, arms, legs, shoes, etc.) which they must defend from the other group members using their "sword". Group members must remove pins without getting whacked by the sword. If whacked, you're out. Continue till all the clothespins have been stolen.

Eye Contact Samurai

The group forms a circle with one person in the middle, who calls "heads down". Everyone bows their heads. When the middle person says, "heads up", everyone looks up and at anyone else in the circle. If any pair makes direct eye contact, they must swap places, with the middle person trying to get into one of the two places. The person left out becomes the new middle person.

Partner Tag

In twos, partners link arms. One pair starts as "it" and separates, with one of the two chasing the other. Everyone else in pairs just walks around. The person being chased is "safe" when he/she link arms with anyone, but whoever is on the other side of the newly linked person is now solo and can be tagged by the chaser. The new person being chased becomes safe by linking with anyone he/she chooses, forcing someone else to unlink and be chased.

Group Formation Activities

These activities can be used to form groups for various sessions. Generally for trainings and workshops, participants tend to sit with people whom they know or are friendly with. The activities below can help you to form groups democratically.

One, Two, Three...

Ask the participants to give themselves a number starting from one to a particular number (depending on the number of groups you wish to create – usually between four and seven groups). Example for creating 5 groups: ask the first 5 to call out their individual number from 1-5. The 6th person begins with 1 again and so on. When everyone has a number, ask all participants with the same number to form one group – all the Number 1's together, number 2's together etc. If the desired number of groups is larger/smaller, you can increase/decrease the count and the number of groups.

Friends

Ask all the participants to move randomly around the room and follow the pace of the facilitator's clapping. As the clapping becomes faster participants move faster. Then the facilitator calls out a number and that number of people must come together to form a group. E.g. If the facilitator calls out "4 friends", the participants will divide themselves in groups of fours and so on.

Family Picture

Participants to create a family portrait with 5-6 members. For example, a nuclear family, a joint family, extended family, a childless couple, a modern family, a family living in the city, the village etc. Tell all participants that you want to see who's who in the family. So one can have a father, mother, daughter, cat etc. This only works when participants observe each other very carefully to ensure that the family roles are not repeated (i.e., you do not end up with 2 fathers).

Note: *This activity can also be used to explore gender roles by analyzing the positions of various members of the family within the portrait. For example, is the patriarch in the middle? Where do wives stand relative to their husbands?*

Sexuality Energizers

These energizers can be used to bring out participants' assumption of gender stereotypes and will help in discussing sexuality as well.

Mirror

Place people into pairs, a male and a female. One person is the actor, the other, the mirror. The mirror does whatever the actor does, mirroring their actions exactly, without sound. After some time, the pair switches roles. Instruct both partners to maintain constant eye contact during this activity so that the actions of both people involved are as close to identical as they can manage. One can discuss how comfortable the pairs were during eye contact, how it felt, why such feelings arose etc. It is likely that especially when people are not used to daily interaction with the other sex, they will have felt somewhat uncomfortable.

Mimicking the Other Sex

Ask one male and one female participant to act out a day's routine in a female life (by the male) and male life (by the female). Certain stereotypical actions which can be related to gender differences will likely arrive and can be discussed. This can also be done in larger groups with males playing females and vice versa.

What is in Your Wallet/ Purse?

Ask a male and female participant to volunteer for this activity and hand in their wallet and purse respectively and place them in the center. Ask group members to guess what might be found in the purse and the wallet. Certain items mentioned by the group would be gender based. Then ask the volunteers to open their wallet/purse and show the group the contents one by one.

Dumb Charades

A creative and active game that can produce gales of laughter as players try to act out terms or concepts without speaking.

Materials required for dumb charades: Watch or timing device, slips of paper (blank or already containing health terms), two baskets, hats or other containers for the slips, scorekeeping method.

Play: Form two teams. Divide the slips of paper between the teams. If the slips of paper are blank, allow the teams to privately consult and fill in the blanks with terms, phrases or concepts related to the topics of the workshop. Choose a neutral time-keeper/scorekeeper, or have the teams take turns. Review the gestures and hand signals and invent any others as needed. To play, teams take turns having a player choose a slip from another team's basket. Without speaking, the player must use gestures and actions to help his/her team members guess what is written on the slip, within three minutes. Normally the game continues until every player has had a chance to "act out" a phrase. Scoring may be based on one point for every slip correctly guessed. Another scoring option is based on the total time that each team needed for all of the rounds. With this system, the team with the lowest score wins the game.

Gestures to be used:

- **Number of words in the phrase:** Hold up the number of fingers.
- **Which word you're working on:** Hold up the number of fingers again (example, one finger for first word, two fingers for second word).
- **Number of syllables in the word:** Lay the number of fingers on your other forearm.
- **Which syllable you're working on:** Lay the number of fingers on your forearm again.
- **Length of word:** Make a "little" or "big" sign as if you were measuring a fish.
- **"On the nose"** (i.e., someone has made a correct guess): point at your nose with one hand, while pointing at the person with your other hand.
- **"Sounds like":** Cup one hand behind an ear.

Possible terms: Physiology (reproductive organs, systems, or actions like pregnancy, ovulation, puberty, and contraception), emotions, healthy habits, popular songs or movies related to sexuality, behaviors, school concepts, sports, career options.

SOURCES

Annexure 1.1-1.4 adapted from the following sources:

- Julie Mertus with Nancy Flowers and Mallika Dutt, "Local Action Global Change: Learning About the Human Rights of Women and Girls" (Ohio, UNIFEM & Center for Women's Global Leadership, 1999)
- Vidya Shah and Devika Sahdev, "Strength in Action – An Educators Guide to Preventing Domestic Violence" (New Delhi, Breakthrough, 2004)
- Ann Hendrix-Jenkins, Sam Clark, Willow Gerber, Joyce LeFevre, Rebeca Quiroga and others, "Games for Adolescent Reproductive Health" (PATH Washington D.C, product of the PATH Games for Health Team)
- http://www.tilz.tearfund.org/publications
- http://www.humanpingpongball.com
- http://www.humanresources.about.com
- http://www.usta.com/communitytennis

ANNEXURE 2

Further Information for Facilitators

ANNEXURE 2.1

An Explanation of the *Circles of Sexuality*

Sexuality is much more than sexual feelings or sexual intercourse. It is an important part of who a person is and what she/he will become. It includes all the feelings, thoughts, and behaviors associated with being female or male, being attractive and being in love, as well as being in relationships that include sexual intimacy and sensual and sexual activity. It also includes enjoyment of the world as we know it through the five senses: taste, touch, smell, hearing, and sight.

Circle #1 – Sensuality

Sensuality is the awareness of the feeling of your own body and other people's bodies, especially the body of a sexual partner. Sensuality enables us to feel good about how our bodies look and feel and what they can do. Sensuality also allows us to enjoy the pleasure our bodies can give us and others. This part of our sexuality affects our behavior in several ways.

- **Body image** – Feeling attractive and proud of one's own body and the way it functions, influences many aspects of life. Adolescents often choose media personalities as the standard for how they should look, so they are often disappointed by what they see in the mirror. They may be especially dissatisfied when the mainstream media does not positively portray physical characteristics the teens see in the mirror, such as color of skin, type of hair, shape of eyes, height, or body shape.
- **Experiencing pleasure and release from sexual tension** – Sensuality allows a person to experience pleasure when certain parts of the body are touched and as the culmination of the sexual response cycles with a partner. People also experience sensual pleasure from taste, touch, sight, hearing, and smell.
- **Satisfying skin hunger** – The need to be touched and held by others in loving, caring ways is often referred to as *skin hunger*. Adolescents typically receive considerably less touch from their parents than do younger children. Many young adults satisfy their *skin hunger* through close physical contact with peers. Sexual intercourse may sometimes result from a young adult's need to be held, rather than from sexual desire.
- **Feeling physical attraction for another person** – The center of sensuality and attraction to others is not in the genitals (despite all the jokes). The center of sensuality and attraction to others is in the brain, which is truly the most important "sex organ". The unexplained mechanism responsible for sexual attraction rests in the brain, not in the genitalia.
- **Fantasy** – The brain also gives people the capacity to have fantasies about sexual behaviors and experiences. Adolescents often need help understanding that sexual fantasy is normal and that one does not have to act upon sexual fantasies.

Circle #2 – Sexual Intimacy

Sexual intimacy is the ability to be emotionally close to another human being and to accept closeness in return. Several aspects of intimacy include:

- **Sharing** – Sharing intimacy is what makes personal relationships rich. While sensuality is about physical closeness, intimacy focuses on emotional closeness.
- **Caring** – Caring about others means feeling their joy and their pain. It means being open to emotions that may not be comfortable or convenient. Nevertheless, an intimate relationship is possible only when we care.
- **Liking or loving another person** – Having an emotional attachment or connection to others is a manifestation of intimacy.
- **Emotional risk-taking** – To have true intimacy with others, a person must open up, trust and share feelings and personal information. Sharing personal thoughts and feelings with someone else is risky, because the other person may not feel the same way. But it is not possible to be really close with another person without being honest and open with her/him.
- **Vulnerability** – To have intimacy means that we share and care, like or love, and take emotional risks. That makes us vulnerable – the person with whom we share, about whom we care, and whom we like or love, has the power to hurt us emotionally. Intimacy requires vulnerability on the part of each person in the relationship.

Circle #3 – Sexual Identity

Sexual identity is a person's understanding of whom she/he is sexually, including the sense of being male or of being female. Sexual identity consists of three "interlocking pieces" that, together, affect how each person sees him/herself. Each "piece" is important.

- **Gender identity** – Knowing whether one is male or female. Most young children determine their own gender identity by age two. Sometimes, a person's biological gender is not the same as his/her gender identity – this is called being transgender.
- **Gender role** – Identifying actions and/or behaviors for each gender. Some sex characteristics are determined by the way male and female bodies are built or function and these are biologically determined and have nothing to do with gender roles. For example, only women menstruate and only men produce sperm. However gender *roles* are culturally determined.

  There are many "social expectations" about what men and women can or should do, that have nothing to do with the way their bodies are built or function. This aspect of sexuality is especially important for young adolescents to understand since peer, parent, and cultural pressures to be "masculine" or "feminine" increase during the adolescent years. Both young men and young women need help sorting out how perceptions about gender roles affect whether they feel encouraged or discouraged in their choices about relationships, leisure activities, education, and career.
- **Gender bias** - means holding stereotypical opinions about people according to their gender. Gender bias might include believing that women are less intelligent or less capable than men, that men suffer from "testosterone poisoning," that men cannot raise children without the help of women, that women cannot be analytical, that men cannot be sensitive. Many times, people hold fast to these stereotyped opinions without giving rational thought to the subject of gender.
- **Sexual orientation** – This is defined by whether a person's primary attraction is to people of the other gender (heterosexuality) or to the same gender (homosexuality) or to both genders (bisexuality). Sexual orientation begins to emerge by adolescence although many gay and lesbian youth say they knew they felt same-sex attraction by the age of 10 or 11. Heterosexual, gay, lesbian, and bisexual youth can all experience same-gender sexual attraction and activity around puberty.

  Between three and 10 percent of the general population is probably exclusively homosexual in orientation. Perhaps another 10 percent of the general population is exclusively heterosexual. The other 80 percent fall in a range of the category of bisexuality with preference for one or the other.

  It is important to remember that sexual play with same-gender peers, crushes on same-gender adults or sexual fantasies about same-gender people are normal for pre-teens and young teens and are not necessarily related to sexual orientation.

Circle #4 — Reproduction and Sexual Health

This refers to a person's capacity to reproduce and the behaviors and attitudes that make sexual relationships healthy and enjoyable.

- **Factual information about reproduction** is necessary so youth will understand how male and female reproductive systems function and how conception or STIs occur. Adolescents often have inadequate information about their own or their partner's body. Teens need this information so they can make informed decisions about sexual expression and protect their health. Youth need to understand anatomy and physiology because every adolescent needs knowledge and understanding to help appreciate how his or her body functions.
- **Feelings and attitudes** are wide-ranging when it comes to sexual expression and reproduction and to sexual health-related topics such as STIs, HIV and AIDS, contraceptive use, abortion, pregnancy, and childbirth.
- **Sexual intercourse** is one of the most common behaviors among humans. Sexual intercourse is a behavior that may produce sexual pleasure that often culminates in orgasm in females and in males. Sexual intercourse may also result in pregnancy. It can also result in Sexually Transmitted Infections, or STIs. In programs for youth, discussion on sexual intercourse is often limited to the bare mention of male-female (penile-vaginal) intercourse. However, youth need accurate information about three types of sexual intercourse – vaginal, oral, and anal intercourse.
- **Reproductive and sexual anatomy** – The male and female body and the ways in which they actually function is a part of sexual health. Young people can learn to protect their reproductive and sexual health. This means that they need information about all the effective methods of contraception currently available, how they work, where to obtain them, their effectiveness, and their side effects. This means that youth also need to know how to use latex condoms to prevent STIs. Even if they are not currently engaging in sexual intercourse, they probably will be, at some point in the future. They must know how to prevent pregnancy or disease.

  Finally, youth also need to know that traditional methods of preventing pregnancy (that may be common in that particular community or culture) may be ineffective and may, depending on the method, even increase susceptibility to STIs. The leader will need to determine what those traditional methods are, their effectiveness, and their side effects before he/she can discuss traditional methods of contraception in a culturally appropriate and informative way.
- **Sexual reproduction** – The actual processes of conception, pregnancy, delivery, and recovery following childbirth are important parts of sexuality. Youth need information about sexual reproduction – the process whereby two different individuals each contribute half of the genetic material to their child. The child is, therefore, not identical to either parent.

Circle #5 – Sexualization

Sexualization is that aspect of sexuality in which people behave sexually to influence, manipulate, or control other people. Sexualization spans behaviors that range from the natural and relatively harmless to the sadistically violent, cruel, and criminal. These sexual behaviors include flirting, seduction, withholding sex from an intimate partner to punish her/him, sexual harassment, sexual abuse and rape. Youth need to know that no one has the right to exploit them sexually and that they do not have the right to exploit anyone else sexually.

- **Flirting** – Is a relatively harmless sexualization behavior. If done insensitively, however, it can be an attempt to manipulate someone else, and can cause them to feel hurt, humiliation, and shame.
- **Seduction** – Is more harmful behavior. It always implies manipulating someone else, usually so that the other person will have sexual intercourse with the seducer. The seducer is using the person seduced for his/her own sexual gratification.
- **Sexual harassment** – Is illegal behavior. Sexual harassment means harassing someone else because of her/his gender. It could mean making personal, embarrassing remarks about someone's appearance, especially characteristics associated with sexual maturity, such as the size of a woman's breasts or of a man's testicles and penis. It could mean unwanted touching, such as hugging a subordinate or patting someone's bottom. It could mean demands by a teacher, supervisor, or other person in authority for sexual intercourse in

exchange for marks, promotion, hiring, raises, etc. All these behaviors are manipulative. The law in India provides protection against sexual harassment. Youth should know that they have the right to file a complaint with the authorities if they are sexually harassed and that others may complain of their behavior if they sexually harass someone.

- **Rape** – Means coercing or forcing someone else to have genital contact with another. Force, in the case of rape can include use of overpowering strength, threats or implied threats that arouse fear in the person raped. Youth need to know that rape is always illegal and always cruel. They are legally entitled to protection from the criminal justice system if they are the victims of rape and they may be prosecuted if they force anyone to have genital contact with them for any reason. Refusing to accept 'no' and forcing the other person to have sexual intercourse always means rape.
- **Incest with a minor** – Forcing sexual contact on a minor who is related to the perpetrator by birth or marriage. Incest with a minor is always illegal and is extremely cruel because it betrays the trust that children and youth give to their families. Moreover, because the older person knows that incest is illegal and tries to hide the crime, he/she often blames the child or youth. The triple burden of forced sexual contact, betrayed trust, and self-blame is particularly damaging to survivors of incest.

Adapted from Life Planning Education - Advocates for Youth (Washington DC ©1995)

ANNEXURE 2.2
Sexual Terms and Definitions

Abstinence, sexual
The voluntary decision not to engage in sexual relations of any kind. In some cases, it is the decision not to engage in penetrative sex. Reasons for abstinence include, among other things, periodic abstinence for contraception, disease, or pregnancy prevention, and abstinence for religious reasons.

Anal sex
Sexual activity characterized by anal stimulation or penetration with finger, penis, objects, lips, mouth, or tongue.

Arousal
See Excitement.

Bisexual
1. Of, relating to, or having a sexual orientation to persons of both sexes.
2. A person who identifies himself or herself as having a sexual orientation toward both sexes.

Body rubbing (dry humping)
Rubbing bodies together, especially sexual organs, sometimes leading to orgasm.

Celibacy
1. Abstinence from sexual intercourse.
2. Abstinence from all sexual activity and sexual relations.

Cervix
The lower part of the uterus that protrudes into the vaginal canal and allows the passage of menstrual flow from the uterus and passage of sperm into the uterus.

Circumcision
The act of cutting off the prepuce, or foreskin, of males or the external structures of females.

Clitoridectomy
Removal of part or all of the clitoris (associated with female genital cutting).

Climacteric
A period of life characterized by physiological midlife changes for women and men. Immediately preceding menopause in women and continuing for 15 or more years beyond menopause

Clitoris
An erectile, hooded organ at the upper joining of the labia that contains a high concentration of nerve endings and is very sensitive to stimulation.

Coitus (sexual intercourse, copulation, vaginal intercourse)
Insertion of the penis into the vagina, followed by rhythmic movement often leading to orgasm.

Coitus interruptus
Withdrawal of the penis during penile-vaginal intercourse before ejaculation.

Condom
A flexible sheath (usually made of thin latex or polyurethane) designed to cover the penis (male condom) or vulva (female condom) during sexual intercourse for contraceptive purposes or as a means of preventing sexually transmitted infections.

Cunnilingus (oral sex on a woman)
Stimulation of the external genitals of the woman with lips, mouth or tongue. This practice may or may not lead to orgasm.

Ejaculation
The moment when rhythmic contractions of the urethra cause semen to be discharged from the penis.

Erection
The firm and enlarged condition of a body organ (e.g., penis, clitoris, nipples) when the erectile tissue surrounding it becomes filled with blood. When the penis fills with blood and becomes hard, this is called an erection. It is time to put on a latex condom if having sexual intercourse.

Erogenous zones
Highly innervated areas of the body that are especially sensitive and responsive to sexual stimulation, thus causing sexual arousal and sexual pleasure. Common areas identified as erogenous zones include neck, earlobes, mouth, lips, nipples, genitalia, buttocks, inner thighs, anus, backs of knees, fingers, and toes.

Erotic
Tending to arouse sexual desire.

Excitement (arousal)
A stage of the sexual response cycle characterized by increased heart rate, blood pressure, body muscle tension, sexual flush, and erection of the nipples in both sexes. In women, vaginal lubrication and swelling of the vulva, in men, scrotal thickening and movement of the testes closer to the body.

Fellatio (oral sex on a man)
Stimulation of the penis using the lips, mouth, or tongue. This practice may or may not lead to orgasm, and the partner may or may not swallow the ejaculate.

Foreplay
Physical and sexual stimulation (such as kissing, touching, stroking, and massaging) usually preceding sexual intercourse.

Foreskin
A retractable tube of skin that covers and protects the glans of the penis.

G-spot (Grafenberg spot)
A small area (about 1–2 cm) on the front wall of the vagina that is especially sensitive to sexual stimulation in some women and may be the source of a small amount of fluid ejaculated at orgasm.

Gay
1. A person who identifies himself or herself as homosexual.

Gender
Refers to what a person, society, or legal system defines as "female" or "male."

Gender identity
Refers to the personal, private conviction each individual has about being "feminine" or "masculine."

Gender roles
The set of socially or culturally defined attitudes, behaviors, expectations, and responsibilities considered appropriate for women (feminine) and men (masculine).

Glans penis (glans)
The head of the penis, the glans includes the most highly innervated part of the penis and is covered by the foreskin in men who are not circumcised.

Heterosexual
Physical and romantic attraction to people of the opposite gender.

Homosexual
1. Of, relating to, or having a sexual orientation to persons of the same sex.
2. A person who identifies himself or herself as gay or lesbian.

Hymen
A fold of thin, fleshy tissue that stretches across part of the opening of the vagina in some women.

Impotence
Inability to achieve erection, low sperm count and inability to have children. *See* erectile dysfunction.

Incest
Sexual contact between closely related individuals that violates socio-cultural or religious norms or laws. (Definitions of the type of kinship within which sex is forbidden vary widely between cultures.)

Intercourse
Insertion of the erect penis into the vagina or anus. (May also be used to describe other forms of sexual activity, such as interfemoral intercourse, oral intercourse, or mammary intercourse).

Lesbian
1. Of or relating to female homosexuality.
2. A woman who identifies herself as homosexual.

Masturbation
Gentle rubbing of the genitals by oneself or with another individual (mutual masturbation) is one way to release sexual tension without having sexual intercourse.

Masochism
Sexual arousal or orgasm dependent on receiving punishment, discipline, humiliation, or servitude.

Menarche
A woman's first menstruation.

Multiple orgasm
Passing immediately from the orgasm stage of the sexual response cycle to the plateau stage and back to the orgasm stage without passing through the resolution stage.

Oral-genital sex
Stimulation of the genital organs using the mouth.

Orgasm
The fourth stage of the sexual response cycle, characterized by the peak of sexual tension, resulting in release of tension through muscular contractions of the uterus, vagina, anus, and pelvic floor in women and contractions of the urethra, anus, and pelvic floor in men. In men, orgasm can trigger contractions of the ejaculatory duct and prostate gland, causing semen to be ejected from the body through the penis.

Penis
The part of the male genitalia that provides pleasure; it can be stimulated without having sexual intercourse. Males should use a latex condom over the erect penis during oral, vaginal, or anal intercourse.

Pornography
Sexually explicit pictures, writing, or other material whose primary purpose is to cause sexual arousal.

Premature ejaculation (PE)
A condition in men characterized by persistent or recurrent ejaculation with minimal sexual stimulation before, on, or shortly after penetration and before the person wishes it.

Rape
Any kind of sexual intercourse (vaginal, oral, or anal) that is committed against a person's will or is committed with physical force or with a threat to hurt the victim or another person.

Reproduction
The sexual or asexual process by which organisms generate new individuals of the same kind; procreation.

Reproductive rights
Reproductive rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. They also include the right of all to make decisions concerning reproduction free of discrimination, coercion and violence.

Reproductive tract infection
Infectious diseases of the genitourinary tract that include STI, other common infections of the genital tract (e.g., candidiasis), and infections associated with clinical procedures, such as IUD insertion.

Safe sex (often "safer sex")
A commonly used term describing sexual practices which minimize the exchange of blood, semen, and vaginal fluids. These sexual practices reduce the risk of contracting an STI/HIV infection and thus are referred to as 'safer sex'. A broader definition might include relations that lower the risk for disease, unintended pregnancy, violence, coercion, or abuse of power.

Sex toys
Objects used for or designed for enhancing sexual pleasure (including dildos, vibrators, and implements used for bondage).

Scrotum
A pouch of skin hanging directly under the penis that contains the testes and functions to protect the testes and to maintain the temperature necessary for the production of sperm by the testes.

Sexuality
Sexuality involves giving and receiving sexual pleasure, as well as enabling reproduction. Sexuality is a total sensory experience, involving the whole mind and body—not just the genitals. A reflection of the total expression of who we are as human beings, sexuality is shaped by our values, attitudes, behaviors, physical appearance, beliefs, emotions, personality, likes and dislikes, and spiritual selves, as well as all the ways in which we have been socialized.

Sexual orientation
The erotic or romantic attraction (preference) for sharing sexual expression with the opposite sex (*heterosexuality*), one's own sex (*homosexuality*), or both sexes (*bisexuality*).

Sexual pleasure
A good feeling that people get when they have sex with someone else or are physically close to another person.

Sexual practices
Activities related to sexual expression that are performed habitually or repeatedly

Sexual rights
Sexual rights embrace human rights that are already recognized in national laws, international human rights documents and other consensus documents.

Sexually transmitted infections (STIs or STI)
Infections usually passed from person to person by sexual contact. Also called *sexually transmitted diseases (STDs)*.

Sodomy
Any sexual act that is not penile-vaginal penetration. Usually refers to oral or anal intercourse, but various legal definitions may include other activities.

Transgender
This is a blanket term for any person whose internal gender identity differs from physiological gender.

Transsexual
This is a person who wants to change his or her physiological gender, and to live permanently in the new gender role.

Transvestism (cross-dressing)
Dressing in clothes traditionally used by members of the opposite sex. In some people, cross-dressing may be a compulsion, or sexual arousal may be dependent upon cross-dressing. Many transvestites are heterosexual men whose behavior pattern does not lead to transsexualism (living and passing socially as a member of the opposite gender). Other transvestites are homosexual men ("drag queens"), who often develop elaborate feminine personas.

Vagina
A muscular, highly expandable, tubular cavity leading from the vestibule to the uterus. The vagina has membranes that can absorb HIV during penile-vaginal intercourse. The vagina also secretes fluids that can transmit HIV if the woman is HIV-infected.

Vaginal intercourse (coitus)
Inserting the penis into the vagina.

Vulva
The external genital organs of the female, including the labia majora, labia minora, clitoris, and vestibule of the vagina.

Adapted from http://www.engenderhealth.org/res/onc/sexuality/glossary/

Terms Relevant to HIV and STI Prevention Education

AIDS Acquired immunodeficiency syndrome; a collection of illnesses which signal that ones immune system has been damaged or suppressed by HIV infection.

Antibody A specialized cell found in the blood that attacks and kills or attempts to kill a specific bacteria or virus.

Anus The anus can be easily bruised or injured during anal intercourse, providing an easy route for HIV transmission if intercourse is unprotected.

Asymptomatic Showing no outward sign of infection, not feeling sick.

AZT Zidovudine, a medicine which helps the body strengthen the immune system and can improve the health of a person infected with HIV.

Blood Blood can transmit HIV. The International Red Cross and other government blood banks ensure that the blood used in hospitals and other medical situations is safe.

CD4 One of two protein structures on the surface of a human cell that allows HIV to attach, enter, and thus infect the cell; CD4 molecules are present on CD4 cells (helper t-lymphocytes), which play an important role in fighting infections.

Communication Good communication is necessary in order to negotiate sexual abstinence or condom use between romantic/sexual partners.

Confidential testing Testing in which people must give a name but the information is kept confidential.

ELISA test Enzyme-linked immunosorbent assay –a commonly used test used to detect the presence or absence of HIV antibodies in the blood; a positive ELISA test result is indicative of HIV infection and must be confirmed by another test – Western Blot.

Fear People often fear people with HIV because they don't understand how it is transmitted. Sometimes, fear of getting the virus may act as a positive catalyst for safer behavior; at other times it does not.

HAART Highly active anti-retroviral therapy – aggressive anti-HIV treatment, includes combination of protease and reverse transcriptase inhibitors, whose purpose is to reduce viral load to undetectable levels; also referred to as drug cocktails.

Helper These cells play an important role in fighting infections by attacking and killing foreign bodies.

T-lymphocytes Known as 'T cells', t-lymphocytes help are part of our immune system that help our bodies fight bacteria and viruses in the blood stream. Only when HIV has destroyed most of the T cells does the person develop AIDS.

HIV Human immunodeficiency virus – the virus shown to cause AIDS.

HIV infection Infection with the human immunodeficiency virus which may or may not make the infected person feel or be sick.

HIV-negative HIV-negative (HIV-) means that a person's blood is not producing antibodies to human immunodeficiency virus (HIV). A person whose blood is producing antibodies to HIV is HIV-positive (HIV+).

HIV-positive HIV-positive (HIV+) means that an individual has tested positive for HIV antibodies – white blood cells that are created by an individual's immune system because of the presence of HIV. Those not showing HIV antibodies are HIV-negative (HIV-).

Immune system A system in the body that fights and kills bacteria, viruses, and foreign cells and which is weakened by HIV.

Injection Drug Use Taking drugs for non-medical purposes by injecting them under the skin or into a vein with a **drug use** needle and syringe; using needles that have previously been used by other people can transmit HIV.

Kaposi's sarcoma a type of cancer once commonly found only in older men and now frequently seen in people infected with HIV.

Lubrication For greater comfort and safety during sexual intercourse, latex condoms should be used with a water soluble lubricant, such as KY jelly. Oil-based lubricants, such as Vaseline or hand cream, should **not** be used with latex condoms because oil destroys latex.

Marriage Waiting until marriage to have sexual intercourse is a value held by some people and some religions. But it is advisable for the "would-be couple" to go for a HIV test together before marriage and use a condom correctly and consistently after marriage too.

Mother to child transmission: An HIV infected pregnant woman can transmit HIV to her fetus before its birth and to her infant(s) during birth or in breastfeeding. Not all babies born to HIV-positive mothers will be HIV infected. When the mothers take medication, such as AZT, the virus is passed on to the baby only about 10 percent of the time.

Nonoxynol-9 Nonoxynol-9 (N-9) is a spermicide, an agent that kills sperm. An important research with commercial sex workers highlighted that N-9 did **not** prevent HIV transmission and may have caused more transmission of HIV. Women who used N-9 frequently had more vaginal lesions, which might have facilitated the transmission of HIV. N-9 should **not** be recommended as an effective means of HIV prevention.

Opportunistic Infections or cancers that normally occur only in someone who has a weakened immune system due to AIDS, cancer, chemotherapy, or immunosuppressive drugs. Kaposi's sarcoma and pneumocystis carini pneumonia are examples of an opportunistic cancer and an opportunistic infection, respectively.

Pill Oral contraception (the pill) is an effective form of birth control, but it provides no protection against HIV. Latex condoms must be used during sexual intercourse to prevent HIV or STIs.

PLWA (PLWH) Person living with AIDS, or person living with HIV.

Protease An enzyme that triggers the breakdown of proteins; HIV's protease allows the virus to multiply within the body.

Protease inhibitor A drug that binds to HIV protease and blocks it from working, preventing the production of new and functional viral particles.

Relationships In healthy romantic relationships, both partners can communicate clearly about their needs, including their sexual desires and limits.

Respect Having respect for ones romantic or sexual partner means listening, communicating, and trusting each other, all of which are necessary to negotiate abstinence or condom use. Also being able to say clearly what one wants and needs.

Retrovirus The type of virus that stores its genetic information in a single-stranded RNA molecule, instead of in double-stranded DNA. HIV is a retrovirus. After a retrovirus enters a cell, it constructs DNA versions of its genes using a special enzyme called reverse transcriptase. In this way, the retrovirus' genetic material becomes part of the cell.

Reverse transcriptase A viral enzyme that constructs DNA from an RNA template – an essential step in the life cycle of a retrovirus such as HIV.

Semen The fluid ejaculated by a male at orgasm. Semen carries sperm and also HIV when the male is HIV infected. Semen can transmit HIV.

Seroconversion Development of detectable antibodies to HIV in the blood as a result of infection with HIV. It normally takes several weeks to several months for antibodies to the virus to appear after HIV transmission. When antibodies to HIV appear in the blood, a person will test positive in the standard ELISA test for HIV.

Sexual Abstinence from sexual intercourse is the most certain way to protect oneself from the sexual transmission of HIV.

Status Whether one is or is not infected with HIV or other STIs; awareness of whether one is infected with HIV or other STIs.

STD Sexually transmitted disease, another commonly used acronym for STI.

STI/STIs Sexually Transmitted Infections.

Trust Trusting that sexual partners will tell the truth about past behaviors or HIV/STI status may not always be safe. Trusting that sexual partners always know the truth about HIV/STI status is also not always safe.

Undetectable Status of some PLWH whose viral level has dropped so much that the virus is undetectable in their blood; the person is still living with HIV (Magic Johnson is a famous example).

Victim The word victim (as in "AIDS victim" or "innocent victim") is a word that many people with HIV/AIDS find demeaning. More acceptable terms are PLWH (for Person Living with HIV) and PLWA (for Person Living with AIDS).

Viral load The amount of HIV per unit of blood plasma; used as a predictor of disease progression. *See also* Retrovirus.

Western blot A test for detecting antibodies to HIV in the blood, it is commonly used to verify positive ELISA tests. A western blot is more reliable than the ELISA, but it is more costly and difficult to perform. All positive HIV antibody tests should be confirmed with a Western Blot test.

ANNEXURE 2.3

Know HIV / AIDS Better

What is AIDS?

AIDS stands for Acquired Immunodeficiency Syndrome. AIDS is an acquired condition of deficit immunity or weakened defence system of the body caused by the Human Immunodeficiency Virus (HIV). This means AIDS itself is not a single disease. It is a condition in which the infected person is vulnerable to and incapable of fighting both common and serious infections. There are four basic types of illnesses that people may suffer when they have AIDS: cancer, fungal infections, pneumonia, and viral infections.

What is the difference between HIV and AIDS?

The virus that causes AIDS is called Human Immunodeficiency Virus (HIV). People who are infected with HIV may have no symptoms and may not be sick, yet they can still infect others through having unprotected sexual intercourse or by sharing needles. HIV infects and weakens the immune system. AIDS is a group of illnesses acquired when our immune system is so weakened by HIV that it is unable to defend against infections. HIV-positive people will eventually develop AIDS. This can take as long as 10 years or more with proper treatment and health care. Without anti-retroviral therapy, some people develop AIDS in as few as two or three years or less. AIDS is the terminal stage of infection by the HIV virus.

How does one become infected with HIV?

You can become infected if the blood, semen, or vaginal fluid of someone who has HIV enters your body. The routes of transmission are:

- Having sex (including oral and anal sex) with a person who has HIV without using a condom correctly.
- Using needles for intravenous drug use that are contaminated with HIV.
- Body piercing or tattooing or being cut with needles, razors, or other sharp objects that have not been sterilized and are contaminated with HIV.
- Blood transfusions during operations or medical emergencies with blood that has not been properly screened and is contaminated with HIV.
- In addition, children can be infected in the womb, during childbirth, or during breastfeeding if their mothers have HIV.

Can I get HIV through casual contact with infected people?

No. It is not possible to be infected by going to the same restaurant, using the same toilet, drinking from the same glass, or doing anything that does not involve blood, semen, or vaginal fluids from an infected person entering your body.

- Kissing an infected person cannot transmit HIV unless the infected person's blood mixes with your

blood through open cuts or sores.

- You cannot get HIV infection from a toilet, public or private, clean or dirty. The HIV virus does not survive outside bodily fluids or in the open for long. The virus dies with in 2-6 minutes after being exposed to air.
- Mosquitoes and other insects like lice, ticks or bed bugs do not spread HIV. They only *suck* blood, they can not *inject* it, and most importantly, the HIV virus does not survive within an insect's body.

Can donating blood put one at risk of HIV infection?

When you donate blood, it is removed from the body and not injected into it. Remember that HIV cannot infect you unless infected blood enters your body. Donate blood but make sure you insist on disposable/sterilized needles while doing so.

Can you tell by looking at someone if they have HIV or an STI?

People can and do have STIs without having any symptoms. People infected with HIV generally have no symptoms for some time, even years, after infection. However, the infected person can pass on the virus to others through unprotected sex, donating blood etc. You can tell if a person is infected only by testing a blood sample for HIV antibodies. People living with HIV can develop health problems, but so can others who do not have HIV.

Is there a vaccine or medicines that can protect me from HIV/ AIDS and STIs?

Herpes and human papillomavirus (genital warts) are STIs caused by viruses. Neither can be cured at the present time. AIDS is a terminal disease and till now there has been no cure for it, but research is underway. Currently, allopathic medicines like AZT used in combination with other drugs form the main treatment. Early diagnosis and effective treatment of opportunistic infections also helps to keep HIV in check and prolong life expectancy. People with HIV have also found homeopathy and ayurveda helpful in managing their illness.

Is there any 100% effective way to protect myself from HIV/AIDS?

Yes. You can avoid HIV infection if you:

- Abstain from sex entirely, or you and your partner have sex only with each other and are certain that neither of you is infected with HIV. The only way to be sure that you and your partner are free of HIV is to get tested for HIV together and to see the results together.
- Practice safer sex through correct and consistent condom use.
- Insist on HIV-free blood if you need a blood transfusion.
- Insist on disposable needles and syringes.
- Do not get body piercings or tattoos or use needles, razors, or other sharp objects that others may have used and have not been sterilized since.

When and why should I use a condom?

Almost 85% of all HIV infections are through unprotected sexual intercourse. Also remember that even one unprotected sexual encounter with an infected person can put you at risk of HIV infection. If you are not sure about your sexual partner's status, you should always use a condom.

Do condoms protect against HIV infection?

Yes. Using either male or female condoms correctly in every sexual act (including the first time you have sex), reduces risk of HIV infection as well as other STDs. Another benefit of condoms is that they also prevent pregnancy. Using good quality condoms every time is very important. So is using condoms correctly, so that they do not break or slip off during sex. Many people do not use condoms consistently or correctly and thus risk HIV infection.

If a sex partner wants to use a condom, does that mean the person has HIV or thinks the other person does?

No. Many people use condoms because it is a safer way to have sex. In fact the condom is the only contraceptive method that provides dual protection—that is, it protects both against STDs & HIV infection and also against pregnancy. Some people prefer to use a condom to avoid the risk of HIV along with another contraceptive method for added protection against pregnancy.

What happens if I have HIV/AIDS and have unprotected sex or inject drugs with another person who has HIV/AIDS?

The two of you will still have HIV/AIDS. Your health may worsen, in fact, because each of you is giving the other more of the virus. This is called re-infection.

How can I be sure that I do not have HIV?

You can be tested for HIV. Only an HIV test can detect antibodies to HIV, which the body produces when virus or bacteria are present. It usually takes three to six months after exposure to HIV for a test to detect these antibodies. Several kinds of HIV tests are available at health clinics and other facilities. The most common tests require a sample of blood, urine, or inner cheek cells. An HIV test should also include a counseling session with a health professional before and afterwards to help you understand the test and its results and to answer your questions.

When should I have an HIV test?

It is important to be tested if you currently engage in or have ever engaged in behavior that might expose you to HIV infection, such as having multiple partners, having sex without a condom or injecting drugs.

Some specific occasions for having an HIV test include:

- You are about to begin a sexual relationship with someone, and you both want to be sure that there is no risk for HIV infection.
- You and your partner plan to have a baby and want to be sure that the baby will not face the risk of HIV infection from the mother during pregnancy, childbirth, or breastfeeding.
- You want to confirm your own HIV status because a sexual partner or someone you shared needles with is seriously ill or has just died, and you suspect AIDS.

What are the possible results of an HIV test?

A test result can be HIV-negative, HIV-positive, or indeterminate. If you test HIV-negative, it probably means that you are not infected, although it is possible that you took the test too soon after exposure to HIV for the antibodies to have developed. If you test HIV-positive, it is almost certain that you are infected. The chances that an HIV-positive result is wrong are very low. An indeterminate test result means that it is not clear whether you have HIV or not. You will need to be re-tested in this case. Whatever the results, you sometimes might be asked to take the test again to confirm the result.

Do I have to tell anybody what my HIV/AIDS status is?

Whether to tell anybody your HIV/AIDS status and whom you tell are decisions only you can make. A counselor may be able to help you make the decision.

How can I cope with HIV/AIDS?

While testing HIV-positive is a traumatic experience, it is important to learn to cope with it. Telling close friends and family members with whom you can share your anxieties and fear is helpful. However, before you tell anyone, you need to feel emotionally stable about your HIV status. When you tell people, be prepared to deal with a range of reactions, from fear and anger to compassion and understanding.

You may want to consult an HIV counselor or health care worker and ask for suggestions or advice.

- You should follow a healthy lifestyle and eat nutritious, balanced meals.
- Responsible sexual behavior is critical to protect your health and the health of your sexual partners. Remember even condoms, if not used consistently and effectively are not 100% safe.
- A HIV-positive woman should know the risks involved in getting pregnant.
- Financial planning for the future can also reduce stress.

What is safer sex?

Safer sex means minimizing the risk of HIV infection as much as possible. It does not matter who you are having sex with, but what type of sex you have. Safer sex involves sexual practices that do not involve semen, blood or vaginal fluids entering another person's body. As long as these fluids do not enter another person's body there is no risk of HIV

STATISTICS ABOUT THE EPIDEMIC

GLOBAL SCENARIO

- Worldwide, **40.3 million people today are** living with HIV, of which **17.5 million** are women and **2.3 million** are children.
- More than **25 million** people have died of AIDS since 1981.
- Around **8,500 people** with AIDS are dying every day.
- In 2005 alone, around **3.1 million men, women and children** lost their lives to AIDS.
- The most recent UNAIDS/WHO estimates show that, in 2005 alone, 4.9 million people were newly infected with HIV.

THE FALL OUT OF THE EPIDEMIC

- Africa has **12 million** AIDS orphans.
- By December 2005, women accounted for **46%** of all adults living with HIV worldwide, and for **57%** in sub-Saharan Africa.
- Young people (15-24 years old) account for **half** of all new HIV infections worldwide.
- Of the **6.5 million** people in developing and transitional countries who need life-saving AIDS drugs, only **1 million** are receiving them.

INDIAN SCENARIO

- The Indian National AIDS Control Organization (NACO) estimates that **5.134 million** people were living with HIV in 2004, a substantial increase from 4.58 million in 2002.
- There are currently **120,000 children** living with HIV in India.
- Only South Africa has more people living with HIV.
- The highest HIV prevalence rates are found in Maharashtra in the west; Andhra Pradesh and Karnataka in the south; and Manipur and Nagaland in the north-east.
- In the southern states, infections are mostly due to heterosexual contact, while infections are mainly found amongst injecting drug users in Manipur and Nagaland.

The statistics for AIDS cases may be a poor guide to the severity of the epidemic, as in many situations a patient will die without HIV having been diagnosed, and with the cause of death attributed to an opportunistic infection and not AIDS.

transmission. This means when having penetrative sex (either vaginal or anal) always use a condom or have non-penetrative sex like breast sex, thigh sex, etc.

Vulnerability of Women

"Women living with HIV/AIDS (or more often, suspected of living with HIV and AIDS) are regarded as everything they should not be—sick and slim when they should be healthy; being cared for when they should be caring for others; being sexually deviant when they should be sexually righteous. To be HIV-positive is not to be a proper woman."[17]

- Women are **8 times** more susceptible to HIV infection as compared to men.
- India currently has an estimated 5.2 million HIV/AIDS infections, of which about **2 million** are **women**.
- The majority of HIV-positive women have been infected by their husbands or primary male partners – **heterosexual** transmission constitutes **85% of HIV infections.**
- Less than **100,000** of the 2 million women with HIV are **sex workers.**
- A 1997 study showed that 48.7 percent of women living with HIV experiences violence in the home.
- A study by Asia Pacific Network of People Living with HIV/AIDS (ANP+) shows women with HIV are significantly more likely than men to experience discrimination within the family and the community including ridicule, harassment, physical assault and being forced to change their

place of residence.

Increase of HIV/AIDS amongst women is one more manifestation of women's unequal status in society. Women find it very difficult to negotiate safer sex or condom use. Whether a sex worker, wife, or girlfriend, women suffer various forms of violence all through their lives – including female feticide, domestic violence, rape and sexual assault.

Government ARV Treatment Centers

ARV is the main type of treatment for HIV or AIDS. It is not a cure, but it can stop people from becoming ill for many years. The treatment consists of drugs that have to be taken every day for the rest of one's life. In India, about 35,000 people were receiving drugs at the end of April 2005 (mostly through the private sector), out of an estimated 770,000 who needed them.

In December 2003, the Government of India announced a US$43.6 million plan to offer free ARVs through the public health system, beginning in April 2004. The focus of the plan is on HIV-positive pregnant women, all children under 15 and eventually all people with an AIDS-defining illness in the six states with the worst rates of infection. The government planned to treat 100,000 people in the first year, but by the end of November 2005, only 15,000 HIV/AIDS infected people are receiving ARV drug treatment.

Obstacles yet to be overcome:

- The government will need to reduce tax rates on drugs produced in order to reduce the overall cost of the drugs.
- The government needs to allocate sufficient funds to finance the initiative and improve laboratory monitoring and healthcare systems.

India is a major producer of cheap generic copies of many HIV/AIDS drugs that are being sold to many countries all over the world. Yet these same drugs are only affordable to a tiny fraction of people in need of treatment in India.

[17] Common at its Core: HIV-Related Stigma Across.

For detailed information on ARV Center across India, please visit the following web link: http://www.nacoonline.org/directory_arv.htm

SOURCES

- http://www.nacoonline.org/directory_arv.htm
- http://www.avert.org/worldstats.htm
- Observed HIV Prevalence levels State wise: 1998-2004, NACO, 2005.
- Monthly updates on AIDS, NACO, 31 May 2005.
- UNAIDS/WHO epidemiological fact sheets on HIV/AIDS and Sexually Transmitted Infections, 2004 Update, India
- HIV estimates - 2004, *NACO, 2005*

ANNEXURE 2.4

STI Facts: True or False?

1. Using latex condoms will help prevent the spread of STIs.

True. Latex condoms can help prevent the spread of most STIs when the condoms are used correctly and consistently. But abstinence from sexual intercourse is the best way to prevent the spread of STIs.

Latex condoms are not 100 percent effective because:

- They break occasionally or come off during sexual intercourse.
- Many people do not know how to use condoms correctly or which lubricant to use.
- Condoms will not protect against infection from genital warts that grow on areas of the genitalia and groin that are not covered by the condom.

2. The organisms that cause STIs can only enter the body through a woman's vagina or a man's penis or when people who have vaginal, anal or oral intercourse.

False. STI bacteria and viruses can enter the body through any mucus membranes, including the vagina, penis, anus, mouth, and, in some cases, the eyes. HIV can also enter the body when injected into the bloodstream from shared IV drug needles, or when an open wound comes into contact with infected blood.

3. You cannot contract an STI by masturbating by yourself or by holding hands, talking, walking, or dancing with a partner.

True. STIs are only spread by close sexual contact with an infected person. Anyone can also be infected with HIV by sharing non-sterile injection needles or with an infected person. Infants can contract some STIs, such as HIV and herpes, during pregnancy and/or birth. Also, some STIs, as we have noted before, can be spread by close sexual contact that does not include vaginal, anal, or oral intercourse.

4. STIs can cause major health problems and some STIs may cause conditions that result in death.

True. HIV weakens the immune system until AIDS results. AIDS is fatal. Genital warts may be related to cervical cancer in women, which if not treated, may become invasive and result in death. Genital herpes can blind and otherwise injure babies born when infected women have open herpes lesions. Some STIs such as gonorrhea and chlamydia, can cause pelvic inflammatory disease (PID). If untreated, PID may cause sterility, heart disease, and/or death. Untreated syphilis can result in brain damage and death in infected people and, when infants are born to infected women, syphilis can cause severe retardation in the infants.

5. It does not hurt to delay STI testing and treatment after you think you have been infected.

False. Once an STI infects a person, it begins damaging his/her health. If someone waits weeks or months before getting tested and beginning treatment, his/her health may be permanently damaged. Treatment may be unable to reverse this damage. In addition, the infected person can spread a STI to sexual partners.

6. Even if a woman is using oral contraceptives, she and her sexual partner should use latex condoms or dental dams to protect against infection with STIs, including HIV.

True. Oral contraceptives do not protect against STIs, so a condom or other barrier protection, such as a dental dam, is still necessary for protection against STIs, including HIV.

7. Washing the genitals immediately after having sexual intercourse may help prevent some STIs.

True. Personal cleanliness alone cannot prevent STIs, but washing away a partner's body fluids right after sexual intercourse may be somewhat helpful. Washing will **not** prevent pregnancy or HIV.

8. It is possible to get some STIs from kissing.

True. It is rare; but it is possible to be infected with syphilis through kissing if the infected person has chancres (small sores) in or around the mouth. Herpes can also be spread by kissing if a person has herpes lesions around the mouth.

9. Oral intercourse is a safe way to have sexual intercourse if you do not want to get a disease.

False. It is possible to be infected with HIV, gonorrhea, syphilis, and herpes from unprotected oral intercourse.

Adapted from Teen Outreach: Youth Development through Service and Learning (Association of Junior Leagues International, New York, NY, © 1994)

ANNEXURE 2.5

Male and Female Condoms

The **male condom** is a thin sheath usually made of rubber (latex) that is placed on an erect penis before intercourse. It is the only method of contraception that also provides protection from sexually transmitted infections (STIs), including HIV.

The **female condom** is a thin, soft, loose-fitting plastic (polyurethane) pouch that lines the vagina. It has two flexible rings: an inner ring at the closed end, used to insert the device inside the vagina and to hold it in place, and an outer ring which remains outside the vagina and covers the external genitalia. Because the device is made from polyurethane, the female condom can be used with any type of lubricant (water- or oil-based) without compromising the integrity of the device.

How Condoms Work

Condoms serve as a physical barrier, preventing sperm from entering the female reproductive tract. They also serve as a barrier for infectious micro-organisms, preventing transmission of STIs and HIV from one sexual partner to another.

Characteristics of Condoms

BOTH MALE AND FEMALE CONDOMS

- Safe
- Prevent both pregnancy and STIs/HIV (when used consistently and correctly)
- Not as effective for pregnancy prevention as other methods in typical use
- Easy to initiate and discontinue
- Require motivation to use consistently and correctly
- Require partner's cooperation
- Enable immediate return to fertility after ceasing usage
- Have virtually no side effects
- May interrupt sexual activity or reduce sexual pleasure
- Require proper storage and re-supply

ADDITIONAL CHARACTERISTICS OF THE FEMALE CONDOM

- Female-controlled
- May be more comfortable for men as there is less decrease in sensation than with the male latex condom
- Provides additional protection to external genitalia
- Can be inserted before intercourse
- Stronger (polyurethane is 40 percent stronger than latex)

Common Concerns about Condoms

The following arguments against condom use should be dispelled during the discussion using the suggested responses.

Condoms reduce pleasure: If a condom is put on properly and there is sufficient lubrication there will be little difference in the pleasure of either partner. When you rub the condom between your fingers, how does it feel?

Condoms are not reliable: Condoms are a reliable method of birth control. They can also be effective in preventing the spread of HIV/AIDS and other sexually transmitted infections. Latex condoms are the best. You must always handle the condom carefully, wearing it properly and not leaving the condom in the extreme cold and extreme heat. Using a water based lubricant (not oil!) reduces the chance of breaking. Use only one condom at a time.

Condoms aren't sexy: Condoms exist as a part of sex. Sex should be fun and pleasurable. Ensuring that you feel safe and protected during sex is in fact a way to make sex more comfortable and therefore more fun for everyone.

Using condoms interrupts sex: Condoms should be used early on during the sexual experience so as to avoid any sperm from going into the vagina or anus. Often sperm can be present as pre-ejaculate (pre-

cum) before orgasm occurs. Sperms can carry HIV. If condoms are used in a way that is sexy, it can be very exciting. It is an opportunity to speak, flirt, and watch. Viewing someone put on a condom can be quite arousing.

You don't need to use a condom for oral sex: Condoms should be used during oral sex. For women, you can use a dental dam. You can also cut open a condom to use as a dental dam.

It is embarrassing to buy a condom: Sex is a private activity. Often you feel that if you go and ask for a condom you might be judged or laughed at. Identify places where you feel comfortable buying condoms. Your doctor may be able to provide you with condoms. You might find it easier to go to a shop far away from your house. Community groups or local government clinics often give away condoms for free. You could also try going and getting them with a good friend. At least that way there is someone to encourage you. Condoms are available without prescription.

Condoms are more a man's thing: Condoms are for the protection of both men and women. Condoms protect from pregnancy, sexually transmitted infections, and even cervical cancer. It is your right to have sex in a way that is safe and makes you feel comfortable.

The NAZ Foundation (India) Trust Guide to - Teaching about Sex and Sexuality, (NAZ Foundation, New Delhi, 1996)

ANNEXURE 2.6

Rape and Sexual Assault

What is rape?

Rape is any kind of sexual intercourse (vaginal, oral, or anal) that is committed against a person's will or is committed with physical force or with a threat to hurt the victim or another person. It is also considered rape if the victim is intoxicated or unconscious and unable to give consent. Rape and sexual assault are not about sexual desire–they are about power and control.

What is sexual assault?

Sexual assault is the legal term for rape, but it also encompasses other behaviors beyond forced sexual intercourse. Sexual assault is any unwanted sexual contact. It can be committed by the use of threats or force or when someone takes advantage of circumstances that render a person incapable of giving consent, such as intoxication. Sexual assault can include unwanted touching, fondling, or groping of sexual body parts.

Common Myths concerning Sexual Assault

Myth: Only women are sexually assaulted or raped, and only by men.

Fact: Both men and women can be sexually assaulted or raped, and assailants can be male or female with any sexual orientation.

Myth: Someone who was drinking or drunk when sexually assaulted is at least partially to blame.

Fact: Sexual assault survivors are never responsible for the attack, no matter what, no matter how much alcohol was consumed. Responsibility lies with the perpetrator; the survivor is never responsible for the assailant's behavior. Alcohol may increase the risk of sexual assault, and may make someone incapable of giving consent or protecting themselves, but it is not the cause of the assault.

Myth: It's not rape if the couple is dating or is married.

Fact: Unwanted sexual activity in any relationship qualifies as sexual assault.

Myth: Most victims are raped by strangers in unfamiliar places or on dark nights.

Fact: It is estimated that 80-85% of rapists are known to the individual they attack. "Acquaintance rape" by a friend, new acquaintance, or co-worker is frequent, particularly among young, single women. Statistics show that 50% of sexual assaults occur in or around a woman's home, 50% during the day.

Myth: Women often falsely accuse men of sexual assault or rape (for example, to get back at them, or

because they regret or feel guilty about having sex).

Fact: Nearly all rapes are truthfully reported, and, in fact, rapes are vastly underreported.

Myth: Rape has to do with sex and passion.

Fact: Rape has to do with interpersonal violence.

Myth: Rapists have psychological problems.

Fact: Most assailants are males with no history of mental disorder.

Myth: Perpetrators of sexual assault come largely from certain races or backgrounds.

Fact: Men and women of all races, ethnicities, ages, sexual orientations, economic and social classes are represented among assailants.

Myth: You cannot be assaulted against your will.

Fact: Assailants overpower their victim with the threat of violence or with actual violence. In cases of acquaintance rape or incest, an assailant often uses the victim's trust in assailant to isolate the victim.

Myth: A person who has really been assaulted will be hysterical.

Fact: Survivors exhibit a spectrum of emotional responses to the assault: calm, hysteria, laughter, guilt, anger, apathy, shock. Each survivor copes with the trauma of the assault in a different way.

Myth: Sexual assault is an impulsive act.

Fact: Seventy-five percent of all assaults are planned in advance. When three or more assailants are involved, 90% are planned. If two assailants are involved, 83%. With one assailant, 58% are planned.

Myth: Persons who dress or act in a sexy way are asking to be sexually assaulted.

Fact: Many convicted sexual assault assailants are unable to remember what their victims looked like or were wearing.

Myth: All women secretly want to be raped.

Fact: While women and men may fantasize about being overpowered during sexual relations, it is usually with a person of their choosing, who they trust. They are in control of the fantasy. No one wants the physical and emotional pain caused by a sexual assault.

Myth: Only young, pretty women are assaulted.

Fact: There is no such thing as a "typical victim." Both men and women are assaulted by both male and female assailants. Victims have ranged in age from newborns to 100 years old.

Myth: If you do not struggle or use physical force to resist, you have not been sexually assaulted.

Fact: If you are forced to have sex without your consent, you have been assaulted whether or not a struggle was involved.

HANDS-ON

What to do if assaulted

1. Believe in yourself. What happened to you was wrong, regardless of whether you were dating your attacker, or if you were longtime friends, casual acquaintances, or strangers.
2. Trust your instincts–your first responsibility is to yourself.
3. Get medical attention immediately for possible external and internal injuries, STD's, and pregnancy. Evidence collection can be done at this time, whether or not you choose to tell the police.
4. Tell someone. It helps to have "witnesses" to make you feel stronger.
5. Consider whether you want to report the rape to the police and/or institution officials. This is a decision only you can make. Filing charges can give a woman a sense of empowerment. If you choose not to, there is a chance your attacker will rape someone else.

Adapted from: http://www.secasa.com.au/index.php/survivors/4/9; http://www.satrc.org/Definitions.pdf; http://www.survivingtothriving.org/factsandmyths

ANNEXURE 2.7

Sexual Rights

The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination, and violence. Equal relationships between women and men in matters of sexual relations and reproduction, including full respect of the integrity of the person, require mutual respect, consent and shared responsibility for sexual behavior and its consequences.

– Beijing Platform for Action, 1995

Declaration of Sexual Rights

Sexuality is an integral part of the personality of every human being. Its full development depends upon the satisfaction of basic human needs such as the desire for contact, intimacy, emotional expression, pleasure, tenderness and love. Sexuality is constructed through the interaction between the individual and social structures. Full development of sexuality is essential for individual, interpersonal, and societal well being.

Sexual rights are universal human rights based on the inherent freedom, dignity, and equality of all human beings. Since health is a fundamental human right, so must sexual health be a basic human right. In order to assure that human beings and societies develop healthy sexuality, the following sexual rights must be recognized, promoted, respected, and defended by all societies through all means. Sexual health is the result of an environment that recognizes respects and exercises these sexual rights.

- **The right to sexual freedom.** Sexual freedom encompasses the possibility for individuals to express their full sexual potential. However, this excludes all forms of sexual coercion, exploitation and abuse at any time and situations in life.
- **The right to sexual autonomy, sexual integrity, and safety of the sexual body.** This right involves the ability to make autonomous decisions about one's sexual life within a context of one's own personal and social ethics. It also encompasses control and enjoyment of our own bodies free from torture, mutilation and violence of any sort.
- **The right to sexual privacy.** This involves the right for individual decisions and behaviors about intimacy as long as they do not intrude on the sexual rights of others.
- **The right to sexual equity.** This refers to freedom from all forms of discrimination regardless of sex, gender, sexual orientation, age, race, social class, religion, or physical and emotional disability.
- **The right to sexual pleasure.** Sexual pleasure, including autoeroticism, is a source of physical, psychological, intellectual and spiritual well-being.
- **The right to emotional sexual expression.** Sexual expression is more than erotic pleasure or sexual acts. Individuals have a right to express their sexuality through communication, touch, emotional expression and love.
- **The right to sexually associate freely.** This means the possibility to marry or not, to divorce, and to establish other types of responsible sexual associations.
- **The right to make free and responsible reproductive choices.** This encompasses the right to decide whether or not to have children, the number and spacing of children, and the right to full access to the means of fertility regulation.
- **The right to sexual information based upon scientific inquiry.** This right implies that sexual information should be generated through the process of unencumbered and yet scientifically ethical inquiry, and disseminated in appropriate ways at all societal levels.
- **The right to comprehensive sexuality education.** This is a lifelong process from birth throughout the life cycle and should involve all social institutions.
- **The right to sexual health care.** Sexual health care should be available for prevention and treatment of all sexual concerns, problems and disorders.

A Sexual Bill of Rights

Sexual rights are fundamental universal human rights that include:

1. **I have a right to own my own body.**
2. **I have a right to my own feelings, beliefs, opinions, and perceptions.**
3. **I have a right to trust my own values about sexual contact.**
4. **I have a right to state my own sexual limits.**
5. **I have a right to say no.**
6. **I have a right to say yes.**
7. **I have a right to experience sexual pleasure.**
8. **I have a right to be sexually assertive.**
9. **I have a right to be the initiator in a sexual relationship.**
10. **I have a right to be in control of my sexual experience.**
11. **I have a right to have a loving partner.**
12. **I have a right to my sexual preferences.**
13. **I have a right to have a partner who respects me, understands me, and is willing to communicate with me.**
14. **I have a right to talk to my partner about anything that concerns me.**
15. **I have a right to ask questions.**
16. **I have a right to receive accurate sexual information.**

Adapted from A* Sexual Bill of Rights *adopted in Hong Kong at the 14th World Congress of Sexology, August 26, 1999.

ANNEXURE 2.8

Facts about Section 377

Section 377 (unnatural offences) reads: "*whoever voluntarily has carnal intercourse against the order of nature with any man, woman, or animal, shall be punished with imprisonment for life, or with imprisonment of either description for a term which may extend to 10 years, and shall also be liable for fine.*"

- Section 377, India penal code 1870, the British-introduced anti-sodomy law, criminalizes all voluntary 'carnal intercourse against the order of nature'.
- It does not specify what constitutes "unnatural sex", nor does it distinguish between consensual and coercive sex.
- Because of the explanation to the section, "penetration is sufficient to constitute… carnal intercourse", it has been interpreted to include anal and oral sex.
- It states that anal or oral sex in a heterosexual context – even within marriage – is 'against the order of nature'.
- The punishment for Section 377 is life imprisonment: cognizable, non-bailable.
- Section 377 criminalizes sexual activity, but does not even acknowledge sexual identity, nor is there any such recognition of non-heterosexual identity in Indian law.
- It is sometimes used in tandem with Section 375 (sexual assault) and other laws in child abuse cases.
- In some cases, it is used in tandem with Section 375, (sexual Assault) and other laws by women filing rape charges against husbands for which there is no provision in the rape laws.
- It is often used by police to harass same sex desiring people, to extort money from men who have sex with men in cruising areas, or to verbally and sexually abuse them. It is also used to break up female and male same-sex couples.

In addition to sections under the Indian Penal Code, various local laws are also used to harass and discriminate against same sex desiring people, in particular men who have sex with men. The Bombay Police Act, for instance, contains sections particularly favored by the police when attempting to extort from gay men in "cruising areas", including:

- Sec 110 – Indecent behavior in public
- Sec 111 – Annoying passengers in the street
- Sec 112 – Misbehaving with intent to breach peace

Rights for All: Ending Discrimination against Queer Desire under Section 377 – A compilation by Voices Against 377

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Rights and Desire is a curriculum resource that enables facilitators to sensitize young men and women to the human rights aspects of sexuality, sexual rights, and HIV/AIDS. It promotes access to rights by empowering individuals who are vulnerable to contracting HIV/AIDS.

With interactive activity designs, entertaining multi-media supplemental material and comprehensive facilitator's resources, *Rights and Desire* can form the backbone of effective workshops to help young people better understand themselves as sexual beings while encouraging an environment where pleasure, safety and informed decision making are prioritized.

BREAKTHROUGH
building human rights culture

Breakthrough is a human rights organization that uses education and popular culture to promote values of dignity, equality and justice.

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