

*The Naz
Foundation (India)
Trust Guide to*

Sexuality

Teaching about

Sex

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Sexuality

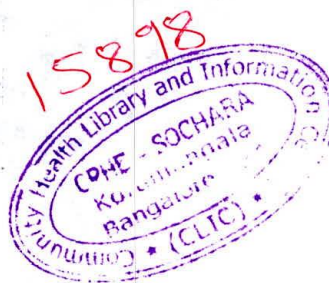
Teaching about

Sexus

Naz provides training on the use of the various exercises in the manual. Interested organisations are encouraged to contact Naz for further details at the following address:

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The Naz Foundation is an HIV/AIDS and sexual health agency registered in 1994. Naz Provides services to address a range of issues related to HIV/AIDS including educational programs, HIV testing and counselling, discussion groups, outreach and support for particularly marginalised groups such as slum women, street children, and men who have sex with men.

***The Naz Foundation (India) Trust Guide to
Teaching About Sex and Sexuality***

New Delhi
1996

Acknowledgments. . .

Although much of this manual is the original work of Anjali Gopalan and Pamela Dorrell at the Naz Foundation (India) Trust, much of it is also the result of years of collecting, organizing and modifying other people's inspiration. We are grateful for the possibility of such sharing and hope that the current reader feels free to take any or all of this manual, improve on it and use it as she sees fit. We have produced it because it is important to us that this kind of information be taught. The more you use it the more you will be fulfilling our hopes.

None-the-less we believe it is important to respect the work of others and carry their spirit into each avatar of the work. Since some of the exercises in this manual are available so widely that their original source has been long since lost, we can never thank everyone who has contributed to this document. However, we would like to take this opportunity to thank the following people and/or make the reader aware of their existence.

Paul Boyce, a visiting researcher generous with his time and work.

Sakshi, a fellow Delhi-based NGO doing important work with child survivors of sexual abuse.

OXFAM U.K., for producing an excellent guide to gender training.

The Norwegian Red Cross, for the clarity of organization and the probing questions in their manual on sexual health.

Avert, a U.K. based HIV/AIDS group for their training materials for youth on AIDS

CEDPA, Adithi, and YWCA/Asha Project for motivating us to organize our experience into a usable form.

Thank You!

Teaching about Sex and Sexuality

Sexuality and AIDS

It is essential to be able to discuss sex and sexuality openly and comfortably when working in the field of HIV/AIDS since almost nine out of every ten people with HIV in India were infected through sex. It is impossible to talk about AIDS without talking about sex. Many of the issues people have around sex and sexuality influence our ability to effectively prevent HIV transmission. Thus, before embarking on any HIV/AIDS program, it is necessary to understand what these issues are and use them to help make your program success.

The World Health Organization defines sexual health as the integration of physical, emotional, intellectual and social aspects of sexuality in a way that positively enriches and promotes personality, communication and love. Thus, when exploring the issues which may influence a person's ability to protect herself from HIV, it is important to look at each of these areas. Self-esteem, body image, social roles and relationships are just a few of the determinants of our sexuality. Through examining these factors we can come to a greater understanding of the patterns of sexual relationships within the community and the socio-economic situations which affect the way that sexuality is expressed. From the stand point of HIV/AIDS, this will show us what risk behaviors are being practiced and, more importantly, the social attitudes which will help or hinder positive behavior change.

Be an Effective Teacher

Teaching about sexual health involves more than presenting information. The first step is learning about yourself. Ask yourself the following questions:

- *Why is it important to talk about sexual health?*
- *Do you feel sufficiently comfortable discussing sexual topics such as sex before marriage, male homosexuality or lesbianism or exchanging sex for goods or money?*
- *How are you yourself sexual and how do you express your sexuality?*
- *What are the attitudes and values that you hold in regard to your own and other's sexuality?*

We each have a strong set of attitudes and values which guide our lives and can help or hinder our work. It is essential to be aware of how your own attitudes and values might affect the way you present information and how this can make others feel. Once you know your strengths and limitations, match the goals you set for your training course to your capabilities.

Next you should know your audience. Who are your participants? What is their gender, social status, employment history, education, caste, etc.? Do they have previous knowledge of the subject or special, applicable skills? What are their attitudes about sexual health issues? Do cultural or religious taboos exist in your audience that create a barrier to discussing sexual health topics? What will your participants need help with? Think ahead of time about some ways to overcome any communication barriers that might exist. Did the participants volunteer to take part in sexual health training? If not, who asked them to participate? How will this affect their attitude to the training? What can you do to get the participants fully engaged? Participants will be motivated to listen if you provide a course that contains information that they want to learn. Adapt your training course to meet their special needs.

How to Use This Guide

This guide is for sexual health trainers. It aims to introduce the audience to basic concepts of sex and sexuality and some of the societal forces which shape our overall sexual health. The guide is divided into the following four sections:

SECTION I: Becoming Sexually Aware

SECTION II: Our Bodies Our Selves

SECTION III: Sexual Behavior

SECTION IV: Sexuality in Social Context

Each section can be completed in one full morning, afternoon or evening session. Thus the whole workshop takes two, long, intensive days or four, more-relaxed days. This guide was planned in such a way as to cover the basics of sex and sexuality in the shortest possible time. None-the-less many workshops may not allow for even the amount of time allotted. If this is the case, carefully select those activities which best meet the objectives of your training and the needs of your audience. After the following section you can find suggested combinations of activities for shorter workshops. But myriad combinations are possible depending on the specific objectives of your workshop.

Remember to allow sufficient time for people to discuss and reflect. You may want to add unstructured time into the workshop for this purpose. If your workshop will take place over more than one day, allowing time at the beginning of each day for the participants to reflect on and share new insights into the previous day will enhance learning.

Much of the learning and thinking about these issues will take place within the safe, secret space of people's minds. There will be many feelings and experiences that they may never feel safe telling the group as a whole. You may want to provide a notebook as a "diary" in which the participants can write down their private observations. The more confidential the books can be kept, the more free the participants will feel write down their true thoughts and feelings. The diary is only for the participants' use. It will become an interesting and useful resource for the individual to reread at a later date to ascertain how their attitudes and level of comfort have evolved over time.

Activities in this Guide

SECTION I: Becoming Sexually Aware *(Total time 3 hours 15 min. - 4 1/2 hours)*

In this section the participants are encouraged to explore the role of sexuality in their lives. There are four activities in this section:

1.) *The Garden of Our Lives:* a group activity which aims to make the connections transparent between the major social activities in our lives. This demonstrates how intimately tied sexuality is to so much of what is important to us.

Time: 1 to 1 1/2 hours

2.) *The Sexuality Circle Game:* a guided discussion which enables the participants to begin to understand how they learned about sex and sexuality and make the connection between social conditioning and their attitudes towards themselves as sexual beings.

Time: 1 to 1 1/2 hours

3.) *Developing a Sexual Vocabulary:* the process of uncovering the attitudes and values society teaches us about sex and the resulting discomfort we feel which was begun in activity two is continued in the final activity of this section which explores how those attitudes and values are evident in language.

Time: 45 minutes to 1 hour

4.) *Sexuality Myths and Misconceptions:* This game-style activity helps to bring out and clarify misconceptions about sex and sexuality and understand how myths develop

Time: 30 minutes

SECTION II: Our Bodies Our Selves

(Total time 2 hours 30 minutes)

This section aims to uncover the connections between our ideas about our bodies and our overall sexual health. It first teaches the basics of human genital anatomy, and then goes on to explore how our lives are shaped by our anatomy. There are three activities in this section:

1.) *Sexual Organs and Functions:* This lecturette familiarizes the participants with the body and its different parts as well as helps to bring out levels of comfort and discomfort with sexual parts of the body. It can help to increase comfort with verbalization of parts of the body related to sex.

Time: 45 minutes

2.) *Self Portraits:* This activity helps to explore how feelings about our bodies affect self-esteem and sexual health. It attempts to examine the role of personal and societal conditioning in the development of our body image and to create the awareness between self-esteem and a person's ability to maintain control over sexual situations.

Time: 1 hour

3.) *Body Map*: The final activity pushes the participants to explore issues of identification and touch as relates to personal and “public” parts of the body and how that links with sexual power or disempowerment at both the personal and societal level.

Time: 45 minutes

SECTION III: Sexual Behavior *(Total time 3 hours 50 min. to 4 hours 15 min.)*

This section aims to examine the variety of sexual behaviors and our attitudes toward them. Through raising awareness we develop the skills to make positive lifestyle choices. There are six activities in this section:

1.) *Sex*: This lecturette clarifies various sexual behaviors and elicits the participant’s attitudes and associations with each behavior.

Time: 20 to 30 minutes

2.) *Sexual Matrix*: This groups activity further explores attitudes about sex by quantifying various behaviors against related feelings. It also acts to affirm the variety of sexual response and prioritization.

Time: 45 minutes to 1 hour

3.) *Homosexual Behavior*: This guided discussion uses the lists drawn up in activities one and two to think about sexual behaviors between people of the same sex to demonstrate the naturalness of a range of sexual response.

Time: 45 minutes

4.) *Homosexuality*: This role play explores the social and emotional issues around homosexuality.

Time: 1 hour

5.) *The Purpose of Sex*: This guided discussion aims to examine and break down attitudes towards sex.

Time: 15 minutes

6.) *Sexual Abuse*: This guided discussion and sharing attempts to explore some of the negative aspects or uses of sex — in particular sexual abuse/rape.

Time: 45 minutes

7.) *Virginity*: A discussion of what is virginity, its role in shaping and controlling sexual and social behavior within the traditional societal structure.

30 minutes

SECTION IV: Sexuality in Social Context *(Total time 3 hours and 45 minutes)*

This section aims to raise awareness of some of the social dynamics which empower us or disempower us in a sexual setting. It also provides practical experience in sexual negotiation and condom use. There are five activities in this section:

1.) *Lifeline*: A group activity to see how society defines the roles we take in relationships and how they help to shape our sexual expression and sexual identity. The exercise also raises awareness of the power of gender.

Time: 1 hour

2.) *Acting Stereotypes*: A role play which dramatizes societal expectations of men and women's emotional response and raises awareness of how such expectations limit our natural expression of emotions disempowering both men and women.

Time: 1 hour

3.) *From Birth or Learned?* A quiz-style lecturette which demonstrates how much of our world as men and women is actually learned. It attempts to raise awareness about possible explanations for the existing role structures and our chance to unlearn aspects that are unproductive.

Time: 30 minutes

4.) *Sexual Negotiation*: An experiential exercise which gives the participants a chance to explore some of the dynamics of sexual negotiation and to practice negotiating in a safe, non-sexual environment. This should tie together the previous activities by showing the link between personal power and the power to negotiate in sexual situations.

Time: 45 minutes

5.) *Condoms*: This hands on activity aims to familiarize the participants with condoms; demonstrate proper use of condoms; clarify issues around condom use; and advocate for their use.

Time: 30 minutes

Combinations for Shorter Workshops

In planning your sexuality curriculum, remember that in terms of sex and sexuality almost everyone is in need information, sensitization and dispelling of myths. Doctors, women's rights activists, and grandfathers are all novices when it comes to understanding the human sexual response and the social constraints of sex and sexuality. It is better to err on the side of too simple, than to risk your workshop plan falling apart when you find you must spend unexpected time going over the basics.

Also remember that you are providing information which may very likely be in opposition to a whole life-time of learning and experience. It takes time to over come well-rooted beliefs and attitudes. Allow for this in your workshop. The more time you are able to spend on the topic the more chance of success you will have. Push for as long a workshop as possible. Allow extra time for discussion and reflection.

Half-Day Program:

OPTION 1: More Junior / Less - Experienced Group (Total: 3 hours & 45 minutes)

The Sexuality Circle Game (SI/2 — 1 to 1 1/2 hours)
Sexuality Myths and Misconceptions (SI/4 — 30 minutes)
Sexual Organs and Functions (SII/1 — 45 minutes)
Sex (SIII/1 — 20 to 30 minutes)
Condoms (SIV/5 — 30 minutes)

OPTION 2: More Senior / Experienced Group (Total: 4 and 1/2 hours)

The Sexuality Circle Game (SI/2 — 1 to 1 1/2 hours)
Sex (SIII/1 — 20 to 30 minutes)
Homosexual Behavior (SIII/3 — 45 minutes)
Sexual Negotiation (SIV/4 — 45 minutes)
Condoms (SIV/5 — 30 minutes)

One-Day Program: (Total: 6 hours 15 minutes)

The Sexuality Circle Game (SI/2 — 1 to 1 1/2 hours)
Sexuality Myths and Misconceptions (SI/4 — 30 minutes)
Sexual Organs and Functions (SII/1 — 45 minutes)
Sex (SIII/1 — 20 to 30 minutes)
Homosexual Behavior (SIII/3 — 45 minutes)
Lifeline (SIV/2 — 1 hour)
Sexual Negotiation (SIV/4 — 45 minutes)
Condoms (SIV/5 — 30 minutes)

Activities-Oriented Expert Arrangement

Part 1: Sexuality and Society (Total: 6 hours)

The Garden of Our Lives (SI/1: 1 to 1 1/2 hours)

Lifeline (SIV/1: 1 hour)

Self Portraits (SII/2: 1 hour)

Body Map (SII/3: 45 Minutes)

Acting Stereotypes (SIV/2: 1 hour)

Sexual Negotiation (SIV/: 45 minutes)

Part 2: Sexuality: Our Personal World (Total: 4 hours and 45 minutes)

Sexual Matrix (SIII/2: 45 minutes to 1 hour)

Sexual Abuse (SIII/6: 45 minutes)

Virginity (SIII/7: 30 minutes)

Homosexual Behavior (SIII/3 — 45 minutes)

Homosexuality: (SIII/4 — 1 hour)

Sexual Negotiation (SIV/4 — 45 minutes)

SECTION I

Becoming Sexually Aware

In this section the participants are encouraged to explore the role of sexuality in their lives. There are four activities in this section:

1.) *The Garden of Our Lives:* a group activity which aims to make the connections transparent between the major social activities in our lives. This demonstrates how intimately tied sexuality is to so much of what is important to us.

Time: 1 to 1 1/2 hours

2.) *The Sexuality Circle Game:* a guided discussion which enables the participants to begin to understand how they learned about sex and sexuality and make the connection between social conditioning and their attitudes towards themselves as sexual beings.

Time: 1 to 1 1/2 hours

3.) *Developing a Sexual Vocabulary:* the process of uncovering the attitudes and values society teaches us about sex and the resulting discomfort we feel which was begun in activity two is continued in the final activity of this section which explores how those attitudes and values are evident in language.

Time: 45 minutes to 1 hour

4.) *Sexuality Myths and Misconceptions:* This game-style activity helps to bring out and clarify misconceptions about sex and sexuality and understand how myths develop

Time: 30 minutes

SI Activity 1: The Garden of Our Lives

This exercise has also been called "The Chapati Game"

Purpose:

To develop a diagram of the participants social networks

To raise awareness of the priorities of each component and the relationships between them

To begin to see the role that sex plays in our lives

Time: 1 to 1 1/2 hours

Materials:

Colored markers

30 disks or squares of white paper large enough to be easily seen but small enough to be centered on the following. (4" or more)

20 pieces of colored paper cut with a scalloped edge to look like a simplified flower in two sizes: small (6"+) and big (8"+). Prepare 10 of each size. (If you don't like the idea of flowers, just use larger disks or squares of paper.)

Celo-Tape

Process:

This exercise works most easily with a homogeneous group since individual differences play an important role. Small differences in definition and attitude will become clear since the exercise relies on agreement and consensus. It is certainly possible to conduct it with a very heterogeneous group, but the facilitator should take special care to bring out full discussion and attend to each participants' needs.

1. The facilitator asks the participants to call out different aspects of their lives focusing on social priorities. Possible ways to elicit this information are to ask:

Let's think about our lives for a moment. Think about the things that you do that you really care about. Maybe these are the things you do every day or maybe they are just ideas that are important to you....

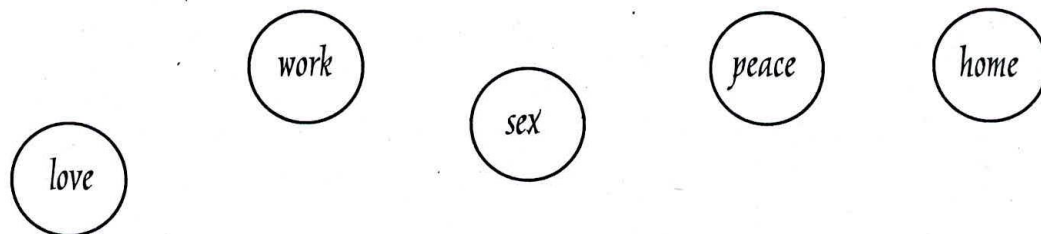
What are the things that are really important to you in your life?

What fills your heart and mind?

How do you fill your days?

The kinds of information you are trying to get could include: food, family, children, a sense of being needed, temple, money, peace, socializing, independence, power, work, home health, sex, love, romance, etc..... Since we are ultimately looking to learn about the participants' sexual health, make sure "sex" and "love" are included in the items. More than 30 words becomes difficult to manage. 18 may be a better number to stop at. The more words, the richer the discussion, but the longer it takes, as well.

Literate: As the participants call out terms, write them on one of the disks of paper. Either you can write them or you can have each person write down their own. If you choose to have others write them, make sure that it remains a group process. All suggestions should be said aloud to the group before they are written down. People should not duplicate each other's suggestions.



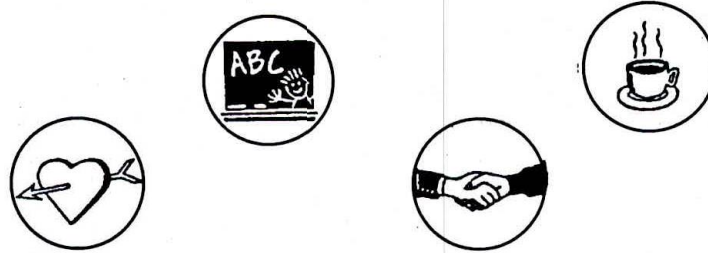
Alternate Method / Pre-literate: While the participants are brainstorming, list their suggestions to help you keep them in mind. When they have finished, call out the words and ask for a volunteer to draw each word. Each person will need colored markers and disks of paper. Give them five minutes to draw something that will represent the issue they had chosen. It is fine if people work together. People may feel shy. But they need not be able to draw well to do a good job on this. What is important is that they are able to come up with some sort of symbol that the rest of the participants will know means "x". Some of the more abstract words may pose problems, but how the issue is depicted is half the fun. When the participants present their drawings to the group, discussion may arise because of individual interpretations of each word. If two or more people understand the issue differently, additional drawings should be made to capture the different meanings. This process is time consuming, but quite interesting. Use the following questions to help you facilitate presentation of each word or issue.

What is the issue?

What is the image you have chosen to represent it?

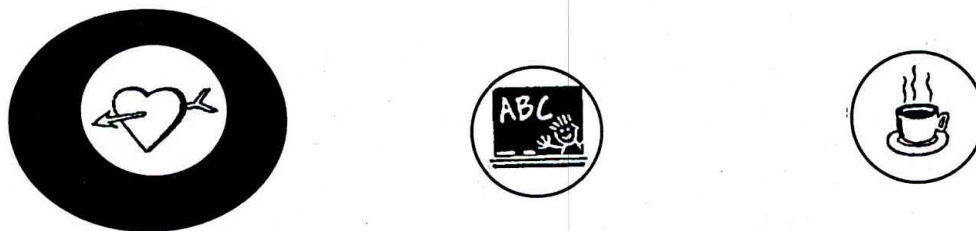
Why did you choose this image?

Does everybody understand this image represents "X" (issue)

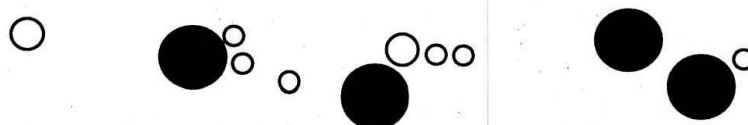


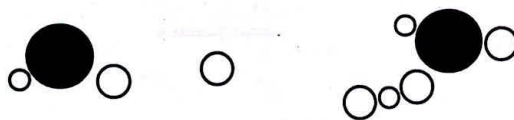
2. Now the participants arrange the issues into three categories: most important, medium and least important. Since each word represents an important issue in the lives of the participants, it can be helpful to call the categories something a bit silly like: "very important", "super important" and "super-duper important". Each category should contain an equal number of issues. Deciding how to rank each issue calls for a lot of negotiating among the participants and a lot of skillful facilitation on your part. Consensus is ideal, but not always possible. You may choose to opt for a vote if the choice is not clear. The process of ranking the issues is a rich area for learning about how varied different people's priorities can be. Try to enhance the learning by pointing out pertinent differences and similarities during the process. People can get quite involved in this process. Make sure that when there are differences of opinion, nobody is left feeling upset.

3. Once the issues have been ranked and evenly divided into three corresponding piles, each paper disk with a word ranked "most important" is taped to the center of one of the large paper "flowers" (or large disks). The disks of medium importance are taped to the small "flowers" (or small disks). The disks of least importance are left as is. This helps to make the relative importance of each issue immediately apparent.



4. The flowers with the issue centers are then placed on the floor. The participants should arrange them at different distances from one another to indicate the close or distant relationship between the issues. For instance money may be placed close to work; sex may be placed close to or at a distance from love, according to peoples perception of the relationship between the issues. The whole "diagram" will have to be adjusted to reflect relationships between clumps of issues.





5. The diagram can be used to stimulate discussions about the assumptions people make about their lives, and to consider new points of view. As facilitator, you should pay close attention to the points of contention which arise as the participants decide how the issues are related and those issues which take some time to place. These will be rich areas for discussion. Possible questions to open the discussion include:

How did you decide to arrange the issues in this way?

Where else could this issue have been placed?

Why didn't you put this here?

How could "x" be related to "y"?

*What if there were no "x" in your life or you didn't have to do "y" or you had more "z"?
How would the diagram change?*

Issues of class, educational background, lifestyle, power immediately become clear when the participants' choices are examined. For example, one group of participants may put "food" next to "work". Another may put it next to "socializing" or "home". What does this say about the relative priorities and social status of the groups? Is the word "love" near the word "spouse"? What about near the word "sex" or "lover"? What does this say about the role of these relationships in our lives? How does that impact our happiness? Is the word "home" near "peace" or near the word "responsibility"? What are the sociological implications of putting "power" near "sex"? Think carefully about the diagram and help the participants explore the subconscious and conscious meaning behind its arrangement.

Although this social diagram can be used to explore many issues, the goal within the context of this training module is to uncover the role of sex and sexuality in our lives. To this end it is useful if the facilitator winds up by systematically asking the participants how sex or sexuality can be related to as many of the other issues as time and interest allows. The participants should be encouraged to be very creative in their response, but it is surprising how easy it is to find a connection between sex and just about everything. That is the point.

7. Finally, if there is time and interest, it can be interesting if participants create two diagrams: one representing the real world, and one the ideal. This not only illustrates how they see their lives, but also illustrates their aspirations.

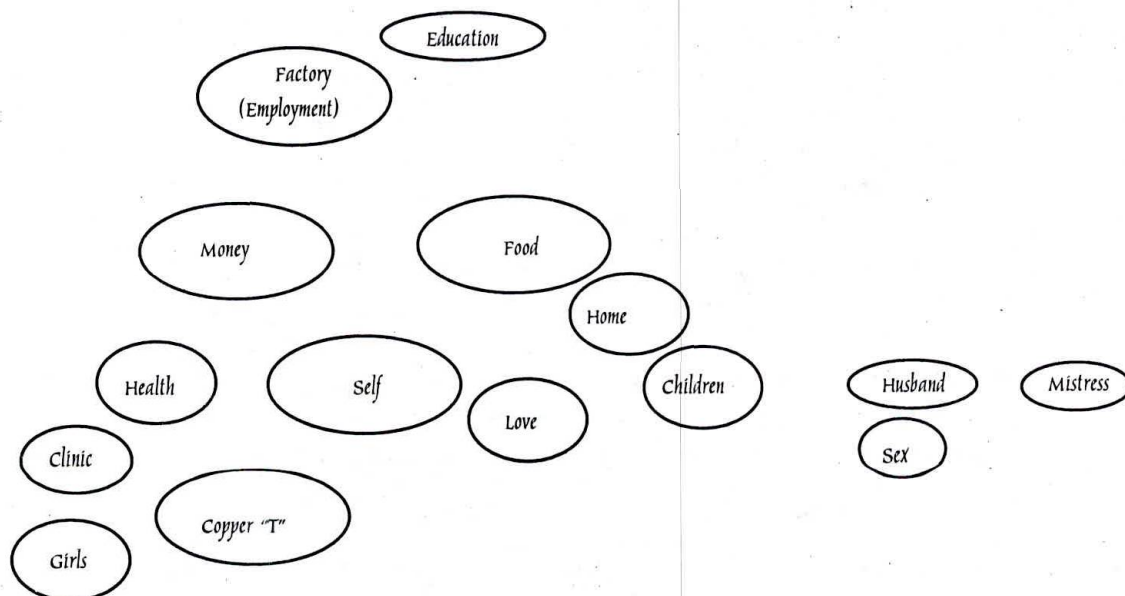
Notes to the Facilitator: Leading the Discussion

Facilitating the selection and arrangement of the participants' issues is simple enough, but helping the participants to see the social significance of their choices can be difficult at first. If you go into the exercise with a clear idea of what you want the participants to get out of it, but also stay open to responding to unexpected issues of importance to them, you will have a good chance of success.

Start with a plan. Why have you chosen to do the exercise? What is the issue you hope to help them uncover? How can you control the situation to ensure that that issue comes up? One way is to make sure related issues are included in the diagram. If, by the end of the participants' brainstorming session they have not brought up your issue, add your own (for example you may want to include the words sex, lover, love, or spouse if you want to talk about sex and sexuality). Sometimes this will trigger the participants to contribute additional, related words which will further facilitate your plan.

Be open to new issues which arise. Although your agenda is surely important, if there are issues that the group finds more compelling, address them first. This not only creates a forum to discuss issues of importance; demonstrates your respect of their priorities; but also the participants will find the exercise more engaging and will be more open to further discussion in the future. Anyway, ultimately you will discover that virtually all the issues are related in one way or another. So don't feel like you are wasting your time.

Sample Diagram



This is a diagram developed by NGO workers in a training of trainers session. The diagram is their interpretation of a possible diagram developed by village women. They were trying to recreate a situation from the community in which they work.

As the training facilitator, how can you use this diagram to elicit discussion about the social dynamics and personal priorities of the village women? First, simply look at the diagram and sense your own personal reaction to it. Perhaps it is surprising that “Copper ‘T’” should be ranked so highly or put so close to “self”. Perhaps it is surprising that husband is not ranked highly and is somewhat peripheral to the diagram. Perhaps it is surprising that “self” is placed next to “money”, but “husband” is not. Perhaps it is surprising that “mistress” was included. Why is there a circle called “girls”? Your own personal responses to the diagram are valid, useful tools for uncovering the important messages contained within it. Even if none of the issue connections is surprising to you, each of the above choices represents a deviation from what society dictates is the way life should be or is. Look for these kinds of contradictions and you will have the basis of very interesting discussions.

Second, have a plan. Organize your personal reactions to the diagram into cohesive topics. Many of the issues feed into each other in a logical fashion. The more systematic you are about uncovering the contradictions the clearer your message will be to your audience and the deeper the learning. Keep this logical flow of ideas in your head like a road map to understanding. Know ahead of time how you want to guide the participants from one aspect of the issue to the next to enable them to finally come to a point of complete comprehension. During the discussion it may be important to deviate temporarily from this plan to address new issues that arise, but remember always to come back to your original goal in the end.

For example, start with the “surprise” of “self” (women) being placed near “money” and “husband” (men) being far from it. Look into the diagram and see if other things in the diagram support the idea that women earn and men do not. You may notice that “children” (in the case of these participants that means girls) are far from education (which the women themselves have shown to be linked to employment). Although these girls will soon grow up to be women (earners) the diagram demonstrates that in this community they are blocked from the education that would enable them to be more effective earners. This could become the basis of a discussion on rights of the girl child. If the goal is to help the women see the importance of supporting their daughters’ education, the messages from the diagram can be organized into the following logical path:

1. The women think money is important. (*“Money” issue large and central.*)
2. Women are the bread winners in this community. (*“Self” close to “Money”.*)
3. Men are not bread winners. They can not be relied on for support. (*“Husband” far from “Money” and “self”.*)
4. If the women can recognize that it is the women themselves who control the money, they may be more ready to recognize that any help women get to increase their income is important.

5. Education increases employment opportunities. (*"Education" close to "Employment".*)
6. Since education can increase income, women would benefit from education. But girl children are not educated. (*"Children" and "Girls" far from "Education".*)
7. Girls should go to school.

This discussion generated from this topic is shown in the second sample discussion below.

Possible Topics for Discussion

Even from a small diagram like the one above, many discussions can be brought out. Here, however, only two possibilities will be discussed. Also, the following sample discussions have been greatly shortened from their original breadth. In a real training much care should be taken to ensure that everyone is following the discussion, has a chance to contribute and understands the social significance (the significance to her life) of each idea. Their ideas may take a bit more coaxing out than has been made evident here.

1. Reproductive Health / Sexuality / HIV/AIDS

Assuming you are using this exercise within the context of a workshop on sex and sexuality it would be important to address these issues. Furthermore, the group's own preoccupation with "Copper 'T'" is important to explore.

Facilitator: *Why have you put "Copper 'T'" here?*

Participants: *I want to get a copper "T". I love my children very much, but I don't want any more children. I have already had four children. I feel my health is not so strong, and I don't want to have any more. But my husband ... you know husbands. He keeps on wanting sex. I have only girls. My husband would like a boy. I would like a boy too ... but I am just so tired. Really, I don't want any more children. I want a copper "T". I have enough children.*

Some time was spent discussing why it did not seem possible for the woman to get a copper "T", how she might overcome some of those barriers, and what implications that might have for her relationship with her husband, etc. When that was fully discussed the facilitator could turn the discussion towards sex.

Facilitator: *All this talk about children and getting pregnant and all, but we haven't really talked much about why you even need a copper "T". What about sex? You have put it into your diagram, but it seems pretty far from "self". How do you feel about that?*

Participants: *It is difficult for me to think about sex and not think about children. I don't want any more children. It is my husband who wants children and who wants to do all that. I do it for him. I don't like it, but, well, that's life. That's how it is. What can you do?*

At this point it would have been possible to go on to a discussion about the women's enjoyment of sex, but it did not. Other exercises were planned that would enable them to explore this more thoroughly later on. Also, this exercise was one of the very first, so it would probably be more fruitful to have such a discussion when the participants are more comfortable and would open up more easily. Each group is different, however. It could be appropriate to explore their feelings about sexuality then and there and perhaps even interrupt the "Garden" exercise to conduct a sort of side exercise that would facilitate this process.

Facilitator: *Not only do you say that your husbands are more interested in having sex with you than you might like, but I see you have also shown that there are other women in your husbands lives. How do you feel about that?*

Participants: *Fine. Well, I mean, maybe not really fine, but they exist, so why fight it? Men are just like that. Anyway, the other women don't really have anything to do with me. Except that I can't stand it when he takes my money, my money for the kids, and spends it on those bitches. That's not fair.*

It may or may not be useful to take this conversation further. If your goal is to ultimately talk about HIV/AIDS, it may be better to let the financial aspects slide. You could use this as an opportunity to examine personal risk behaviors. You may want to explore whether the women, too, have other lovers, what kinds of lovers and what kind of sex they have to assess their risk of infection. Or you could carry on and discuss the immediate health risks involved with their husbands' sexual relations.

Facilitator: *Has your husband ever had any sort of infection in his genitals?*

Participants: *Yeah. That's what they get for sleeping around with anything that moves.*

Facilitator: *What about you? Have you ever had any problems like that?*

Participants: *I did, for a little while, but it went away....*

The facilitator can use this as an opportunity to provide information on STD symptoms and treatment, health seeking behavior, HIV/AIDS, etc.

2. The Role of Women in Society / Girl Child Issues

Although this topic is not directly related to sex and sexuality, one possible angle to take is to help the women see their value to society and thereby the potential contribution their daughters can make and the importance of supporting daughters. Don't feel locked into one particular direction. The whole point of the exercise is to discover how all these social

issues are related. Following this discussion you can bring the group back to talk about sex and sexuality if you want. One point of entry to the topic of sex or HIV/AIDS could be to talk about power and independence in relationships. The connection could be how if a girl is provided with the skills to take care of herself, she will be less vulnerable in a situation later in life with a sexual partner that could otherwise threaten her health and happiness had she been more dependent.

Facilitator: *Money seems quite central to the diagram.*

Participants: *Without money you have nothing: no food, no home, nothing.*

Facilitator: *What about your husband? Doesn't he have anything to do with money?*

Participants: *(Laughter) Sure, he has plenty to do with money — he spends it! I am the only provider for my family. My husband does not earn. He just drinks the money up.*

Facilitator: *Here you have put "Education" next to "Employment". Why is that?*

Participants: *People who are educated get better jobs.*

Facilitator: *Do your children go to school? In the diagram you have not put them close to "education".*

Participants: *But you know, all of my children are girls. Girls do not need to go to school. Someday they will marry and be wives and mothers.*

Facilitator: *And their husbands will provide for them? (Some laughter.) You said your husbands are not earning money for the family. So even if they had been to school, it is not helping you, right? (Grumbles and some agreement.) What are the chances that your daughters' lives will be similar to your own. (Some agreement.) Earlier you said that you had placed "education" and "employment" near each other because people who have been to school have a better chance at getting higher paying jobs. If you had a better education, would you not be better prepared to earn money? (Agreement.) What about your daughters? They are young and could go to school. How do you think that could help them later in their lives?....*

SI Activity 2: Sexuality Circle Game

Purpose:

To show that there are many reasons why people are not comfortable talking about sex.

To explore why:

There is much secrecy that surrounds the subject.

Talking about sex and seeing oneself sexually is often perceived as “dirty” or immoral.

We (especially women) are socialized to have negative feelings about our bodies and to deny their sexuality, even when gratifying the sexual needs of their spouse and conceiving children

Time: 1 to 1 1/2 hours

Materials: Flip chart paper, Markers

Process:

1. If you are working with a literate audience, write the following three questions on three different pieces of chart paper before the session starts and paste them all the wall.

Recall the first time you heard the word “sex”.

How old were you and what did you feel?

Recall the first time you asked someone about sex and under what circumstances.

Have you ever seen yourself naked in front of the mirror?

If you are working with a preliterate group, simply ask the questions.

2. Ask each participant to turn to the person on her right and discuss with each other these questions for five minutes.

3. Then ask whoever volunteers to share their experience with the whole group. If no one is willing to speak out, ask each person to talk very briefly about their own or their partners experiences.

4. The facilitator then focuses on the similarities of the experiences, e.g., girls are told not to play with boys after the onset of menstruation; before marriage a girl is usually told that her husband would “know what to do”; in schools teachers more often than not skip the chapter on reproduction and ask students to study at home.

5. The facilitator should now take a few minutes to emphasize the fact that sex is a natural and can be a pleasurable activity. It is not for procreation alone. Women should be made to recognize and respect themselves as sexual beings and not feel ashamed to talk about their sexuality.

6. Facilitate a discussion around the following issues:

*What sexual information do you feel you lacked as a child?
As an adolescent? Today?*

Why is it important to know that information?

Would you have felt differently about sex? About yourself?

What might you have done differently had you known before?

SI Activity 3: Developing a Sexual Vocabulary

Purpose:

To become more aware of various words.

To ascertain comfort levels with the words and become more at ease.

To begin to explore the social conditioning we go through about sex.

Time: 45 minutes to 1 hour

Materials: Flip chart paper, Markers

Process:

1. One by one write the following items on a piece of flip chart paper:

vagina, penis, sex, semen, erection, masturbate, orgasm

After writing each term ask the participants to react with whatever thoughts, feelings or associations they may have about them.

Write down the words or feelings they express (e.g. with “sex” they may associate dirty, enjoyable, children, etc.)

2. Ask the participants to brainstorm words or phrases of their own that have to do with sex — Hindi and English slang, technical, anything, and repeat the process of recording their response as above.
3. Read out the list for those who can not read. Facilitate a discussion about the words and their response.

How did it feel to use these words?

Which words were the hardest to say? Why are these so difficult?

What kinds of people use these words?

(Good people/bad people/Doctors/adults with each other/adults with children/young people with each other/women/men/mixed groups)

Which words are they most happy with? Words I like. Words I don't.

(If applicable:) *Why are there such different — even contradictory — responses to the words?*

(If applicable:) *Why so many terms of abuse? In what instances are the words used as terms of abuse?*

What are the cultural and sexual attitudes that are revealed in the language we use?

This final question can be enhanced by calling out a word and asking the participants for the equivalent word for the opposite sex. Why are there no equivalents? What does it mean about the possibilities open to us from the societal perspective when it comes to our sexual roles and relationships. Possible words could include the following, but think about examples in your local language/the language of your participants, as well:

WOMEN
<i>Slut</i> <i>Nymphomaniac</i> <i>Whore</i>
MEN
<i>Stud</i> <i>Gigolo</i> <i>Pimp</i>

SI Activity 4: Sexuality Myths and Misconceptions

The first 19 "myths" were adapted from AIDS Education for Student Youth, Universities talk AIDS

Purpose:

To clarify misconceptions about sex and sexuality.

To understand how myths develop

Time: 30 minutes

Materials: Set of index cards (or paper cut outs of the photocopied sheet) with common beliefs on them (see below)

Process A:

1. The cards are distributed to each participant. In turn, each participant reads her card aloud and says whether the statement is a myth or a fact. Alternately the group can be requested to volunteer opinions about each statement read.
2. The Facilitator provides the explanation why the belief is a fact or fallacy.

Process B:

1. An alternative approach is to make it like a game. First break the group into teams of about 10. The teams compete against each other for points from correct answers.
2. The question cards would be all jumbled in a "hat". Either the facilitator or a member of each team would draw out their question. The facilitator would read it for all to hear. One team would be allowed to confer and come up with the answer. If the team answers correctly, they would be awarded 100 points for getting the myth/fact part correct and 400 points for being able to explain why (total points for a correct answer: 500)

Statement

(For the index cards)

1. Once a girl has had her first period, she can become pregnant

FACT: When a girl starts having her menstrual periods, it means that her reproductive organs have begun working and that she can become pregnant. It does not mean, however, that her physical organs and body and mental condition are necessarily prepared for the birth of a child.

2. Before a girl has had her first period, she can become pregnant.

FACT: Because women's ovaries release an egg before the onset of her menstrual period, it is possible for a girl to get pregnant even before her first period.

3. It is unhealthy for a girl to bathe or swim during her period.

MYTH: There is no reason that a woman should not partake of a specific activity because of her period, unless she has cramps or any such discomfort. She must maintain hygiene in particular.

4. Abstinence is the only method of birth control that is 100% effective,

FACT: The only way to be absolutely sure of avoiding pregnancy is to not have sex.

5. Girls and boys can have sexually transmitted diseases without showing any symptoms.

FACT: While some STDs may have quite recognizable symptoms, others may not. Gonorrhea, for example, typically displays no symptoms in women and often is undetectable in men. It is important to be examined by a doctor if you think you may have an STD.

6. A girl can not get pregnant if she has sex only once or a few times.

MYTH: A girl can get pregnant with a single intercourse including her first one.

7. A girl can get pregnant if she has sex during her period.

FACT: It is possible for a girl to get pregnant at any time during her menstrual cycle.

8. Once you have had gonorrhea and have been cured, you can't get it again.

MYTH: A person can get gonorrhea as many times as she or he has unprotected sex with an infected person. It is important, therefore, that anyone who is treated for gonorrhea (or any other STDs) make sure that his or her sexual partners are treated as well

Notes to the Facilitator

9. 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 STDs

10. The size of the penis is equivalent to masculinity or virility.

MYTH: The size of the penis either when it is flaccid or erect is no indication of a man's masculinity or ability. Many people prefer their sexual partners to have smaller penises.

11. A girl can get pregnant even if a boy doesn't ejaculate or "come" inside her.

FACT: Even if a boy does not ejaculate inside a girl's vagina, it is still possible that the pre-seminal fluids will contain sperm, therefore a girl can get pregnant.

12. Sexually transmitted diseases can be cured if the infected man has sex with a virgin.

MYTH: STDs require regular medical treatment. By having sex with a virgin or anyone else, one will only pass on the infection.

13. Menstruation is unclean.

MYTH: Menstruation is related to the cycle of life. The uterus prepares itself for growth of the fetus, if and when conception takes place. When this does not occur, the soft, temporary lining of the uterus sheds which results in menstruation.

14. The female determines the sex of a baby.

MYTH: The male genetic material (XY) determines the sex of a baby through either the X (girl) or Y (boy) chromosome. Female genetic material is only XX.

15. Nocturnal emissions make boys weak.

MYTH: Loss of semen through a "wet dream", masturbation or sexual intercourse is a perfectly normal, harmless thing. It does not make you weak.

16. Masturbation is normal.

FACT: It is a normal sexual activity practiced by both males and females.

17. Homosexuality is abnormal.

MYTH: A homosexual is a person who is attracted to people of the same sex and derives sexual pleasure from them. Both men and women can have such an attraction. At different times in a person's life they may find they are attracted to different kinds of people. At some time in most people's lives they will experience some level of attraction to others of the same sex. It is common and should be considered normal.

18. Circumcision increases the sexual power of a man.

MYTH: Circumcision is a procedure by which the loose fold of the foreskin of the penis is cut off. After the operation, intercourse, if it was painful for the male before, becomes painless. It is also easier to keep the penis clean. However there is no change in the sexual pleasure or powers of the man.

19. A drop of semen is equal to 20 drops of blood. Hence the loss of semen weakens the body and should be avoided.

MYTH: Semen has no relationship to blood and its loss causes no weakness to the body. Semen is meant to be released from the body

20. The vast majority of homosexuals are men.

MYTH: Both men and women can be and are homosexuals. Male homosexuals are more visible simply because society allows men in general to be more open about sex and desire.

21. Most of the women with HIV are prostitutes.

MYTH: Most women with HIV are house wives. The rate of HIV infection in ante-natal clinics in Delhi increased by 100% in 1994 and 400% in 1995. 70 - 80% of all women are infected by their husbands.

22. Most men who enjoy sex with men are married and have children.

TRUE: Over 90% of male clients who regularly visit male sex workers do not consider themselves to be homosexual or even bi-sexual. The fact that they have a wife and, more importantly, a son confirms their "normalcy". Likewise if the client takes the role of active partner during anal sex he may consider the male sex worker to actual BE a woman. They follow the logic that a woman takes the receptive role in sex, thus anyone who takes the receptive role is a woman.

23. Homosexuality in India only existed after the British.

FALSE: Homosexuality is a human phenomenon that has nothing to do with nationality. One could say that homosexual behaviors have been practiced in India since time immemorial. Homosexual behaviors are explicitly described in many ancient texts including the Kama Sutra and are depicted in the sculptures of Khajuraho and others. Traditions of keeping hijra mistresses or harems of young boys have been documented going back at least 1,500 years.

24. You can not get infected with HIV from a mosquito.

TRUE: 1) HIV is the HUMAN Immuno-deficiency Virus. HIV lives within human white blood cells. It can not survive outside of its host. Thus, as soon as the white blood cells die, HIV dies.

2) White blood cells and HIV are destroyed in the highly acidic environment of the Mosquito's stomach.

3) Mosquitoes suck in blood for food. They do not inject blood. There is no way that they can inject HIV back into another person.

A syringe is used to inject medicine; in the process it could inject droplets of infected blood. Any tiny drop let of blood left on the outside of the mosquito's stinger would be unable to infect. Such a small amount would probably dry very quickly. When blood dries and HIV is exposed to air, the virus dies within a few seconds. Thus even "infected" blood would become harmless. If, somehow, the blood does not dry, It is unlikely that the blood could enter the body. When the mosquito inserts his stinger, the tension of the skin around the stinger would squeeze the blood back off the stinger, and the blood would remain outside the body.

4) Mosquitoes do inject their saliva into their victims. Malaria is carried in the saliva and spreads in this way. HIV can not exist in the mosquito's saliva and, thus, can not be spread in this way.

5) One reassuring statistical proof that mosquitoes do not spread HIV, is that demographics of HIV infection and Malarial infection are not the same. Because the majority of HIV infections happen through sex, it is largely those people within the most sexually active age range who are infected and die of AIDS. Most AIDS deaths occur between the age of 25 and 45. Malaria, on the other hand, affects all people. Very young and very old people are vulnerable to Malaria. Mosquitoes are not interested in the age of their victims. Thus, if mosquitoes could also transmit HIV, HIV prevalence would be as common among the very old as it is among young adults.

25. A man can only become infected with HIV from an infected woman, not if he has sex with an infected man or hijra.

FALSE: The gender of the sexual partner is absolutely irrelevant. HIV transmission can happen whenever the virus from an infected person is able to access the white blood cells of an uninfected person. Both Vaginal and Anal sex are highly dangerous.

26. If you have an STD, having sex with a hijra will cure it.

FALSE: Only proper medical treatment can cure an STD.

27. The chances of infection are 1 in 5 lakhs through a needle stick from a syringe used on an HIV-infected person

TRUE: HIV must enter your body in an unknown number for you to get infected. This is also one of the reasons it is almost impossible to get infected from a barbers' razor. There has been no known transmission in this way.

28. 85% of people in India who are infected with HIV got it through sex.

TRUE: Although India portrays itself as a "moral country" that does not indulge in premarital and extra marital sex, the statistics for HIV transmission and STD prevalency do not back that up. The government estimates that more than 17 lakh people have been infected with HIV in this way and 4 crore Indians seek treatment at government STD clinics each year.

29. Anal sex has a higher chance of HIV transmission than vaginal sex.

TRUE: Both anal and vaginal sex are unsafe. Both the vagina and the rectum are lined with a mucus membrane through which the virus can pass directly into the blood stream., but anal sex has a higher chance of transmission because the chances of minor abrasions or tearing is higher.

30. 1 out of every 4 people in the WORLD who have an STD are Indian.

TRUE: 4 crore Indians seek treatment at government STD clinics each year and this is just the tip of the iceberg. Many people choose to seek treatment from private clinics, quacks, or do not seek treatment at all. It is estimated that only 30% of women with STDs seek medical treatment.

31. 1 out of every 10 people with an STD has HIV.

TRUE: The same behaviors which can lead to an STD can lead to HIV transmission if your partner is infected. Furthermore the existence of an STD increases the chances of transmission if exposed to HIV up to 10 fold.

32. 50% of all HIV infections happen between the age of 15 and 25.

TRUE: Young people are experimenting with sex and drug use, but they may not understand the risks of experimentation. Thus early education about reproductive health, sex, sexuality and HIV/AIDS is essential to the safety of our young people.

33. Using a copper "T" for birth control also protects you from HIV.

FALSE: Condoms are the only form of birth control which also offers protection from the sexual transmission of HIV. Use of copper "T" actually increases the rate of transmission.

34. 7 or 8 out of every 10 women who will be infected with HIV will be infected by their husbands.

TRUE: The only risk behavior the majority of women who are infected will have practiced is having sex with their husbands — their "marital duty". Many people believe that people who are infected with HIV deserve to die. What about these women?

35. One way of knowing you are HIV positive is if you loose more than 10% of your body weight over a period of less than one month for no apparent reason.

FALSE: Although rapid weight loss can be an indication of a weakening immune system and, thus, the presence of HIV, there are many, many reasons for unexplained weight loss. The only way you can be sure whether you have the virus is to take an HIV test.

36. Frequent scratching in the genital region is a symptom of AIDS.

FALSE

37. Direct stimulation of the prostate gland during anal sex can result in orgasm.

TRUE: Not only is this one source of sexual pleasure during anal sex, but the same nerve which carries pleasurable sensations from the penis (or clitoris) reaches the anus.

38. FIV (Feline Immuno-deficiency Virus) can be passed on to humans through cat bites or deep scratches.

FALSE: Humans can only get HIV. FIV, SIV (Simian Immuno-deficiency Virus — monkeys), BIV (Bovine Immuno-deficiency Virus — cows) can not harm humans.

39. 23% of unmarried males have had sexual contact by the age of 19.

TRUE: But only 6% of unmarried females had had sex by that age. 15% of secondary school girls were found to have been victims of sexual abuse (not necessarily including penetration). Many boys report that their first sexual experience is with an older man. The first time they had sex with a woman, almost half had sex with an older married neighbor.

40. A quarter of the clientele of the central red light district in Bombay are below the age of 21.

TRUE: Only 27% of sexually active college students had used condoms. This is related to the statistic that 50% of the daily clientele of 1,200 males in a Bombay STD clinic were between the ages of 15 and 25.

41. It is possible for a woman to get pregnant through anal sex.

FALSE: There is no connection between the digestive tract and the reproductive tract.

42. Having sex with someone of the same sex means you are a homosexual.

FALSE: Homosexuality is a very personal issue. One's self identity is completely a personal choice which has very little to do with sexual behaviors. A male sex worker may have 10 male clients a day, but only be turned on by women. He may not consider himself a homosexual. On the other hand a virgin may feel his attraction to other men very strongly and know he is a homosexual. In India it is most common for men who enjoy sex with other men to not identify with the term homosexual. Human sexual response does not neatly fit into a set of prescribed terms. Each person falls some where along a spectrum of sexual attraction. It is estimated that only 10% of the population is solely attracted to people of the opposite sex. It is estimated that another 10% is solely attracted to people of the same sex. All the other 80% fall somewhere in between. Because of the powerful pressures of society, expectations of parents and peers, most of the 80% (and many of the 10% homosexuals) chose to live a predominantly heterosexual lifestyle.

43. The vagina is the primary sexual organ of a woman.

FALSE: The vagina is primarily a reproductive organ. Because of its function as the birthing channel, the vagina has a very low concentration of nerves. In fact, the same tissue which forms the scrotum of a male embryo forms the opening to the vagina in a female embryo. (Both males and females share the same genital structure for the first 6 weeks of life.) Fewer than 30% of women are ever able to achieve orgasm through vaginal penetration. The clitoris is the primary sexual organ of a woman. It has no other function than to provide sexual pleasure. (The clitoris is formed from the same embryonic tissue as the head of the penis.)

44. STDs can only be transmitted via the genitals.

FALSE: STDs can be transmitted through anal and oral sex. It is possible to have STD infection in the mouth and rectum.

<p>1. Once a girl has had her first period, she can become pregnant</p>	<p>11. A girl can get pregnant even if a boy doesn't ejaculate or "come" inside her.</p>
<p>2. Before a girl has had her first period, she can become pregnant.</p>	<p>12. Sexually transmitted diseases can be cured if the infected man has sex with a virgin.</p>
<p>3. It is unhealthy for a girl to bathe or swim during her period</p>	<p>13. Menstruation is unclean.</p>

<p>4. Abstinence is the only method of birth control that is 100% effective.</p>	<p>14. The female determines the sex of a baby.</p>
<p>5. Girls and boys can have sexually transmitted diseases without showing any symptoms.</p>	<p>15. Nocturnal emissions make boys weak.</p>
<p>6. A girl can not get pregnant if she has sex only once or a few times.</p>	<p>16. Masturbation is normal.</p>

<p>7. A girl can get pregnant if she has sex during her period.</p>	<p>17. Homosexuality is abnormal.</p>
<p>8. Once you have had gonorrhea and have been cured, you can't get it again.</p>	<p>18. Circumcision increases the sexual power of a man.</p>
<p>9. Condoms help prevent the spread of sexually transmitted diseases.</p>	<p>19. A drop of semen is equal to 20 drops of blood. Hence the loss of semen weakens the body and should be avoided.</p>

<p>10. The size of the penis is equivalent to masculinity or virility.</p>	<p>20. The vast majority of homosexuals are men.</p>
<p>27. The chances of infection are 1 in 5 lakhs through a needle stick from a syringe used on an HIV-infected person</p>	<p>21. Most of the women with HIV are prostitutes.</p>
<p>28. 85% of people in India who are infected with HIV got it through sex.</p>	<p>22. Most men who enjoy sex with men are married and have children.</p>

<p>29. Anal sex has a higher chance of HIV transmission than vaginal sex.</p>	<p>23. Homosexuality in India only existed after the British.</p>
<p>30. 1 out of every 4 people in the WORLD who have an STD are Indian.</p>	<p>25. A man can only become infected with HIV from an infected woman, not if he has sex with an infected man or hijra.</p>
<p>31. 1 out of every 10 people with an STD has HIV.</p>	<p>26. If you have an STD, having sex with a hijra will cure it.</p>

<p>32. 50% of all HIV infections happen between the age of 15 and 25.</p>	<p>24. You can not get infected with HIV from a mosquito.</p>
<p>33. Using a copper “T” for birth control also protects you from HIV.</p>	<p>34. 7 or 8 out of every 10 women who will be infected with HIV will be infected by their husbands.</p>
<p>35. One way of knowing you are HIV positive is if you loose more than 10% of your body weight over a period of less than one month for no apparent reason.</p>	<p>36. Frequent scratching in the genital region is a symptom of AIDS.</p>

<p>37. Direct stimulation of the prostate gland during anal sex can result in orgasm.</p>	<p>38. FIV (Feline Immuno-deficiency Virus) can be passed on to humans through cat bites or deep scratches.</p>
<p>39. 23% of unmarried males have had sexual contact by the age of 19.</p>	<p>40. A quarter of the clientele of the central red light district in Bombay are below the age of 21.</p>
<p>41. It is possible for a woman to get pregnant through anal sex.</p>	<p>42. Having sex with someone of the same sex means you are a homosexual.</p>

43. The vagina is the primary sexual organ of a woman.	44. STDs can only be transmitted via the genitals.
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SECTION II

Our Bodies Our Selves

This section aims to uncover the connections between our ideas about our bodies and our overall sexual health. It first teaches the basics of human genital anatomy, and then goes on to explore how our lives are shaped by our anatomy. There are three activities in this section:

1.) Sexual Organs and Functions:

This lecturette familiarizes the participants with the body and its different parts as well as helps to bring out levels of comfort and discomfort with sexual parts of the body. It can help to increase comfort with verbalization of parts of the body related to sex.

Time: 45 minutes

2.) Self Portraits:

This activity helps to explore how feelings about our bodies affect self-esteem and sexual health. It attempts to examine the role of personal and societal conditioning in the development of our body image and to create the awareness between self-esteem and a person's ability to maintain control over sexual situations.

Time: 1 hour

3.) Body Map:

The final activity pushes the participants to explore issues of identification and touch as relates to personal and "public" parts of the body and how that links with sexual power or disempowerment at both the personal and societal level.

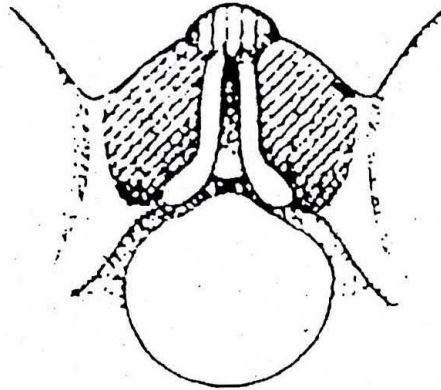
Time: 45 minutes

Notes to the Facilitator: Body Image and Self Esteem

Everybody has body parts they are unhappy or uncomfortable with. One person may agonize over his nose while another may agonize over her lips. These are all subjective feelings, not facts. For example, someone whose hair you admire may actually be unhappy about his hair. The participants' reasons behind these ideas shed light on their overall self-concept. This self-concept is fundamental to the formation of their sexual identity. Reasons for discomfort with specific body parts could be social conditioning of what is considered dirty/ugly/beautiful etc. or association of certain parts with experiences of abuse or rejection. These feelings can run very deep. The facilitator must be prepared to cope with the potential of participants needing considerable emotional support during and, perhaps, even after the session. It is precisely these emotions, however, that are the powerful tools with which the participants can gain understanding of themselves and take the first steps toward reinforcing positive sexuality.

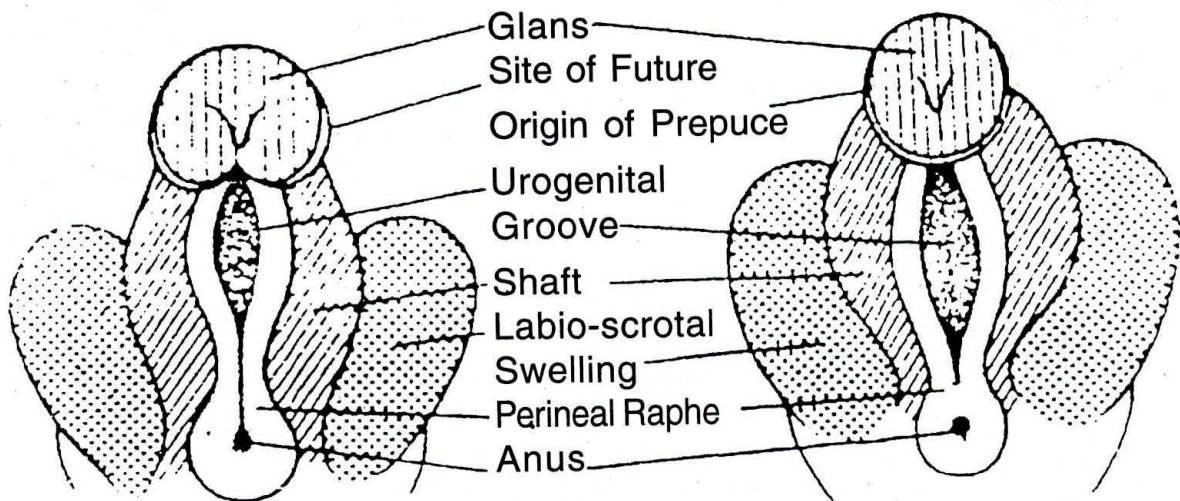
ANALOGOUS TISSUE

Undifferentiated

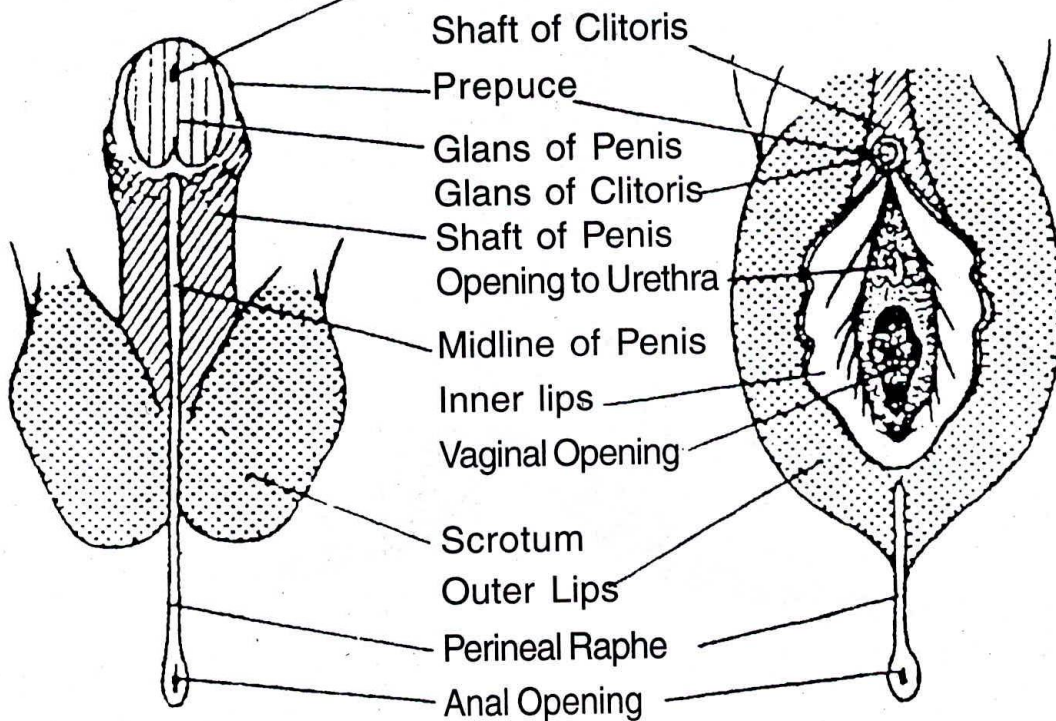


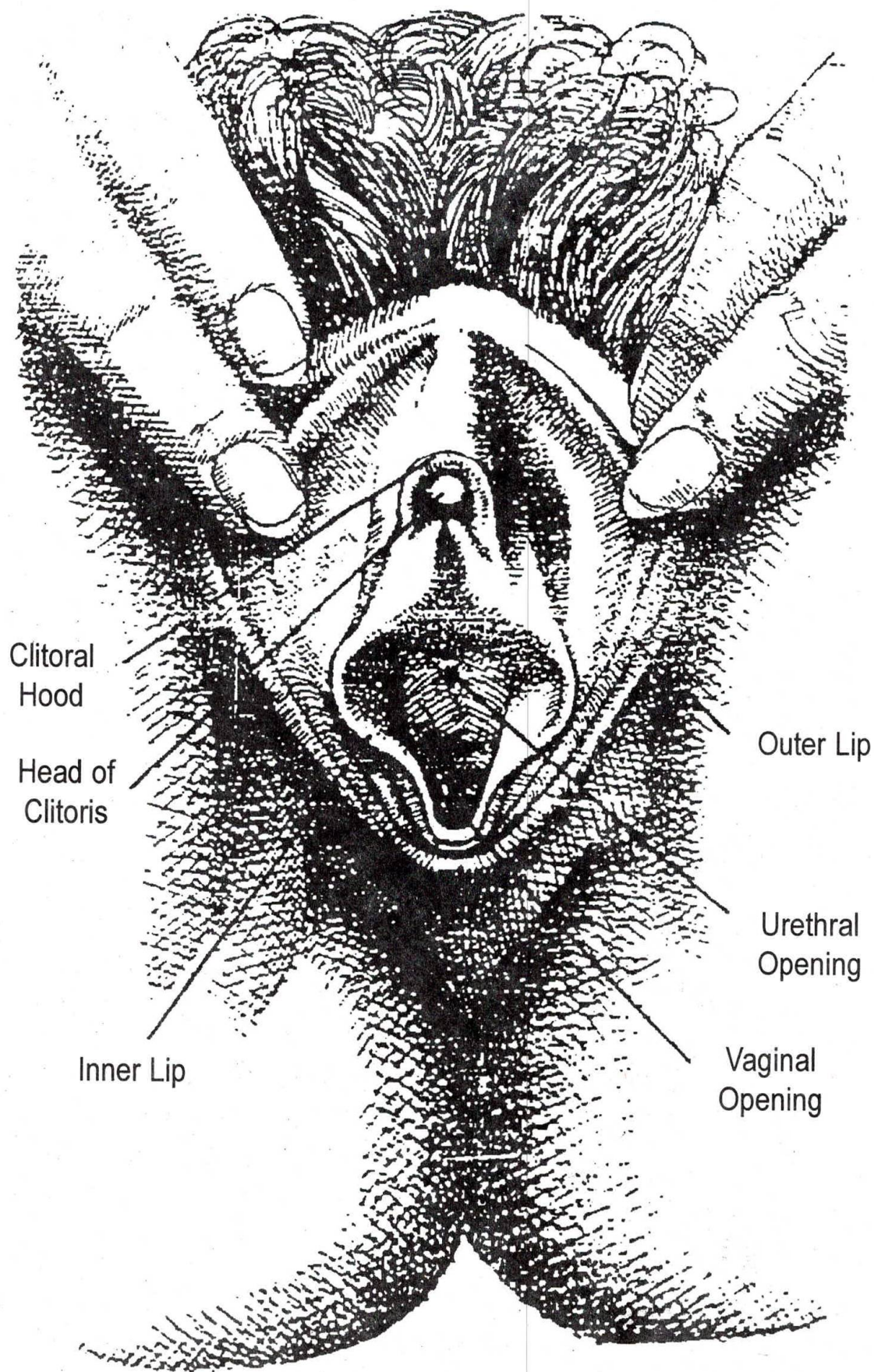
Male

Female



Opening to Urethra





Clitoral
Hood

Head of
Clitoris

Inner Lip

Outer Lip

Urethral
Opening

Vaginal
Opening

SII Activity 1: Sexual Organs and Functions

Purpose:

To give participants basic knowledge about the sex organs of men and women and their functions.

To help bring out levels of comfort and discomfort to sexual parts of the body.

To increase comfort with verbalization of different parts of the body especially those parts related to sex.

Time: 45 minutes

Materials: Flip chart paper, Markers

Process:

1. Prepare beforehand sketches showing the details of the male and female sex organs. You could also use a photocopier to enlarge the drawings in this manual if you will be training a small group that would be able to see a drawing of that size.
2. Explain with the aid of sketches and the notes given below the sex organs and their functions in men and women. If your audience is some-what informed, it makes it far more interesting to encourage the participants to teach about the location and function of each organ/part.

Alternative Processes:

- A. Have the participants draw the anatomy.
- B. Prepare cutouts of each part and have the participants assemble them.

Notes to the Facilitator: Women

Ovaries are the female organs where the eggs develop.

Fallopian tubes are passages through which the mature egg travels to the uterus.

Uterus is where the baby develops during pregnancy. It is a pear shaped organ located in the pelvic region. When a woman is not pregnant, its lining is shed every month in a process called menstruation.

Cervix is the opening to the uterus.

Vagina is the canal extending from the uterus to the outside of the body. Externally it is seen as an opening located between the urethral and anal openings.

Labia consist of outer folds of skin on either side of the vagina.

Clitoris is a small, highly sensitive extension located above the urethral opening where the labia meet. It is the primary center of sexual sensation for the woman and has no purpose besides sexual pleasure.

Notes to the Facilitator: Men

Scrotum is the soft bag-like structure which hangs between man's legs.

Testicles are the two round glands in the scrotum which produce and store semen.

Vas is the tube through which the sperm passes to reach the penis.

Penis is the primary center of sexual sensation for the man.

Erection is the stiffening and enlargement of the penis during sexual stimulation.

Notes to the Facilitator: Women & Men

Orgasm is the sudden, pleasurable release of sexual tension following sexual stimulation in both men and women.

Ejaculation is the release of semen from the penis in men or sexual fluid from the urethra in women at the point of orgasm.

Anus is the opening to the rectum (digestive tract). The same nerves which carry pleasurable sensations from the penis and clitoris extend to this area. Via the anus, the prostate gland (in men) can be directly stimulated which can result in orgasm.

Relative Genital Sensitivity in Males and Females

An interesting bit of information is that both sexes have the same embryonic genital structure for the first six weeks of life. At that point, in male fetuses, a hormone is released that causes the genitals to change and take the male form. The female genitals also change and mature. The same embryonic tissue in males and females becomes the head of the penis and the head of the clitoris in mature genitals. Thus the head of the clitoris and the head of the penis have a similar level of relative sensitivity. The same embryonic tissue becomes the shaft of the penis and the opening to the vagina. These two parts again share a relative level of sensitivity. The inside of the vagina is fairly insensitive. It has very few nerve endings since women must withstand the pain of child birth. It is useful to understand this information when trying to understand human sexual response. (See the "Notes to the Facilitator" under *Sexual Matrix SIII/2*)

SII Activity 2: Self Portraits

Purpose:

To examine the roles of personal and societal conditioning in the development of our body image

To help explore how these feelings affect self-esteem and sexuality.

To create the awareness between self-esteem and a person's ability to maintain control over sexual situations.

Time: 1 hour

Materials: Flip chart paper, Colored Markers

Notes to the Facilitator:

This exercise can be uncomfortable for the participants in at least two ways. First, many people feel shy about drawing. They may not have been encouraged to draw during their life and are left feeling like they have no talent. Reassure everyone that talent is not necessary for this exercise. Any image, if it is drawn with care from the heart, will enhance learning and be perfectly suitable for this exercise. It is interesting that it is often the participants with the greatest fear of drawing who come up with the best, most interesting images. Second, what makes the drawings so interesting is how much can be subconsciously revealed about a person from their drawing. Thus, it is possible for a person to feel overly exposed once her drawing is discussed. Be extremely sensitive to this possibility. Gently support any participant who feels awkward about the discussion her drawing may produce. Try to use it as a positive learning opportunity, but realize that, for some people, it is best to let them slip out of the limelight quickly. Use your best judgment about how to handle each situation.

Process:

1. Distribute paper and pens.
2. The facilitator asks the participants to draw themselves (full length). The participants should feel free to use any combination of markers and colors. Allow 10 - 15 minutes for this activity.
3. Each participant should discuss her drawing. This might be an emotional experience for some participants. The facilitator should be sensitive to individual levels of comfort. The participants should discuss:

Part One:

How did it feel to draw yourself?

(If applicable) Why did you chose to draw yourself in this environment?

What is the personal significance of any objects included in the picture?

Might the objects carry any social messages?

Why did you chose to draw yourself in these clothes? (...or nude?)

Part Two:

What parts of the body do you like/feel happy about?

What parts of the body do you dislike/feel unhappy about?

What parts of the body would you like to change?

How do you deal with the parts of your bodies you don't like and wish you could change?

How would your personality really change by changing these body parts?

Notes to the Facilitator:

The variety of drawings is fascinating and is the source of endless insights. Some participants may draw themselves in some sort of environment. (*Example: A beautiful natural setting, in their home, on their motorbike*) What is the significance of this environment to them? (*Example: "I really love to ride my bike. It makes me feel free. When I ride my bike, I like how people look at me. I feel important."*) Did they include pictures of any important other people, animals or

objects with which they identify the image of themselves? What are they? (Example: A briefcase, a purse, a dog, a child) What is their personal significance? (Example: "My job is very important to me. I am always carrying my briefcase going to important meetings." "This is my son, Raju. He is two and a half years old. I love to have him with me all the time.") What social messages might they carry? (Example: "I am a modern woman who finds power and prestige in her work. I like to go against the traditional idea of what a woman is supposed to do." "Having a son can be seen as a sort of success. Women's identity is often tied to their family. Particularly the relationship between mother and son is very important. Without a husband, son, or other male family member, a woman may face a lot of hardship.")

Participants may draw themselves in their finest clothes, in the clothes society most presses them to wear, in their favorite clothes, in the clothes they are wearing that day, or, some may choose to draw themselves in the nude. Each choice reveals preferences and/or social conditioning in each individual that can help us understand how we see ourselves and why. Let the participants themselves come up with the explanation for each choice. (Example : "I'm not sure why I drew myself with a bindi and a sari. I never really dress like that. Perhaps it has something to do with still wanting to present myself looking my best...that is looking the way people have always told me I am supposed to look. But, really, I don't identify with these clothes at all. I never wear a bindi any more." "I drew myself naked because I wanted to draw my true self. It is my most private self. The self no one but me gets to see. So it is my truest self. I like it. It is the real me.") If there seem to be other possible explanations or a deeper learning that can be brought out, put forth your ideas to the group, but make sure that you do so in such a way that you do not undermine what the individual has said or make him embarrassed.

Pay attention to the details of each drawing. Did the participant draw all parts with equal care? Are the hands and arms fully formed? If not, this may be simply because hands are difficult to draw. However, it has been found that children who feel powerless often draw themselves without any arms. Adults are usually too self-conscious to do this, but there may be other ways to spot a sense of powerlessness in the way a person draws herself. A person who draws himself with a very large head and small body may also simply suffer from the troubles of drawing in perspective, but it is possible that he may have a rich intellectual life and actually feel that his body is less important. Did the participants include their secondary sexual characteristics in the drawing? (Breasts, genitals) Why?/Why not?

SII Activity 3: Body Map

Purpose:

To explore issues of identification and touch as relates to personal and “public” parts of the body and how that links with gender, sexual power or disempowerment at both the personal and societal level.

To create the awareness between self-esteem and a person’s ability to maintain control over sexual situations.

Time: 45 minutes

Materials: Flip chart paper, Colored markers, A drawing of the outline of a man and another of a woman

Process:

1. Using the two drawings to draw out answers about each of the sexes, using different colored cross-hatching, the facilitator marks the participants’ ideas of :

Which areas of the body are private, which are public.

Which areas of the body can be touched by strangers.

Which parts of the body can be touched by people close to you?

Which parts of the body can be touched by you in public?

The difference between men and women on some of these dimensions can be quite dramatic. (Example: Men can touch everywhere on their body in public even their genitals. Women can not. Even if they have an itch on their breast, they may feel too shy to scratch.) Encourage the participants to discuss why they think this is. What are the ramifications for a man’s or a woman’s relationship to his/her body?

2. It can be useful and interesting to have the participants then mark the drawings according to where they like to be touched and where they do not like to be touched. Have them put a black mark everywhere they do not like to be touched and a red mark everywhere they do like to be touched. (This exercise has been called “dhuk/sukh”)

Do the places you like to be touched correspond to the places people touch you?

Is there a difference between where you like to be touched and where you are touched in sex? Why?

How much control do you have over who touches you and where?

Which areas of the body are sensitive to arousal?

Which areas are touched during sex?

Why do you think sex focuses so much attention on the genitals when the whole body likes touch and can be sexually aroused/arousing?

If sex had more to do with the rest of the body, might it not have more to do with you and be more pleasurable?



SECTION III

Sexual Behavior

This section aims to examine the variety of sexual behaviors and our attitudes toward them. Through raising awareness we develop the skills to make positive lifestyle choices. There are six activities in this section:

1.) *Sex:*

This lecturette clarifies various sexual behaviors and elicits the participant's attitudes and associations with each behavior.

Time: 20 to 30 minutes

2.) *Sexual Matrix:*

This groups activity further explores attitudes about sex by quantifying various behaviors against related feelings. It also acts to affirm the variety of sexual response and prioritization.

Time: 45 minutes to 1 hour

3.) *Homosexual Behavior:*

This guided discussion uses the lists drawn up in activities one and two to think about sexual behaviors between people of the same sex to demonstrate the naturalness of a range of sexual response.

Time: 45 minutes

4.) *Homosexuality:*

This role play explores the social and emotional issues around homosexuality.

Time: 1 hour

5.) *The Purpose of Sex:*

This guided discussion aims to examine and break down attitudes towards sex.

Time: 15 minutes

6.) *Sexual Abuse:*

This guided discussion and sharing attempts to explore some of the negative aspects or uses of sex — in particular sexual abuse/rape.

Time: 45 minutes

SIH Activity 1: Sex

Purpose:

To expand people's idea of what is sex.

To recapitulate safer sex messages for HIV transmission.

Time: 30 minutes

Materials: Flip chart paper, Colored markers

Process:

1. Ask the participants to list and define all sexual practices that they are aware of, including masturbation, oral sex, anal sex, and vaginal sex. Ask them for colloquial terms and write these on the flip chart in order of decreasing safety, starting with the safest alternative "abstinence" and ending with the least safe practice "penetration". Explain each act as you list it and explain how HIV can be transmitted during these acts.
2. Encourage the participants to share their reactions and ideas. Focus on the benefits and risks of each act not only in terms of HIV/STDs and pregnancy, but their own personal opinions.

Facilitators' Notes: Sex

Safe sex includes:

Masturbation and mutual masturbation
kissing
touching, caressing
Hugging
Penetration or oral sex with a condom/ vaginal barrier

Abstinence means to refrain from sex completely. In terms of HIV transmission this is the safest way to prevent sexual transmission. To have sex at all is a personal decision; most do not choose to abstain from sex.

Masturbation is the manual (etc.) stimulation of one's genitals. This can occur individually or with another person(s). There are a number of myths surrounding masturbation, although it is one of the safest forms of sex in relation to HIV transmission. These myths include ideas that masturbation leads to weakness, blindness, dysfunction of the penis, that the penis will fall off, that one will be unable to satisfy one's partner later on in life. There is no scientific evidence to substantiate these ideas. Masturbation is a personal and pleasurable act. The act is not dirty, and it does not matter how often you masturbate. Both men and women can and do masturbate.

Kissing is the pleasurable touching of one's lips against another's. Deep kissing is pressing the mouths together with the lips parted which allows for one's tongue to play in the other's mouth. Although, theoretically, deep kissing carries a slight risk of transmission because HIV can be found in saliva, the chances of transmitting the virus are virtually nonexistent even if blisters or cuts are present in the mouth of either partner.

Rubbing

There are limitless ways people find sexual pleasure together. Breast sex refers to stimulating the penis between a person's breasts. Thigh sex usually refers to stimulating the penis between another person's thighs, but it can also refer to a woman rubbing her genitals against another person's thigh for sexual pleasure. Frottage is a general term for rubbing against each other for sexual pleasure. Tribidism refers specifically to two women rubbing their clitoris'/vaginal areas against each other. As long as there is no opportunity for exchange of fluids, all of these behaviors are absolutely safe in terms of HIV transmission.

Oral sex is the stimulation of the genitals with the mouth. Transmission is possible through oral sex because of the chance of coming in contact with vaginal fluid or semen. There are only two possible examples of this type of transmission, however, and even then they are not 100% sure that this is how they were infected. In both cases the person who became infected had extensive lesions in the mouth and performed oral sex several times a day. Fellatio is when a man's penis is stimulated by the mouth of another man or a woman. Cunnilingus is when a woman's clitoris and vaginal area are stimulated by the mouth of another woman or a man. Rimming is when one person licks another person's anus. Although rimming could be potentially dangerous for infections such as hepatitis, HIV can not be transmitted because there is no exchange of infected fluids.

Vaginal Penetration is the insertion of the penis (or other object) into the vagina. With penetration by the penis, this can be a "high risk" practice because HIV-infected semen can pass through the mucus membrane lining the vagina and enter the white blood cells of the woman. Conversely, if the woman is infected, the HIV in her vaginal secretions can enter the man via the mucus membrane of the head of the penis and access his white blood cells. Withdrawal of the penis before ejaculation does not reduce the risk of HIV transmission. Vaginal

penetration using an object only has risk of HIV transmission if the object is inserted in more than one woman without washing it between uses or without using a fresh condom over it each time.

Anal Penetration is the insertion of the penis into the rectum of a woman or a man. This is risky in terms of HIV transmission for the recipient, because the lining of the rectum is thin and can tear exposing white blood cells directly to the semen. Even without tearing HIV can pass through the mucus membrane lining the rectum.

Safe Lifestyle Choices:

Abstinence / No sex ♦ Monogamy / Sex with one uninfected person ♦ Sex using condoms

3. Secret Ballot Exercise

Sometimes when you introduce the variety of sexual behaviors to a group, there can be a sort of unexpressed shock or attitude which seems to say, "This is all very interesting, but I am sure most people stick to the missionary position." It is interesting and a valuable tool for learning to discover just what the participants' sexual experience is. To get a more accurate indication of the variety of behaviors practiced use an anonymous method.

Option A.

One option is to have a series of boxes with labels on them of different sexual behaviors. The boxes should be arranged in a separate room or behind a screen. Each participant is given a handful of slips of paper. One by one they have a turn to visit the boxes. Each box has a small slit in it large enough to allow a slip of paper to be pushed through but small enough so that one can not see inside the box to see if anyone previous has put in a slip. After all participants have had a turn, the facilitator counts the slips, determines the percentage participation and announces the results. It is a good idea to write the results on a chalk board or flipchart since people will want to copy them down.

Option B.

Another option is to have each participant fill out a questionnaire such as the one on the following page.

Anonymous Survey of Sexual Behaviors

Please make a check in the appropriate box

Female ☐ Male ☐

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Have you ever masturbated? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever had an orgasm from masturbation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever performed oral sex on someone else? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever had oral sex performed on you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever had an orgasm from oral sex? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever had vaginal sex (penile penetration)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had an orgasm from vaginal sex? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever had anal sex? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever had an orgasm from being the receiving partner in anal sex? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever been sexually attracted to someone of the same sex? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you ever had a pleasurable sexual experience with someone of the same sex even if it was just a quick kiss or caress? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you had more extensive sexual experience with some one of the same sex? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you prefer sex with others of the same sex? | <input type="checkbox"/> | <input type="checkbox"/> |

Anonymous Survey of Sexual Behaviors

Please make a check in the appropriate box

Female ☐ Male ☐

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Have you ever masturbated? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever had an orgasm from masturbation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever performed oral sex on someone else? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever had oral sex performed on you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever had an orgasm from oral sex? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever had vaginal sex (penile penetration)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had an orgasm from vaginal sex? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever had anal sex? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever had an orgasm from being the receiving partner in anal sex? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever been sexually attracted to someone of the same sex? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you ever had a pleasurable sexual experience with someone of the same sex even if it was just a quick kiss or caress? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you had more extensive sexual experience with some one of the same sex? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you prefer sex with others of the same sex? | <input type="checkbox"/> | <input type="checkbox"/> |

SIH Activity 2: Sexual Matrix

Purpose:

To explore attitudes associated with different sexual activities.

To reiterate the vast array of activities which constitute sex (and thereby advocate for safer sex alternatives).

To give space for the participants' variety of response to sex and raise awareness of this possibility.

Time: 1 hour

Materials:

A large sheet of paper with a grid drawn on it (the grid can also be drawn once the participants have decided how many items they plan to compare)

Strips of paper which match the size of the squares of the grid mentioned above which have different numbers of markings on them to be used for ranking



OR

Many (perhaps 100) small squares of colored paper to arrange in the ranking



Tape (to tape down all these irritating bits of paper!)

Flip chart paper

Colored markers

Process:

1. The group begins by making a list of different sexual activities such as;

oral sex, masturbation, anal sex, vaginal sex, kissing, touching, rubbing etc.....

(or use the one developed for the previous activity)

2. Next they make a list of feelings or qualities associated with sex. This may include;

pleasure, eroticism, fun, risk, safety, pain, excitement, boring, energetic etc.....

Even though they do not lend themselves to easy ranking, you may want to include issues such as *guilt, moral, or builds/needs confidence*, simply for their ability to provoke interesting discussion.

3. Next the list of activities and feelings are placed in a grid drawn on the large sheet of paper by the group. If you are working with a preliterate audience, have them draw a symbol or picture in the squares of the matrix to represent each activity and feeling. The grid could have more categories than this example, and the facilitator may prompt the group to think of more categories if necessary.

4. Once the grid has been drawn each sexual activity is rated against each of the feelings/qualities. Use the squares of colored paper to indicate the way each item is ranked. The more stars the more the activity represents the feeling listed. For example, if there are five activities the most will have five squares. The least will have one. The idea is that the activities must be rated on a scale rather than each separate activity being given a score. This means that the sexual activities must be given squares of paper in a descending order. This order process creates debate in the activity as participants have to decide which activities are more or less erotic or risky etc.....

Notes to the Facilitator:

This is a real example from a workshop with male and female staff of NGOs:

	<i>Orgasmic</i>	<i>Uncomfortable</i>	<i>Fun</i>	<i>Routine</i>	<i>Erotic</i>	<i>Disgusting</i>	<i>Power</i>
<i>Anal Sex</i>	★	★★★★★				★★★★★	★★★★
<i>Vaginal Sex</i>	★★★★	★★★★	★★	★★★★★	★	★★	★★★★
<i>Oral Sex</i>	★★★★ ★	★★	★★★★	★	★★★	★★★★	★★★
<i>Kissing</i>	★★	★★★	★★★★★	★★★★	★★★★	★★★	★★
<i>Caressing</i>	★★★	★	★★★	★★	★★★★★		★
<i>Sweet talking</i>			★	★★★	★★	★	

This example demonstrates two possible issues around this exercise that you should be aware of as a facilitator. First, look carefully at the responses to “anal sex”. This group was quite uncomfortable with the topic of anal sex. Very little positive was said about it. That is fine. Each group will have a difference response. The difference is part of the richness of the exercise. However, this particular example represents a weakness in the exercise and/or a weakness in the facilitator. It is estimated that more than 75% of Indian males have had anal sex at one time or another. But this is not something most people feel comfortable admitting. It is known that

at least one out of the nine participants in this workshop was a man who regularly had sexual relationships with other men involving anal sex. In the face of the group pressure, he felt hesitant to come forward about his preference for anal sex. As a facilitator, be aware of the possibility of this sort of situation. Be sensitive to it. Think ahead about ways to overcome this problem. What are possible solutions?

Second, look carefully at the responses to “vaginal sex”. The responses are quite varied. They are contradictory. They may be surprising. This is all typical of using this exercise with a group of mixed gender. Rather than a weakness of the exercise, this can be a powerful tool to use to point out gender differences in preferences of sexual behaviors. Each ranking of vaginal sex was a balancing act between the women (most of whom found it either non-arousing or painful) and the men (who found it very enjoyable). This links with certain physiological differences between the sexes. Under the section in this manual on *Sexual Organs and their Function*, the reasons behind the relative sensitivity of male and female organs is discussed. The gist of that is that, during vaginal sex between a man and a woman, the most sensitive part of the man (the penis) is being directly stimulated by the least sensitive part of a woman’s genitals (the interior of her vagina). Fewer than 30% of women report that they are ever capable of achieving orgasm through vaginal stimulation alone. Only about 10% are able to do so regularly. To achieve orgasm, they must have clitoral stimulation (which is the physiological equivalent of stimulating the man’s penis). This explains why the group ranked “oral sex” highest in the “Orgasmic” category.

Adapt, Adapt, Adapt !!

The ability to innovate and adapt exercises to different issues is an asset to a good trainer. In one of our workshops the participants came out with one such variation on the matrix which calls for a mention !!

The participants did the matrix to understand reasons associated with different sexual orientations. It looked like this:

<i>Sexual ↓ Orientation</i>	<i>Natural</i>	<i>Culture</i>	<i>Circumstances</i>	<i>Dissatisfaction</i>	<i>Access</i>	<i>Pleasure</i>
Male-Male	3		2			1
Male-Female	3	2				1
Female-Female	2		3			1
Bisexual				3	1	2

Instead of using the stars mentioned in the above section, participants preferred to do a ranking with numbers on a scale of 1-3. Ranks were accorded to three most important reasons arrived at by the group.

This matrix lead to an interesting discussion on what kind of social and cultural reasons determine the sexual orientation of a person. Also the group debated on how “natural” a homosexual orientation of a person could be. Male-male Orientation, for instance gained higher points in the natural category than the Female-Female. The group felt a little confused about the issue as they happened to be all men !!

5. Facilitate a discussion about different sexual activities and the feelings and beliefs attached to them.

Were you surprised how different people's opinions could be?

Were you surprised how one activity could be so different depending on the situation.

What are some of the factors which influence how we experience sex?

Is sex today like you had thought it would be?

What do you wish it were like?

SIH Activity 3: Homosexual Behavior

Purpose:

To show how so many sexual behaviors are not dependent on the lovers being of opposite sex.

To bring to light some of the homosexual behaviors commonly practiced among members of the community. (Bi-sexual)

To make homosexuality seem less different.

Time: 30 minutes

Materials: Flip chart paper, Colored markers

Process:

1. Using the list of sexual behaviors and input from the participants, write a new list of those behaviors that two men or two women could do together. A possible list could include:

Kissing and hugging
Touching and caressing
Pressing and rubbing against each other
Fingering/fisting
Masturbation and mutual masturbation
Oral sex
Two men could have anal sex

2. Make another list of behaviors that two men or two women could not do. Go back over this list and brainstorm how they could approximate these behaviors. A possible list could include:

Two women cannot have:

vaginal sex — Approx. by inserting their fingers or an object
anal sex — “ “ “ “

Two men cannot have:

Vaginal sex — Approx. with anal sex or sex between the thighs

3. Make a third list of any benefits they could see to same sex relationships including any behaviors that only two women or two men could do. The following are real examples gathered from workshops. It can be argued that they may not be true or may not be the exclusive property of people who enjoy sex with others of the same sex, but they are included here as examples of the range of possible responses.

Women:

- *Women have more parts to “play” with so two women means twice the fun*
- *Two women can touch and rub their clitorises together.*
- *Two women could press their breasts together.*
- *Women are soft. Two women means extra softness.*
- *Two women may both enjoy spending more time cuddling.*
- *Women may know better how to give each other orgasms.*
- *Even after they have an orgasm, two women may want to continue to be intimate and can keep having sex and more orgasms for a very long time without wanting to stop or fall off to sleep.*
- *Easier multiple orgasms*
- *The power dynamics between two women are different.*
- *No fear of pregnancy.*
- *Almost no chance of HIV transmission*
(It is true that there have been no known cases of HIV transmission in lesbians through sex of any sort.)
- *Two women can take on either or any gender roles*
- *Women together learn through giving*
- *Two women share knowledge of how things feel for each other.*
- *It is simply a different feeling being with someone of the same sex.*

Men:

- *Two men can touch and rub their penises together.*
- *Two men can enjoy fully interchangeable sexual roles (i.e., both can be the receiver and the penetrator).*
- *Two men may enjoy quickly having an orgasm.*
- *Two men may share the same attitude towards sex and what is exciting*
- *No fear of pregnancy*
- *They have more scope for vulnerability under the current patriarchal definitions of power through their experience as the receptor during anal sex which can lead to greater emotional understanding.*
- *They can enjoy the feeling of mutual razor stubble.*
- *They may enjoy more aggressive sexual behavior.*
- *Two men share knowledge of how things feel.*
- *It is simply a different feeling being with someone of the same sex.*

4. Facilitate discussion.

Had you ever thought before about what homosexuals do in bed?

Are you surprised by the lists?

Society sends out a message that by being a homosexual people are in some way having to give up something sexually. After compiling these lists do you think homosexuals are sacrificing any pleasure by having sex with others of the same sex?

The idea that homosexuals somehow have a limited sexual repertoire is partially represented by the fact that there is a term "homosex". "Homosex" is often used to mean "anal sex" although this is a sexual behavior which is not uncommon among heterosexual couples and which is a behavior that not all men who have sex with men practice. Given the variety of behaviors listed here as possible ways homosexuals can have sex, do you think it makes sense to have a term like "homosex"?

Does it make sense that people would enjoy intimacy with other people of the same sex?

When do people in your community have sex with others of the same sex? Is this considered OK? What about after marriage?

What kinds of sexual expression are unacceptable? Why?

SIH Activity 4: Homosexuality

This exercise was adapted from a manual on sexual health produced by the Norwegian Red Cross

Purpose:

To bring out attitudes about homosexuality.

To raise awareness of some of the difficulties homosexuals face.

To affirm the existence of homosexuals.

Time: 1 hour

Materials: Flip chart paper, Colored markers

Process:

1. Select two volunteers to act out the following scenario.

Male Audience:

Ravi, an 18 year-old farmer, realizes he now has feelings for his childhood friend, Amit. He feels embarrassed and confused. His parents are choosing a wife for him, and he feels trapped. He runs away to the city to avoid his parents and Amit. His parents are worried and want to find him. They had no idea Ravi was unhappy. Amit agrees to go and find him. What happens when they meet?

Female Audience:

Nirmala, a farmer's daughter who is 16 years-old, realizes she now has feelings for her childhood friend, Anita. She feels embarrassed and confused. Her parents are choosing a husband for her, and she feels trapped. She runs away to the city to avoid her parents and Anita. Her parents are worried and want to find her. They had no idea Nirmala was unhappy. Anita agrees to go and find her. What happens when they meet?

2. Have a few more pairs act out different possible outcomes of the situation until the group has had a chance to see a spectrum of positive and negative possible results.

3. Facilitate discussion.

What happened to Ravi/Nirmala in the city?

What help is available to Ravi/Nirmala in the city?

What are Ravi's/Nirmala's parents' reactions?

What about the marriage? What about the new spouse?

How could Ravi's/Nirmala's problems resolved?

Do people have the freedom to express their sexuality without fear? What about women interested in men?

When does a person become aware of his or her own sexuality?

Are same-sex attractions in adolescence an indication of future sexual preference?

Who could somebody like Ravi/Nirmala turn to for help in the community?

Would you choose to discuss sexual matters with a religious leader? Why?

How can people find out where to meet other people of the same sexual preference?

How can individuals deal with other people's prejudices about sexual orientation? For example, where can a person turn if he or she is a homosexual and does not want to marry and have children?

SIH Activity 5: The Purpose of Sex

Purpose:

To reiterate the importance of sexual intimacy

Time: 15 minutes

Process:

1. Facilitate discussion.

What Do You Like About Sex?

What is sex for?

Making children

Pleasure

Love and affection

Etc.

What is the primary purpose of sex?

Facilitators' Notes: Sex for Pleasure

How often does the desire to have sex stem directly from the desire to conceive a child? Although one of the outcomes of sexual activity can be reproduction (children), the primary purpose of sex may actually be pleasure. If this were not the case, humans would be different. If sex were only meant for procreation, women might ovulate (release an egg) every time they have sex the way cats do. Human beings, however, ovulate on a regular schedule which is unrelated to sexual activity. There are only a few days during a woman's monthly cycle when she can get pregnant, but most human beings have a natural desire for sex and produce semen and vaginal fluids throughout the month. Even when a woman becomes pregnant, she will continue to feel the need for sex and produce vaginal fluids to aid sexual activity. If sex were only meant for procreation, women would not have a clitoris. The clitoris has no function whatsoever besides providing sexual pleasure and orgasm. If sex were only meant for procreation, women, like most female animals, would not even have the ability to have an orgasm. If sex were only meant for procreation nobody would enjoy sex with others of the same gender. It is these facts plus the great creativity and love that humans are capable of

bringing to sexual intimacy that seems to make enjoying sex for pleasure part of being human.

SIH Activity 6: Abuse of Sex

Purpose:

To understand how the social constructs of sexuality limit the scope of our sexual pleasure.

To see how sex is construed and used as power.

To reaffirm that sex should be shared between consenting partners enabling both to maximize pleasure.

Time: 1 hour

Materials: Flip chart paper, Colored markers

Process:

1. Facilitate discussion around what the participants don't like about sex.
2. Then have them focus on sexual abuse

How do you define rape and sexual assault ?

How are people who are raped or sexually abused treated by society?

Is there such a thing as rape within the family ? Within marriage?

3. Go over the list of myths and facts about rape by asking the participants to respond to the myth and then clarifying with the facts.

MYTHS**FACTS**

Women are raped by strangers in dark places outside the home.	Most rapes take place at home by someone known to the victim
There is no rape in marriage.	Women <u>do</u> get raped by their husbands. Any unwanted sex is rape.
Women say “No” when they mean “Yes”.	“No” means “No”.
Men rape because they are overcome by sexual urges.	Most rapes are planned for some time.
Men who rape are obviously abnormal, or a pervert	Every man who rapes is somebody’s son, brother, husband or father.
Women ask for it in the way they dress and act.	Women of all ages and appearances are victims of rape. 6 month old babies and 82 year old grandmothers, “good” docile girls and disabled girls have all been raped.
Only women are raped	Men and boys are also victims of rape by both women and other men
Rape is a sexual act	Rape is an act of violence and assertion of power

This chart is based on a chart in Oxfam’s Gender Training Manual

4. Read the following excerpt and have the participants discuss it.

A man told his daughter that in order to lessen her period pain that she should have sex with him. An elderly woman, who was a neighbor of this family told the wife what was happening. The wife took the case to court, but withdrew the case due to the shame of the whole situation.

5. Encourage the participants to share stories they have heard. Since the chances are about 100% that someone in the audience will have been a victim of sexual abuse, be prepared to cope with a potentially emotional scene. There is absolutely no problem with this. In fact nothing can show the powerful impact of sexual abuse like the story of a survivor. But the person who is sharing is taking a real emotional risk and every care must be taken that by the end of the session she or he is feeling O.K. again.

SECTION IV

Sexuality in Social Context

This section aims to raise awareness of some of the social dynamics which empower us or disempower us in a sexual setting. It also provides practical experience in sexual negotiation and condom use. There are five activities in this section:

1.) *Lifeline:*

A group activity to see how society defines the roles we take in relationships and how they help to shape our sexual expression and sexual identity. The exercise also raises awareness of the power of gender.

Time: 1 hour

2.) *Acting Stereotypes:*

A role play which dramatizes societal expectations of men and women's emotional response and raises awareness of how such expectations limit our natural expression of emotions disempowering both men and women.

Time: 1 hour

3.) *From Birth or Learned?*

A quiz-style lecturette which demonstrates how much of our world as men and women is actually learned. It attempts to raise awareness about possible explanations for the existing role structures and our chance to unlearn aspects that are unproductive.

Time: 30 minutes

4.) *Sexual Negotiation:*

An experiential exercise which gives the participants a chance to explore some of the dynamics of sexual negotiation and to practice negotiating in a safe, non-sexual environment. This should tie together the previous activities by showing the link between personal power and the power to negotiate in sexual situations.

Time: 45 minutes

5.) *Condoms:*

This hands on activity aims to familiarize the participants with condoms; demonstrate proper use of condoms; clarify issues around condom use; and advocate for their use.

Time: 30 minutes

SIV Activity 1: Lifeline

This exercise was adapted from a manual on sexual health produced by the Norwegian Red Cross

Purpose:

To see how society defines the roles we take in relationships.

To look at sexuality from the vantage point of the relationships which shape our sexual expression and sexual identity.

To raise awareness of the power of gender.

Time: 1 hour

Materials: Flip chart paper, Colored markers

Process:

1. Start with a discussion about the various types of sexual relationships that occur in your culture. Ask participants to discuss these relationships, e.g. living together, sex outside marriage, monogamous relationships, marriage.

How do people become recognized as a couple in your culture?

Do boys have a greater choice than girls about when and whom to marry? Why?

What are the different reasons men and women get married?

What is considered a "good" relationship in your culture? What are some important factors in maintaining a good relationship?

In what ways do children affect relationships?

How do people feel about couples who do not or cannot have children?

How can people choose when to have a family (e.g., birth spacing, contraception)? What birth control methods are available to you?

What are some relationships besides marriage where people have sex or some kind of sexual intimacy?

2. Have the participants compare the possibilities for sexual relationships for men and women by drawing lifelines of two fictitious people. You can draw them on the floor with chalk or on a flip chart with a marker.

Shanker

First relationship.....Last relationship

Madhu

First relationship.....Last relationship

Encourage the participants to describe the lives of Shanker and Madhu. Make a list of the roles they are likely to adopt. *For example, Madhu may get married, give birth to a child, earn some cash through needlework at home, have two more children, perform household chores and bring in the crops from her farm.* After completing this part of each lifeline, write Shanker and Madhu's sexual histories on the other side of the lifeline. For example, for Madhu, you may want to write: *kissed cousin, sex with husband, extramarital relationship 1 and extramarital relationship 2.* Make the histories within the bounds of possibility.

3. Compare the lives and the sexual histories of Shanker and Madhu. How do they differ and why? Identify the opportunities and limitations for experiencing a full and active sex life for men and women in your community.

How do the messages we receive about sex and sexuality differ depending on whether we are male or female?

What effect does this have on the way we express our sexuality?

If a man has sex, how does he tell his friends? How about if a woman has sex?

Do boys and girls feel pressure to have sex or to say they have had sex in your community?

SIV Activity 2: Acting Stereotypes

Purpose:

To dramatize societal expectations of men and women's emotional response.

To question the authenticity of this expected response.

To think about how the expected response limits our natural expression of emotions.

To explore how this disempowers both men and women.

Time: 1 hour

Process:

1. Have volunteers act out the following scenario twice: once as the opposite gender and once as themselves. If you are working with an audience mixed by sex have an equal number of men and women take part.

1. *Someone stole your money while you were in the market*
2. *You have just fallen in love*
3. *You are walking in the forest when you come upon a tiger*
4. *You have just learned of your mother's death*

2. Facilitate discussion:

How did it feel to do this exercise?

Why did you act differently as a man and as a woman.

(To an audience mixed by sex:) *Women, do you think the men did a good job of acting out how you would respond? Men, do you think the women did a good job of acting out how you would respond?*

(To a single-sex audience:) Think of the different men (women) in your lives — your husbands, brothers, sons -(wives, sisters, daughters) - do they all react the same emotionally? What are some of the differences?

If your natural response in a situation is different than what is expected, how do people react? What if a man cries easily? What if a woman fights for her opinion with everybody?

Can you remember any ways you were taught to have the expected emotional response? (Little boys told that they are cry babies or "don't be like a girl" when they cried. Little girls told not to climb trees, not to laugh too loud.) Can you remember how you felt when you were told you shouldn't act in a certain way?

Do you ever want to act in those not-allowed ways now? Do you ever want to just cry? Do you ever want to just . . . ?

Do you think there are more rules for men or for women about emotional response? How do you think that makes their life difficult?

Notes to the Facilitator:

This exercise is potentially very rich, but it can be difficult to convey the depth (and, thus, the real learning) to the audience. To be successful, you must be keenly aware of gender programming and highly observant. As the facilitator, you must pay close attention to the details of the participants' performance. The problems arise because participants have a sense of gender stereotypes and use that knowledge to adjust their performance. The most common conscious changes are either to try to portray the event in the same manner for both men and women (to somehow show that these issues are no longer relevant or that the particular participant is fully "enlightened") or to exaggerate the stereotypes and thereby push them beyond the believable.

Men and Women are the Same

I have yet to see a participant who does not let at least the shade of gender stereotyping into his portrayal of the different responses of men and women. Listen to the words used. Chances are high that no matter how calm and stoic the woman's role is made to be, more words of emotional state or relationship will sneak in. Or there will be a change of described venue or some other peripheral detail such as the sex of any other characters included in the performance. Tap into the differences. Point them out to the performer. Ask her if she was aware that she had acted differently. The point is not to "catch them red handed" by any means. It is to show that, no matter how hard we try, it is almost impossible to shake off the shackles of gender programming. (Also remember, however, that this is not necessarily bad. When used consciously gender programming can be a good thing.)

The Screeching Woman and the Man of Stone

These performances always raise a laugh. That laugh is your key to learning. Why is it funny? Would it be so funny if the role response was reversed? Probably not. Unless he is seen as a parody of homosexuality, a screeching man still elicits a pang of extra sympathy mixed with a touch of disgust in most people. A woman of stone is seen as heartless. Help the participants to see that by exaggerating the roles they are not showing how much we have moved beyond gender stereotypes, but, rather, how deeply inscribed these behaviors are.

One strategy to use if the participants are still resistant to the exercise is to list the important bits of each of the performances again at the end of the exercise. Go over them one more time all together. The weight of the list in total may be better at showing how subconscious and entrenched the response can be.

SIV Activity 3: From Birth or Learned?

This exercise was adapted from Oxfam's Gender Training Manual

Purpose:

To demonstrate how much of our world as men and women is actually learned.

To explore why society teaches us to be the way it does.

To assert that what is learned can be unlearned.

Time: 30 minutes

Process:

1. Ask the participants whether each of the following statements reflects something we are born with/something innate/of the body or whether it reflects something we have learned/a social construct.

Women give birth to babies, men don't. (born with)

Little girls are gentle, boys are tough. (learned)

In one case, when a child brought up as a girl learned that he was actually a boy, his school marks improved dramatically. (learned — the expectation that boys are better in school is so strong, that it even had the power to improve performance.)

Amongst Indian agricultural worker, women are paid 40-60 percent of the male wage for the same work out-put. (learned)

Women can breast feed babies, men can bottle-feed babies. (born with)

Most business people in India are men. (learned)

In Meghalaya women inherit and men do not. (learned)

Men's voices break at puberty, women's do not. (born with)

In one study of 224 cultures, there were 5 in which men did all the cooking, and 36 in which women did all the house building. (learned)

According to UN statistics, women do 67 per cent of the world's work, yet their earnings for it amount to only 10 per cent of the world's income. (learned)

2. Facilitate discussion:

What difference does it make if so much of our world as men and women is actually learned.

Were you happy about all the examples of what was learned or not learned? What do you wish you had been taught? — and thereby allowed to do?

Anything we learn is open to choice, so why do you think society decided to teach us to be the way it does? Who benefits? If you think back over the questions, how many of the learned examples are better for women and how many are better for men? Who has the power in our society?

We have been talking a lot about how men have more power than women. What are ways that women have more power than men? What are other ways you feel your power stolen away? (poverty, illiteracy, lack of access to proper health care, age, alternate sexuality or other lifestyle priorities outside society's expectations)

SIV Activity 4: Sexual Negotiation

Purpose:

To show the link between personal power and the power to negotiate in sexual situations.

To explore some of the dynamics of sexual negotiation.

To give the participants a chance to practice negotiating in a safe, non-sexual environment.

To stress the importance of discussing sexual matters ahead of time in sexual relationships.

Time: 45 minutes

Materials: Flip chart paper, Colored markers, Prepared list(s) of statements

Process:

1. Facilitate discussion:

What are the power dynamics we have touched on today (and any others) that you can think of that can play a role in a person's ability to negotiate for the kind of sexual experience they want.

Can a "good girl" speak up about sex?

Can a "real man" not want to have sex?

What are aspects of a sexual situation that can be negotiated? (Areas of the body that can be touched, articles of clothing that can be removed, activities that can be done, speed/strength/timing, condom use,)

Activity Option A

2. Role plays can enable people to tap closely into the real feelings that situations elicit. Have your participants act out scenarios representative of situations they might encounter in their own lives.

Possible scenarios include:

- A. *Two students have been dating for some time. They have come to care for each other quite a bit. The girl very much wants to marry this boy. He has talked about marriage, but she is still waiting for him to make some sort of definite move such as telling his parents about her. The boy has begun to pressure the girl into having sex. He says that since they will be getting married anyway, why wait. The girl, however, is reluctant. She wants to wait until after the marriage. Act out a scene between the two when the boy asks for sex.*
- B. *A housewife has taken a fancy to her handsome, new, young servant. He has noticed her watching him strangely and is anxious about it. He very much needs this job and doesn't want things getting complicated. Under any circumstances he would not want to have sex with her because he finds her mildly repulsive, but more than that he has seen how violent her husband's temper can be. One day when they are alone in the house she comes to him and demands that he massage her legs. He does so. But then she asks that he kiss her between her legs. Act out this scenario and what happens next.*
- C. *Two friends occasionally have sex with each other. One would like to start using condoms. The other thinks the first is crazy; he says condoms are contraceptives so if he is so keen on using them he should run home and use one with his wife. Anyway, he says, AIDS only transmits between men and women so they (two males) needn't worry about it. The first man disagrees but the other is quite insistent. Neither of them, however, want this to affect their long-standing friendship. Act out their conversation about sex and condom use.*
- D. *A man would like to start using condoms with his wife. She is surprised and upset about it. She doesn't like condoms because she says they are uncomfortable (not smooth and slippery enough), and she is also suspicious that he is wanting to use condoms all of a sudden because he may be having an affair. If this is the case, she would seriously consider leaving him. Act out a conversation between them about using condoms.*

Activity Option B

- 2. This alternative activity aims to recreate the frustration of having to refuse sex again and again and also to look at gender and power differences in sexual negotiation. It has received mixed reviews, however. Some groups find it too artificial and thus easy to just give an automatic response. Other groups find it quite useful and interesting to have the gender switch.

Have the participants break into pairs. One person will read each statement from list A. The other will give a reason why she or he does not want to have sex.

LIST A

I'll be very careful

I really love you, so we've no need to worry

If you really loved me you would want to.

I'll be extremely gentle

I've never fancied anyone as much as you before, I'd love to have sex with you.

You really turn me on. We'll have to do it now. (1)

Everyone else does it.

What do you mean "No"? It is your marital duty!

3. The pair should repeat the process of step two with the following list B except that the second person should now respond as if they were of the opposite sex.

LIST B

I'll buy something nice if you let me do it.

You are so attractive that I can't keep my hands off you.

I won't tell anyone.

I've got some condoms so you needn't worry.

I've brought some condoms so there is no excuse now

We don't need to worry about AIDS or any other disease because I haven't got it(2)

I'm really turned on now. If we don't have it it will damage my health (3)

There are names for people like you who lead others on.

4. The pairs should reverse roles and repeat steps 2 and 3 so that everyone has the chance to be the one responding.

NOTE: If you are working with an illiterate audience, one suggestion would be to have the facilitator read out each item allowing time for the pairs to respond before the facilitator goes on to the next one.

5. Facilitate discussion:

How did it feel to refuse all the time?

How would it be harder in a real life situation?

*What about within a marriage?
(or other on-going intimate relationship)*

When can a woman say "no" to her husband?

Should sex ever be a duty? What does this say about the value of the other person's right to sexual pleasure? Her right to control over her own body?

Did you have any question about any of the statements?

*(1) The process of sexual arousal reverses itself just as naturally as it starts
There is no reason someone HAS to have an orgasm just because they were
turned on.*

*(2) Many sexually transmitted diseases including HIV/AIDS do not have
symptoms. There is a very good chance that even the person them selves
doesn't know he's infected.*

*(3) There is absolutely no medical reason that a person must have sex.
Not having sex even if a person is highly aroused will not cause any
physical damage what-so-ever.*

Are there other ways you can effectively challenge someone?

*Think again about how this would be influenced by being in a position of less power.
(being economically dependent, a woman, hijra, child etc.)*

SIV Activity 5: Condoms

Purpose:

To familiarize the participants with condoms.

To demonstrate proper use of condoms.

To clarify issues around condom use.

To advocate for condom use.

Time: 30 minutes

Materials: Condoms

Process:

1. Distribute condoms to the participants. Encourage them to get acquainted with them — open the package, take out the condom, look at it, unroll it, stretch it, blow it up, stretch it over their foot, see how big it can get, try to break it, etc.
2. Facilitate a discussion about their experience with the condoms. Elicit anything they have heard about using condoms. Respond to all comments constructively and positively.

Notes to the Facilitator: Condom Minus

“Condoms reduce pleasure.”

If the condom is put on properly and there is sufficient lubrication there should be little difference in the level of pleasure for either partner. One way of thinking about whether a condom really reduces pleasure or whether it is more the idea that it reduces pleasure is to think about condom breakage. If a condom really reduces pleasure so much, why do so many couples notice if the condom has broken only when they are finished? Once people are engaged in sex, the difference is virtually imperceptible.

“Condoms are not reliable.”

Condoms are a reliable method of birth control — as effective as the pill when properly used. They are the only option for disease control. Although *Nirodh* has a poor history of tearing, the new, lubricated *Nirodh Delux* is much better. Many of the commercial brands are good quality. Handling the condom carefully, wearing it properly, never wearing more than one at a time (this increases friction and leads to more breakage.), and using sufficient, water-based lubricant greatly reduce the chances of breaking.

“Condoms aren’t sexy.”

Condoms are sexy. Condoms have only one real purpose and that is to use during sex. Thus they become a symbol of potential sexual activity. Through the act of buying and carrying condoms, the individual is making the statement, “I am a sexual person!” even if they don’t manage to have sex for years.

Sexy is a completely subjective term which is defined through the association with a particular object or person. If positive associations can be allowed to accumulate around condoms, they, too, can be seen as sexy. How you put it on and what you do with it are what will really determine whether it is sexy or not. If the user is sexy, the condom is sexy.

“Using condoms interrupts sex.”

First of all, people often use condoms improperly by waiting until just before penetration to put on the condom. Condoms should be put on as soon as the man has an erection and the intent to have sex is clear. (This is because sperm and HIV can all ready be present on the tip of the penis in a tiny drop of pre-ejaculant.) Thus, putting on the condom is one of the first things you should do during sex, long before the moment is so hot that you don’t want any interruption.

Secondly, putting on a condom is only an interruption if you let it be. If it is done with creativity and sensuality, it can be a very exciting part of sex. It is a moment to focus on what will soon be happening. It can be a shared flirtation or expression of desire. Viewing someone putting on a condom can be quite arousing. With a bit of finesse, the touch of putting on the condom can be added stimulation. Some people can even put a condom on their partner just using their mouth.

“I am too shy to buy a condom.”

It can be a very difficult task to buy condoms. It is a public declaration of a very private activity. We only overcome this shyness with practice. There are harder and easier places to get condoms, however. You may find it easier to go to a shop where you are not known. Your doctor may sell condoms. Some government clinics give them out for free. A local community group focusing on health may also distribute them.

It may help you to be courageous if you think of why you are buying them. Condoms protect you from disease and pregnancy. Would it not be more embarrassing to get pregnant/get someone pregnant by accident? Would you not feel shy about having to go to an STD clinic? Would it not bring shame (in the eyes of the community) on you and your family if you got HIV? (Let alone the terrible inevitability of death from AIDS.) Feeling shy at the chemist is nothing compared to all this.

“Condoms are more a man’s thing.”

Although condoms are worn by men, and it is great to have a birth control option that men can take charge of, condoms are very much a “woman’s thing” as well. Unlike almost every other type of birth control method, condoms don’t interfere with the way a woman’s body works and her natural chemistry. There are absolutely no dangerous side effects for either a man or a woman. In fact, Condoms help to provide protection from cancer of the cervix. Unlike most other methods, condoms are only used when you have sex. Also condoms make sex a lot less messy. You don’t have to argue about who sleeps on the wet patch, and the woman doesn’t have to put up with the sticky, wet, drippy feeling after sex. Finally, you can feel secure with a condom. There is nothing mysterious or hidden about it. Condoms can be checked after sex so you can feel sure they have been used properly.

3. Ask the participants if they know any good reasons to use condoms.

Notes to the Facilitator: Condom Plus

- Condoms are a reliable method of birth control — as effective as the pill when properly used
- Condoms have none of the medical side effects of other methods.
- Condoms are only used when they’re needed.
- Condoms don’t interfere with the way a woman’s body works.
- Condoms can be bought easily and you don’t need a prescription or a visit to the doctor. Some Government clinics and community organizations distribute them free of charge.
- Condoms help to prevent the spread of sexually transmitted diseases (STDs) including HIV/AIDS.
- Condoms help to provide protection from cancer of the cervix.

- Condoms make sex a lot less messy. You don't have to argue about who sleeps on the wet patch and the woman doesn't have to put up with the sticky, wet, drippy feeling after sex.
 - Condoms can be checked after sex so you can feel sure they have been used properly.
 - Men can take responsibility for birth control.
4. Demonstrate how to properly use a condom. You can demonstrate on your hand, on an object like a banana or carrot, or, best of all, on some sort of imitation penis, so that there is less chance of the participants misunderstanding just where the condom is supposed to be used.

If the audience has some knowledge of condom use, have them call out the steps. This is a good chance to remind them of the important details to attend to.

Notes to the Facilitator: Condom Use

Condoms are the only known method of protection against sexually transmitted HIV and other STDs from penetrative sex. They keep you safe by keeping sexual fluids separate.

Quality means safety

Ensure the condom is of good quality and condition. When you buy condoms make sure they are made of latex (rubber) and check the expiry date (date after which the condom should not be used) on the back of the packet. Don't carry condoms in your wallet or the friction and heat from your body could weaken them. Keep them in a protected case in your bag or loose pocket. Ideally you should also carry water-based lubrication. Using lubrication means condoms are less likely to tear. This is especially important for anal sex. If possible use special, stronger condoms for anal sex. Don't use two condoms at once because the friction between the rubber may make both condoms more likely to tear.

Put the condom on properly

When you are ready to use a condom, open the condom on the short side of the packet and squeeze it out. This protects it from being torn by finger nails. Always carry at least two condoms with you in case one gets damaged or in case you end up wanting penetration twice. Condoms can fit penises of all sizes. The condom should be put on as soon as the penis is hard and erect even if it is some time before penetration. There is a tiny drop of fluid which comes out of the penis in the early stages of erection which can contain HIV. Hold the tip of the condom, squeezing out the air, and place the rolled condom on the top of the erect penis. Make sure the condom is on the right way around (that the roll is on the outside of the condom). If it

is up-side down you won't be able to unroll it. If this happens, throw away the condom and use a new one. That drop of liquid that could contain HIV and sperm has contaminated the condom. Leave space at the tip of the condom for the semen to fill. Roll the condom all the way down to the base of the penis. You can check whether the condom has broken or slipped off during sex by feeling the ring at the base.

Make condom use as pleasurable as possible

Once you know how to put on a condom and have practiced, it will take only a few seconds to put it on. Treat the point of putting on the condom not as an interruption but as a sensual moment of pause when you can focus your attention on further pleasures to come. Being creative and seductive about putting on the condom can make it a fun and enjoyable part of love-making.

Putting a condom orally can enhance pleasure

One way of making condom use a sensual experience is to do it orally - with the mouth. The condom can be put on to the erect penis of the partner with the mouth. This can enhance pleasure rather than interrupt it !

The way to do it is as follows:

The initial steps of looking at the date of expiry and tearing from the short side, sliding it out of the pack remain. Hold the tip of the condom (that which is pressed to keep the air out), in the mouth. Place the unrolled condom in the mouth, on the tip of the erect penis. Roll it on to the penis gradually right to the end. Again make sure the condom is the right way around. If it does not unroll throw it away and use another condom. Use your hands to ensure that the condom is rolling on to the penis properly.

Taste is usually an issue which can come to the mind while using the condom orally however most condoms do not have any particular taste and for some who would like to, there are flavored condoms available in the market.

Putting the condom on orally can eroticise the experience a great deal. Also the involvement of both partners in the act can make a difference.

Use water-based lubricant

Extra lubricant can make sex more enjoyable. Use a bit of saliva or K-Y Jelly, a water-based lubricant available at chemists' shops. Never use oil based lubricants (such as Vaseline or cooking oil) because they can weaken the condom and contribute to breaking. A drop of K-Y Jelly inside the tip of the condom can increase the man's pleasure. A squeeze of jelly on the outside or in the vagina or anus can also increase pleasure. Adequate lubrication reduces abrasion and thereby reduces the chance of HIV transmission as well.

Comfort

Some uncircumcised men find it more pleasurable if the foreskin is pulled back before the condom is put on. Some find it more comfortable if one ensures that the foreskin covers the head even when the condom is put on. If there is any pain, try the other way.

When the condom has been put on fully, smooth out any air bubbles by pressing down the length of the penis. Trapped air can block full sensation. Be very careful not to catch any hairs in the base of the condom. This can be painful and cause boils.

Finish off safely:

After ejaculation, withdraw immediately from the vagina or anus because the penis will gradually become soft, and the condom could slip off and spill inside. As you withdraw, hold the rim of the condom to further ensure it does not slide off. Carefully remove the condom from the penis. Tie up the end of the condom so the semen is trapped inside. Wrap used condoms in paper and dispose of them in a waste bin. Don't flush them down the toilet. They might cause a blockage. If you continue to have sex, remember that the penis and probably the fingers are now covered with semen. Do not touch your partner's genital area without washing first and always use a new condom if you have penetration again.

Even for Oral Sex

Although the chances of HIV transmission through oral sex are very slight, condoms can give that added bit of protection and peace of mind. (Though the taste and smell of the average condom leaves a lot to be desired!) Even for women, condoms can be used to increase safety. To protect against transmission during oral sex with a woman, cut the condom down one side to make a rectangle of latex. Hold the opened condom over the woman's genital area and stimulate her through it.

5. Ask the participants how they might bring up the topic of using condoms and what some of the issues around that might be. How do they think their partner might react? What are some ideas to overcome the problems?



The Naz Foundation (India) Trust



MISSION STATEMENT

HIV/AIDS are complex issues that affect all our lives whatever the age, gender, class, caste, religion, sexuality and sexual orientation. We at Naz Foundation are committed to raising awareness to prevent the spread of the disease and providing support to those living with the virus and those affected by it, with sensitivity and utmost confidentiality.