

***Working with Men on Gender,  
Sexuality, Violence and Health***

**Trainers' Manual**

SAHAJ

SAHAYOG

TATHAPI

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### **Rationale for this Manual**

Several of us working in various spheres of community development have had an acute realization at sometime or the other, of the need to work with men around health and sexuality issues. For those working on women's health, it became clear that women's health status is an outcome of several interacting factors, an important one being their relationship with their male partners. Violence on women by intimate partners also necessitates that the partners be addressed. The consequences of violence that women face have both direct consequences as well prove to be impediments to women seeking and reaching health services. Groups working on issues of violence against women had a realization that there is a need to work with the perpetrators of violence, as well as the victims of violence. The chronicity of women's reproductive tract symptoms is a result of untreated reproductive tract infections in their sexual partners, making it imperative that men's sexual health needs, have to be addressed too. Those working with children and youth around education also realized that although human reproduction is a part of the biology syllabus, it is not taught meaningfully. The result is that several young people remain ignorant about their bodies and physiological process through the crucial years of change and confusion.

Working with men on issues of health, gender, sexuality and masculinity was not easy. While some of us from the women's health movement had a reasonably clear outlook, we did not have the skills and methodologies to help begin self-reflection. Lessons from the women's health movement of self help groups beginning from the self and our own bodies, and so on, were the starting point. Other's amongst us were working with men who also started discussing how society and social forces created the notion of 'men' and 'manhood'. While we grouped and learned, it became clear that we needed to tap into a larger pool of sensitive male resource persons who could share their own experiences of growing and their struggles to reject the accepted social constructs of masculinity. These kind of resource persons and facilitators, we felt, would help create an environment in which men could begin exploring their own experiences, notions of masculinities and sexualities. With this in mind, one of our organizations took the initiative of bringing together those who had been working with men, over a series of three consultations (see Tathapi's three reports). In these consultations, we identified the various issues that came up as we worked with different groups of

men (adolescent boys, married men, Male Multipurpose Workers (MPWs)), around different needs. We also clarified our own concepts around gender and sexuality, and to some extent shared methodologies that different people had been using to work with men. From the three consultations, emerged a small task group of four organizations who decided to work together to produce this manual. Some of us who wrote this manual had also collaborated on conducting many workshops on Gender, Health and Sexuality for health administrators and health care providers ( UNFPA, 2003).

The four organizations are Kriti Resource Centre working in Uttar Pradesh, Uttranchal and Bihar, Eklavya working in Madhya Pradesh, Tathapi whose work is in Maharashtra and SAHAJ, Baroda with its project in Mumbai, the Women Centred Health Project. The box gives some details of the nature of work of each organization on Men's Sexuality and Health.

Name of Organisation	Details of Work
<p><b>KRITI</b> Resource Centre of SAHAYOG</p>	<ul style="list-style-type: none"> <li>• Since 1992 has been working with Gender, Equity, Women's Empowerment, Women's Health</li> <li>• Since 2002 KRITI has facilitated formation of a men's network (MASVAW) to address violence against women (Men's Action for Stopping Violence Against Women)</li> <li>• Training of network members and others on Gender, VAW, Masculinities and Sexuality</li> <li>• Preparation of training and communication resources related to above mentioned issues</li> <li>• Advocacy on Men's Role in addressing VAW</li> </ul>
<p><b>EKLAVYA</b> Adolescents' Education Programme</p>	<ul style="list-style-type: none"> <li>• Since 1998 conducting workshops in government schools for adolescents and teachers.</li> <li>• Conducting workshops for youth on Gender and Health.</li> <li>• Training of Trainers for men's workshops.</li> <li>• Material preparation on health for adolescents and men.</li> </ul>

<p><b>SAHAJ and Women Centred Health Project</b> (collaboration with Public Health Department of Brihanmumbai Municipal Corporation and KIT, Amsterdam)</p>	<ul style="list-style-type: none"> <li>• Since 1990 helped a community based NGO (SARTHI) to develop a programme for Men's Involvement in Women's Health</li> <li>• WCHP worked with the Male Multipurpose Workers of the Brihanmumbai Municipal Corporation to develop a perspective on Men's Role in Women's Health</li> </ul>
<p><b>Tathapi Trust</b></p>	<ul style="list-style-type: none"> <li>• Since 2000 conducted 3 national level workshops to identify issues related to men's identity and sexuality</li> <li>• Developed a body literacy curriculum to work with boys aged 10-12 years, encompassing issues of gender, sexuality and power; developed the same concept to work with boys in professional courses – such as MBAs, Law etc.</li> <li>• Capacity building workshops in Maharashtra to build resources to work with men and boys</li> </ul>

### How was the manual developed?

Manual development came about over a series of workshops involving the four partners mentioned above. In the first workshop, each shared experiences of facilitating, training and reflection with men, including the topics covered, the methodologies used, the successes and struggles. In this workshop, we also decided the objectives that we hoped our manual would fulfill, the scope and participant groups that we wished to reach, and the contents of the manual. Then each partner took responsibility for writing a specific section of the manual, which was subsequently circulated to others, critiqued and refined by the original author. The different modules were written either in Hindi or English, depending on the authors' comfort with the language, and then translated into the other language and also into Marathi and Gujarati. The draft of the manual was reviewed and field tested and the feedback incorporated.

## **Goal**

The purpose of this Manual is to serve as a resource for those working with men and youth (boys) around issues of Citizenship, Rights, Gender, Health, Sexuality and Violence. While the contents are guided by a perspective of social justice and equity, there is an attempt to be 'male centred' in approach.

## **Common perspective building**

The writing group also began the process to articulate a common perspective that would serve as the guiding principles for deciding the contents and methodologies to be included in the Manual. Following are some of the statements as they emerged.

1. Belief in equality and dignity of all human beings and justice for all.
2. A value for diversity.
3. A realisation that gender is but one dimension of social inequalities. Other inequalities like class, caste, religion etc. are interwoven with gender disparities and also need to be addressed and incorporated in our analysis.
4. An understanding of gender that sees men and women as citizen – partners, not in opposition to each other, valuing the differences and complementary nature of men and women.
5. An understanding that recognises patriarchy and not men, as the enemy.
6. A belief in a non-violent approach.
7. A preference for the 'rights' approach and not 'welfare' approach. A 'rights' approach in our understanding, emphasises that affected groups participate actively in finding solutions to their problems. Also, that affected groups understand and exercise their rights.

One concern that was repeatedly articulated in our discussions was how will this Manual be different from other manuals that address issues of 'Gender', 'Sexuality' and 'Health'? We agreed that the Manual contents will be treated in a male-centred and male-sensitive ways rather than be gender-neutral. Men generally come with a lot of hostility and get very threatened during gender training, initially at least. The success of this Manual would be that participants would feel affirmed while realising the intricate ways in which patriarchy and gender work.

### **What does the Manual contain?**

The Manual has six distinct modules. These are

- Equity and Equality
- Gender
- Sexuality
- Health
- Violence
- Facilitation Skills

Each module has several session outlines with the learning objectives spelt out as well as notes for the facilitator, handouts and references for further reading for participants, exercises, case studies. Since the contents of this training are directed towards changing mindsets and challenging existing beliefs and attitudes, we have also attempted to list some Frequently Asked Questions (FAQs) and possible responses by facilitators at the end of each session. Facilitators' Notes include the theoretical issues that may need to be highlighted as well as specific experiences and struggles that facilitators may need to share as role models and gender sensitive men.

Many of the exercises have been used by the authors and partner organisations in the training that they have conducted with men in different contexts. In this sense, the exercises are tested.

### **How can this Manual be used?**

This Manual is for all those who work with different groups of men on issues of gender, sexuality and health: teachers who work with adolescent boys, community organizers who work with men's groups like farmers' mandals, male panchayat members, husbands of women in reproductive age group, HIV/AIDS care givers, facilitators who work with men on issues of gender-based violence, and so on.

The trainers/facilitators who will use this Manual should have undergone some degree of self-reflection. They should have a basic grounding in concepts of 'Gender', 'Sexuality' and 'Health'. They should be sensitive to some degree and be willing to share their own experiences and struggles. And finally, they should be willing to subscribe to the perspective and worldview described above.

The Manual is designed such that it is a resource for facilitators who have some participatory training experience. Facilitators can either conduct a series of workshops with the same group of participants, using the six modules sequentially, or they can 'mix and match', select session outlines to create their own workshops depending on their objectives and the time available. (See Annexures for some possible workshops design).

### **Feedback required**

This Manual is first of its kind in India. We will be grateful if those who use it would send us feedback on

- Whom did you use it with, period of your workshop.
- Was your objective/expectation fulfilled or not?
- Which session outlines did you use and with what results?
- Any specific modifications that you wish to suggest.
- Additional resources that you can recommend.
- FAQs and how did you respond?

### **Acknowledgements**

And finally, the authors would like to acknowledge Prof. Raja Ram and Dr. Abhijit Das who reviewed the contents of this manual.

### **References**

Tathapi Trust, **Male Sexuality and Identity. Report of Three Workshops**, Pune, 2002.

# Equality and Equity

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**The objective of the module is to enable participants to**

1. Understand major causes of social inequity: place gender along with caste and class
  2. Understand the need for affirmative action and its role in bringing about equality
  3. Analyse situations from the perspective of minorities
  4. Be introduced to the concept of human rights
-



## Session 1: Power Walk - bases of discrimination



90 minutes

### Learning Objectives

The participant will be able to understand -

- The basis of discrimination, and the social institutions that keep inequalities in place
- How power structures operate in society and are kept in place by caste, class and gender

### Methods

- Game, discussion

### Material

- Individual identity slips for each participant (Exercise 1.1), instruction sheet for facilitator, whiteboard and marker, and a large area of about 100 feet by 50 feet to play the game.

### Activity 1

Game, discussion based on the game

### Steps

1. Inform participants that they will now play a game and take them to a place which is roughly 100 feet long and 50 feet wide. Here distribute the individual slips to each participant. Inform participants that for the duration of the game they will assume the identity of the person written on their individual role slip. Some will have identities of women and some of men.
2. Line up participants in the middle (50 feet mark) of the field/hall. Inform them that they must take steps forwards or backwards depending upon what they think **the person mentioned** in the slip will be able to do or not do in response to each of the statements that the facilitator reads out. **The objective of the game is to reach the end of the field (100 feet mark) first.**

3. Now start reading out one statement at a time from the instruction sheet – giving the participants enough time to step forward or backward.
4. After all the statements have been read out, inform the group who the winners are depending upon who is closest to the 100 feet mark.
5. Now ask the persons who are closest to the finish line (the winners) to reveal their identities as mentioned on the slips and say how they **feel**. Then ask the others who are farthest away from the finish line (the losers) to reveal their identities and ask how they feel. Put this on the board as shown.

Winner's- Feelings	Identity	Loser's – Feelings	Identity

6. Ask the participants pairs (male-female) about where each member of the pair was – where were they placed with respect to each other.  
*(Game takes around 45 minutes)*

**Discussion (45 minutes)**

1. Why did the participants get distributed in this way even though they had started at the same place in the game?
2. What were the various bases of differences in the game? How did these differences affect each individual player? (write on the board various bases of difference)
3. Explain how each individual may be at an advantage on one basis but at a disadvantage on another basis – and how advantages along a particular basis – caste, class, religion, age etc is also a source of power.
4. Establish the basic value of equality. (see Issues to be highlighted)
5. Facilitator concludes by stating that individuals are discriminated against on the basis of their class, caste, age, sex, educational levels, physical abilities and so on. Power structures operate to keep discrimination in place.

### **Issues to be highlighted**

- Gender is one of the basis of discrimination. The others are caste, class etc. None of these operate independently of the other. They are interlinked. Each of these could be a source of power in different situations.
- There are social institutions (political, cultural, religious, social) operating in society, that further discrimination. For instance, availability of educational opportunities for adivasi women is not the same as an urban man or woman. Similarly, in the case of health, employment opportunities, and adoption laws.
- Discrimination is also reinforced by cultural and religious practices, such as male preference, death rites and restrictions on women after marriage.
- The Indian Constitution gives every citizen of this country equal rights. However, if this is to materialise, we would have to change all social institutions that discriminate.
- If we want to bring about equality among all men and women, we would have to put into place mechanisms that make sure women are able to operate in society without restrictions to their mobility, without questions about safety, or abuse. We would also have to challenge the institutions of caste and class.

### **Instructions for the game**

1. If you have studied up to class VII, please take two steps forward, If you have not then take two steps back
2. You need Rs 2000 for some personal work, and you do not want to ask your partner for it. If you can arrange a loan from a bank take one step forward. If you cannot take one step backward.
3. If you know how to work on a computer take one step forward, otherwise take one step backward.

4. There is a rumour that there is rioting in the city. You are stuck out of home. If you feel frightened in going home take one step backward, if you do not, take one step forward.
5. You do not want a child. If you can convince your partner to use a contraceptive take two steps forward, otherwise take two steps back.
6. There is a party/cultural programme at a friend's house tomorrow night. If you can go on your own, take one step forward otherwise take one step back.
7. If you have ever raised your hand on your partner take two steps forward, otherwise take two steps back.
8. If you read the newspaper every day take one step forward, otherwise take one step back.
9. Two men are bullying a little girl on the roadside, you see it and do not like it. If you can go and stop them take one step forward otherwise take one step back.
10. You like singing, if you were able to take classes to fulfill your ambition, take one step forward otherwise take one step back.
11. You do not like washing dishes, there is a pile of dishes to be washed. If you do not need to wash these dishes take one step forward otherwise take one step back.
12. Your father died recently. If you were allowed to perform the last rites take two steps forward, otherwise take two steps back.
13. You had to go out of town/village on some work and the work has taken longer than you thought. If you think that you will get permission to stay out of the house at night take one step forward otherwise take one step back.
14. If you ride a cycle/or any vehicle to work, or for daily errands take one step forward, if you do not, then take one step backwards.
15. Nearby, there is a new factory to manufacture parts for automobiles. They are hiring personnel. If you think you can get a job, take one step forward, if not take one step backward.
16. You and your partner have decided you want to parent a child. You would like to adopt a baby girl. If you think this is possible take one step forward. If not, take one step back.
17. Your parents have died. If you think you will get a share in their property take a step forward, if not take one step back.

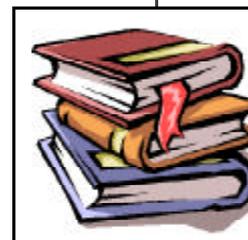
**Facilitator's Note**

- Depending on the context, you could drop or add categories and identities e.g. rural/urban, youth/adult, college/high school.
- Before reading out the instructions, ask participants if they understand what each identity is (e.g. some urban middle class men may not know who an anganwadi worker is)
- In the discussion at the end of the game first establish where each identity was, and what the feelings are.
- Also establish the difference in pairs (gender differences - wife of sethji, sethji etc.)
- In the discussion that follows, first put down all the bases for discrimination – gender, caste, class, sexual preferences etc.)
- Then how these are reinforced, and what each of us can do to change this.



**Additional Reading Material**

1. Training On The Convention on the Elimination of All Forms of Discrimination against Women,
2. Understanding Inequality, Andre Beteille



**Handout**

- 1.1 - Elimination of Discrimination



45 minutes

## Session 2: Equality - Equity

### Learning Objectives

The participant will be able to -

- Differentiate between equality and equity
- Understand the need for affirmative action and positive discrimination

### Methods

- Story, discussion with examples

### Materials

- Story of Stork and Fox
- Examples from daily life
- Handout 2.1 Models and Approaches to Equality

### Activity 1 Story

#### Steps

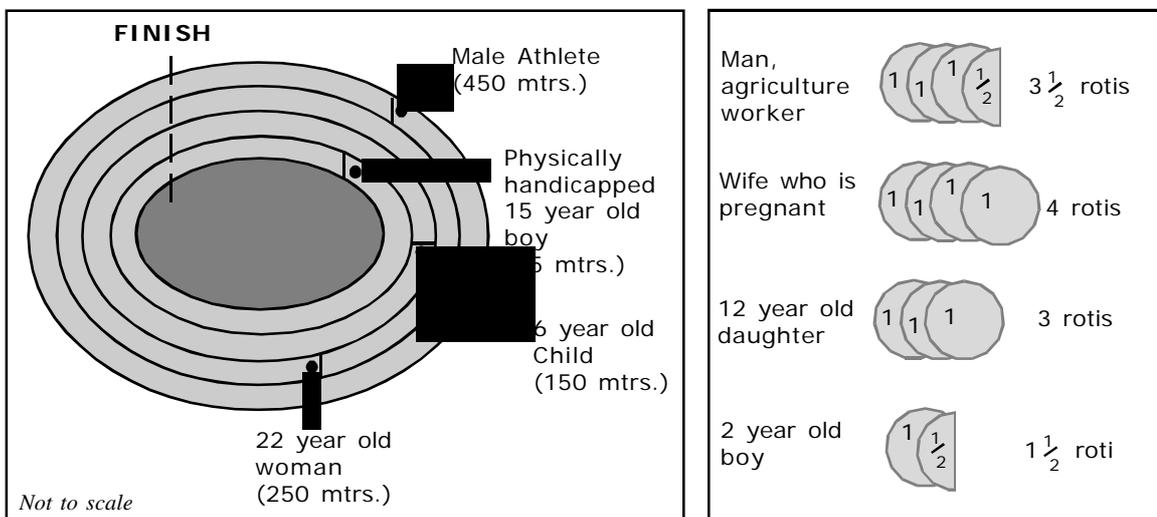
1. Tell the story of the Stork and the Fox
2. Ask the participants for their feedback. Did they feel the stork was justified to treat the fox in that way?
3. Ask the participants if they know any other such story.
4. Give examples of running a race. If Milkha Singh (the Indian long distance runner), a 6 year old child, a physically handicapped 15 year old boy and a 22 year old woman were to run a race, how would you design the race track?
5. Give another example. 12 rotis/bhakris have to be distributed in a household with 4 members, a man who is an agriculture worker, his wife who is pregnant, 12 year old daughter and 2 year old son. (Use culturally appropriate term for roti or bhakri).  
[It should be done according to the needs of each person. An adolescent daughter would need more than a 2 year old boy.]

Similarly, it is not just the quantity, but that children need to eat more frequently than adults.]

Will they each be given 3 rotis/bhakris (equal portions)?

- Facilitator should highlight that Equity means each according to his or her needs so that the results are equal.

**Worked out example:** ensuring equality



- Similarly, in life, the starting points for a dalit woman, a rural agricultural labourer, an urban Brahmin man, urban housewife are not the same. They are different. Discuss how and why.
- Introduce the concepts 'affirmative action', and 'positive discrimination'. Bring up the necessity to see equality in outcome: the necessity for substantive equality or equity (See Issues to be highlighted)

**Story**

**The Fox and the Stork**

At one time the fox and the stork were friends and used to visit each other. One day the fox invited the stork to dinner and as a joke served her nothing but soup in a very shallow bowl. The fox could easily lap up the soup, but the stork could only wet the end of her very long bill in it. She left the meal as hungry as she had been at the beginning of it. "I am sorry", said the fox, "the soup is not to your liking."

"Do not apologise" said the stork. "I hope you will come and dine with me some day soon." When the fox next came to visit, the stork served



the meal in a very tall and thin jar with a really narrow mouth. The stork could put her bill into it but fox could not put his snout into it so all that he could do was lick the outside of the jar.

"I will not apologise for the dinner." said the stork. "One bad turn deserves another."



### Issues to be highlighted

- a. There is a difference between EQUALITY AND EQUITY
- b. **Equality** refers to the **same treatment** in dealings, quantities or values. Treating everyone the same, regardless of outcomes. This can lead to serious inequalities, for groups that have been disadvantaged by a system that fails to take their situation and perspectives into account.
- c. **Equity** refers to **fairness** which may require different treatment, or special measures, for some persons or groups. **Substantive Equality, or Equity**, is concerned with **equality of outcomes**
- d. Therefore **special measures or affirmative action, or positive discrimination** means to act, practice, program, plan, policy or some measure taken for the purpose of **substantive equality**. e.g. women and men, indigenous people and dominant white people, minority religious groups and majority religious groups, people with disabilities and people without disabilities. The aim of a special measure is not to discriminate by conferring favours, but to achieve **equal outcomes** for people who have encountered disadvantage in relation to those people who have not.

(Ref. D. Gray, Manager, Equal Opportunity, 2001)

### Handout

2.1 - Models and Approaches to Equality

## Session 3: Discrimination and Minorities



50 minutes

### Learning Objective

The participant will be able to –

- Gain insights into discrimination as experienced by minorities

### Method

- Group exercise

### Materials

- Chits with minority groups, paper and pens

### Activity 1 Groupwork and Discussion

#### Steps

1. Divide participants into 4-5 groups.
2. Prepare and distribute chits that represent one minority to each group (Refer worksheet 3.1- Minorities, stereotyping and discrimination).
3. Ask each group to discuss and write out - a. what discrimination an individual belonging to the minority group faces, and b. what would be the collective discrimination to that particular minority as a group?
4. Present the same to the larger group.
5. Discuss what can be done to avoid discrimination.
6. In conclusion, bring to the notice of participants how we identify people. What questions do we ask when we meet someone for the first time. We establish the person's caste, class, and family background from the name. If the person is of Bengali origin, we automatically may put the person into the bracket of 'artistic, cultured and lazy'. We imagine that all women are weak, loving and caring. If the person is a man, then we expect that he is 'strong, heterosexual, and breadwinner of the family'; similarly for women, gays, etc. All these are forms of discrimination. This identification takes place with the dominant/majority view point, which often could be a smaller number of people that impose their laws on majority.

### Issues to be highlighted

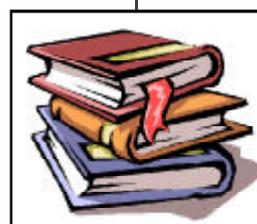
1. Stereotypes and behaviour are closely linked. A particular stereotype triggers off a particular response and behaviour pattern. And this not only influences the way in which individuals react, but also the manner in which entire communities interact with each other, ultimately affecting the atmosphere of society as a whole. Since we interact with the stereotype rather than with the actual person, there is much room for misunderstanding, leading to injustice.

**Stereotypes are therefore the beginning of prejudice.**

2. Stereotyping also happens when we fear something that is different, something that we do not know enough about. Stereotypes are partly true – and wholly false.
3. Stereotypical view is inevitable. However, we must recognise stereotypes, and analyse them, and understand whether our stereotypical views discriminate against people and individuals.

### Additional Reading Material

1. See Adhi Adhuri Jhooti Sacchai, A study guide on Communal Stereotypes, produced by ASTHA, Xavier Institute of Communications, Mahapalika Marg, Mumbai, 400 001
2. Human Rights Minorities Violations against sexuality, minorities in India , A PUCL-K Fact finding Report About Bangalore, 233 6<sup>th</sup> Main Road, 4<sup>th</sup> Block, Jayanagar, Bangalore
3. Crimes of hate, Conspiracy of silence, Torture and ill – treatment based on sexual identity, Amnesty International, 2001



## Session 4: Human Rights



90 minutes

### Learning Objectives

The participants will be able to -

- Learn what 'rights' are
- Understand the human rights framework
- Acquire skills to apply the human rights framework to understand inequality, discrimination
- Be acquainted with the 'Universal Declaration of Human Rights'.

### Methods

- Reflection, free listing, groupwork, discussion

### Materials

- Cards, pens, cellotape, case stories
- Handouts
  - 4.1 Constitutional Rights
  - 4.2 Universal Declaration of Human Rights
- OHPs 4.1, 4.2 and 4.3

### Activity 1 Reflection, Discussion, Reading

#### Steps

1. Ask participants to write down on cards three rights most important to them.
2. Ask participants to read them aloud, and then paste on wall.
3. Discuss with participants why they think these are important.
4. Distribute Handout 4.1 on Constitutional Rights, and ask participants to read each article one by one.
5. Get participants' reactions. Ask if any rights were missing.

### Activity 2 Groupwork

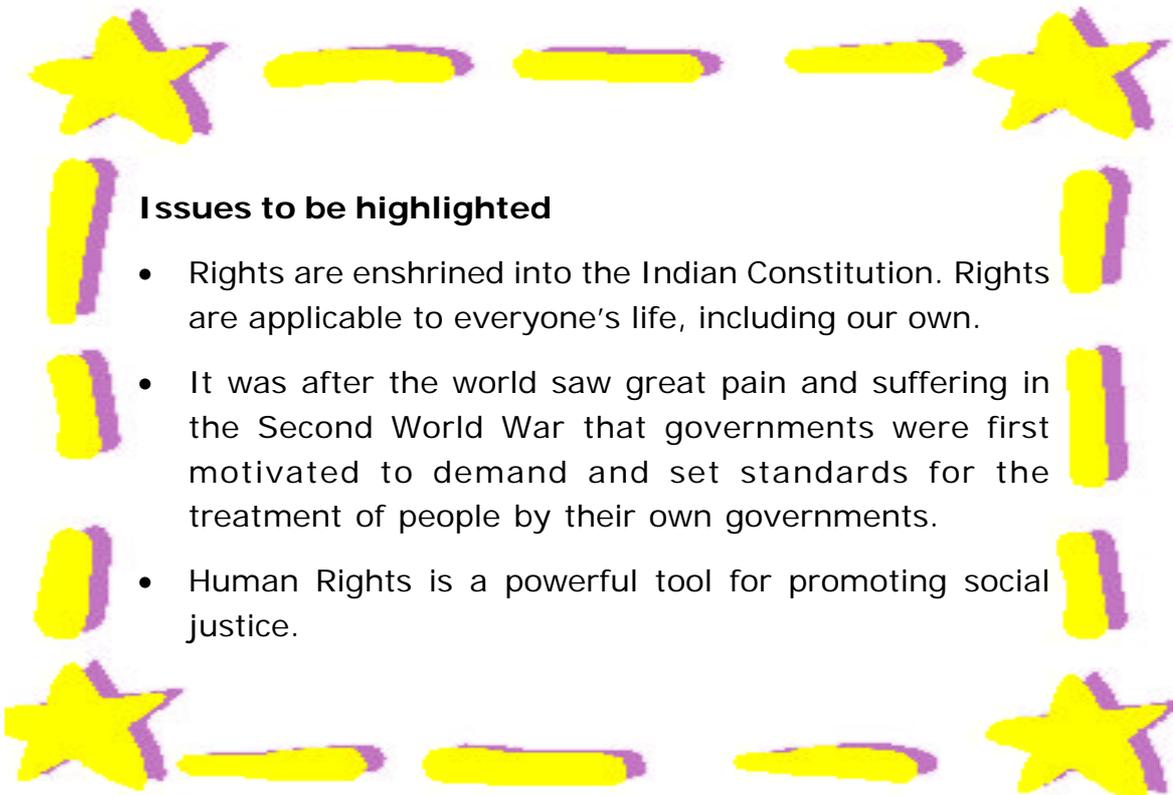
#### Steps

1. Divide participants into small groups
2. Ask the participants to reflect and then discuss in their groups when they experienced their own rights being violated.
3. Ask the group to list such situations on a chart in column 1. In column 2 participants should list feelings when rights were being violated, how did we feel, and in column 3, the outcome.
4. Present the same to the larger group.
5. Establish that the application of the rights framework is relevant to everyone's life.
6. Also establish that violation of human rights leads to discrimination and inequality.

### Activity 3 Collective Reading

#### Steps

1. Read out aloud the preamble to the Universal Declaration of Human Rights (UDHR) as adopted in 1948 by the United Nations
2. Then distribute Handout 4.2 to the participants asking them each to read aloud one article. In this way a collective reading of the 30 articles that form the declaration will be done.
3. Ask participants for their feedback. (Compare to rights as listed by participants in Activity 1)
4. Present charts on History of Human Rights. (See OHP 4.1)
5. Conclude by asserting that the human rights framework is an important tool to understand, locate and act upon discrimination.



### **Issues to be highlighted**

- Rights are enshrined into the Indian Constitution. Rights are applicable to everyone's life, including our own.
- It was after the world saw great pain and suffering in the Second World War that governments were first motivated to demand and set standards for the treatment of people by their own governments.
- Human Rights is a powerful tool for promoting social justice.

### **Handouts**

4.1 - Rights as Enshrined within the Constitution of India

4.2 - Universal Declaration of Human Rights

### **Presentation**

4.1, 4.2 and 4.3 History and Development of Human Rights

**Exercise 1.1: Identity Slips**

Male judge	Female judge
Male doctor	Female doctor
Man sarpanch	Woman sarpanch
Rural anganwadi worker	Rural unemployed man
Poor rural woman	Poor rural man
Illiterate dalit woman	Illiterate dalit man
Urban working woman	Urban working man
Newly married woman	Newly married man
Mother of three daughters	Father of three daughters
Adivasi woman	Adivasi man
Single woman	Single man
Homosexual woman	Homosexual man/hijra

Christian woman	Christian man
Muslim woman	Muslim man
Second wife of Hindu man	Hindu man with two wives
Illiterate wife of <i>Shethji</i> / Moneylender	<i>Shethji</i> /Moneylender
Undergraduate female student	Undergraduate male student

Facilitator can create identities based on the context.

### Handout 1.1: Elimination of Discrimination

It has been now recognised that women have been discriminated against and that this is the cause of the inequalities suffered by women. This is based on the understanding that discrimination is socially constructed and that it is not an essential or natural principle of human interaction. This recognises the need for and paves the way for concerned action against inequality and the institutional mechanisms, which perpetuate it.

Most municipal legislation does not condone discrimination and almost all our constitutions provide guarantees for prohibiting discrimination on the basis of sex. Why has this not worked? Non-discrimination on the basis of sex can be very narrowly defined as differential treatment given to two sets of people who are similarly situated. So when we have two sets of people with different needs, (not similarly situated) and if one of them is disadvantaged by what may be a neutral rule that does not disadvantage the other, then it is not considered to be discrimination. It is seen as a weakness of the person who is disadvantaged. For example, if credit facilities are offered to women and men on the same conditions (neutral rule) such as that collateral needs to be provided, then women may not be able to access the credit as the laws of inheritance or social practice may prevent them from owning property that they can offer as collateral. The credit institution may feel that it has done its best by offering credit to women. It will not take responsibility for the fact that women cannot access the credit. The convention however requires us to understand that where women are disadvantaged as compared to men, applying a neutral rule for women and men will constitute discrimination. There has to be a different rule for women to access credit.

Discrimination therefore needs to be defined as direct and indirect discrimination or intended and unintended discrimination as defined in the convention. Article 1 of the convention states that any distinction, exclusion or restriction made on the basis of sex which has the intention or effect of nullifying or impairing the recognition, enjoyment and exercise by women, of all rights in the social, cultural, political and economic spheres is discrimination.

Women as compared to men, face many discriminations sanctioned by culture, religious practice, by entrenched male interests in key institutions such as political parties, trade unions, religious institutions, the courts, etc. Hence neutral rules or laws may disadvantage them. Not putting in place enabling conditions or not altering rules to benefit women and thus facilitating their access to opportunities is considered to be discrimination under the convention although no discrimination was intended.

## **Handout 2.1: Models and Approaches to Equality**

Ever since women have been laying a claim to equality, there have been several approaches to equality.

### **The formal model of equality**

The formal model of equality regards men and women as being the same and therefore sets out to treat women the same as men. Advocates of such a model will argue for the provision of equal opportunities for women but will go on to expect women to access the opportunities and perform according to the same rules and standards as men. Anything less than this would, in their opinion, lead to further discrimination against women, as then they would be seen as inferior to men.

The problem with this model is that it does not take into consideration the biological and gender differences between women and men. This places a great pressure on women who have to perform according to male standards. Women cannot have access to or benefit from opportunities in the same manner as men when there is so much difference between the conditions of women and men. Or if they do, it will be at great expense to themselves. For example, if women and men are given equal opportunity to employment and this requires doing shift work at night, women will not be able to have access to this opportunity without some assistance being provided such as transportation, as the social environment is not conducive to women moving about at night. Women who attempt to do this put themselves at risk of harassment or assault. The formal model of equality adopts what can be called single standard rules.

### **Recognising difference**

The formal model of equality can also recognize difference. In this sense it will say that since women and men are different then they can be treated differently even if it means that women and men benefit differentially, to the disadvantage of women. For example, in certain categories of jobs such as that of air stewards there can be compulsory retirement age which is lower for women under the assumption that women lose their attractiveness earlier. This is not seen as discrimination, as only those who are alike need to be treated in the same way. Slaves did not need to receive the same privilege as their masters as they were not the same.

### **Protectionist approach**

There is another policy/development approach that recognises difference in another way that still discriminates against women. This is the protectionist approach that would require that women be barred from doing certain things in their own interest. Taking the example of night work, the protectionist policy would prohibit women from doing night work because of the recognition that the social environment is not safe at night. The consequence of such protection is that employers will not want to employ women as it places a burden on the rest of the male workers.

Protectionist approaches see the differences between women and men but constitute these differences as weakness or inferiority in women. If night work is unsafe for women, it is diagnosed that women are weak, not that the environment is unsafe. The solution then is to control or correct the women and not to correct the environment or provide support for women to cope with an unsafe environment. In this sense the difference is considered to be naturally ordained and the approach serves to reinforce the subordinate status of women.

Protectionist approaches are inherently limiting, in that they do not challenge gender discrimination, but reproduce it in the garb of protecting women. For example, the banning of women from night work serves to curtail women's freedom to work, which is a right men enjoy and are not denied on the basis of their sex. Further, such a protectionist approach reproduces old myths: that women are less safe at night time, that violence against women only happens at night; it also frees the state from carrying out its obligation to secure environment for women so that they are free to carry out activities of their choice at any time.

### **The substantive model of equality**

The corrective or substantive approach recognize that in order to redistribute benefits equally between women and men, approaches to promoting women's rights must transform the unequal power relations between women and men in the process. For this to happen, policies, laws and programmes must aim to provide the following:

- enabling conditions, in the form of the basic social, economic and cultural contexts within which women may be able to lead their lives with dignity.
- affirmative action in the form of temporary special measures where women's needs are specially recognized and catered for in the context of employment, education, financial services, politics and all other spheres of life in order to enable women to overcome barriers that are historical or those that arise from male domination in the system.

In summarizing this approach to equality we can say that the obligation of the state is to ensure:

- Equality of opportunity
- Equality of access to the opportunity and
- Equality of results

There is however a problem with the corrective approach. This is that employers and others will see this an extra burden and as incurring extra costs. While it is true there are costs involved, we need to develop arguments to justify these costs.

The first is on the basis of human rights principles. Article 1 of the Human Rights Declaration states that "All human beings are born free and equal in dignity and rights." And Article 2 states that "Everyone is entitled to all the rights and freedoms set forth in the Declaration without distinction of any kind.....". Since the Convention promotes the substantive model of equality, we have to point out that by ratifying the Convention, the State has accepted an obligation to ensure that women will be able to enjoy all rights and they are also obligated to regulate all agencies including the private sector to make sure of this even if it means incurring additional costs. This is an argument that establishes women's entitlement to rights.

The second argument is on the basis of long term benefits to the country. The corrective approach ensures that all citizens will contribute to the development of their country productively and to the best of their capacity. Everyone's potential has the opportunity for its fullest development and more skilled human resources will be available to the country. Keeping half the population in a subordinated position also incur costs as they fall into a dependence category instead of into a productive category and have to be provided for.

The substantive model of equality attempts to bring about social change. Such change does not come about risk and it is essential that within the project there are components that anticipate the risk and help women cope with the risk. In this regard the participation of women in the design of the project and the processes of implementation is essential. It is only the women concerned who can evaluate the option, assess the trade offs, and decide on the kind of support needed.

While social change may come at a price, it is often far more sustainable and transformatory in the long term if it represents a move from dependency to autonomy.

The challenge is to know when to take note of difference, and to decide on appropriate measures for different treatment that will facilitate equal access, control and equal results. Such measures will have to be assessed to ensure they promote autonomy rather than protection or dependency. This has to be done without compromising the claim for equal rights and equality as legal standard. For example, there can be no compromise on the claim for legal equality in matters pertaining to personal status such as:

- Citizenship and nationality
- Rights within marriage and family relationships
- Rights over children (guardianship)
- Equal treatment before the law, etc.

### Summary

Formal equality or neutral laws and policies are not enough because men and women are not the same. There are many areas of:

- Difference
- Disparity
- Disadvantage

Initiatives for the realisation of women's rights need to compensate for or cater to the difference, disparity, disadvantage.

There are two ways of doing this:

- Protectionist approach: This is limiting
- Corrective approach: Extra measures are taken so that women will benefit from opportunities that are provided.

While men and women cannot be treated the same, policies that justify discrimination against women on the grounds that they are different from men deny them justice.

The Convention for Elimination of All forms of Discrimination against Women obligates governments to base their initiatives for women on the following principles:

- Equality of Opportunity
- Equality of Results
- Equality as a legal standard in personal status e.g.
  - Citizenship
  - Rights within marriage and family relationship
  - Rights over children (guardianship)
  - Equal treatment before the law

*(Extracted from the IRAW Asia Pacific Training Materials/ 2000, reproduced in the background material of the training on the Convention for the Elimination of All Forms of Discrimination against Women)*

### **SOURCES OF RIGHTS**

- Constitution of Countries
- National Law
- International Human Rights Conventions like
  - Universal Declaration of Human Rights (1948)
  - International Covenant of Civil and Political Rights
  - International Covenant of Economic, Social and Cultural Rights
  - CEDAW
  - Convention for Rights of the Child
- Regional Human Rights Conventions
- Declarations of International or UN Conferences, like
  - Programme of Action of the ICPD
  - Platform of Action of the Beijing Conference on Women

**Worksheet 3.1: Minorities, Stereotyping and Discrimination**

Minority (e.g. given below)	Nature of Stereotyping	Nature of discrimination (Individual)	Nature of discrimination (As a community)
Christian, Muslim, Parsis			
Handicapped physically, mentally			
Homosexuals			
Hijras			
Regional communities (such as north-east)			

## **Handout 4.1: Rights as Enshrined within the Constitution of India**

### **Preamble**

WE, THE PEOPLE OF INDIA, having solemnly resolved to constitute India into a SOVEREIGN SOCIALIST SECULAR DEMOCRATIC REPUBLIC and to secure to all its citizens: JUSTICE, social, economic and political; LIBERTY of thought, expression, belief, faith and worship; EQUALITY of status and of opportunity; and to promote among them all FRATERNITY assuring the dignity of the individual and the unity and integrity of the Nation; IN OUR CONSTITUENT ASSEMBLY this twenty-sixth day of November, 1949, do HEREBY ADOPT, ENACT AND GIVE TO OURSELVES THIS CONSTITUTION.

### **Part III Fundamental Rights**

#### **Article 12 Definition**

In this Part, unless the context otherwise required, "the State" includes the Governmental and Parliament of India and the Government and the Legislature of each of the States and all local or other authorities within the territory of India or under the control of the Government of India.

#### **Article 13 Laws inconsistent with or in derogation of the fundamental rights**

(1) All laws in force in the territory of India immediately before the commencement of this Constitution, in so far as they are inconsistent with the provisions of this Part, shall, to the extent of such inconsistency, be void.

(2) The State shall not make any law which takes away or abridges the rights conferred by this Part and any law made in contravention of this clause shall, to the extent of the contravention, be void.

(3) In this article, unless the context otherwise required, - (a) "law" includes any Ordinance, order, bye-law, rule, regulation, notification, custom or usage having in the territory of India the force of law;

(b) "laws in force" includes laws passed or made by a Legislature or other competent authority in the territory of India before the commencement of this Constitution and not previously repealed, notwithstanding that any such law or

any part thereof may not be then in operation either at all or in particular areas.

(4) Nothing in this article shall apply to any amendment of this Constitution made under article 368.

### **Article 14 Equality before law**

The State shall not deny to any person equality before the law or the equal protection of the laws within the territory of India.

### **Article 15 Prohibition of discrimination on grounds of religion, race, caste, sex or place of birth**

(1) The State shall not discriminate against any citizen on grounds only of religion, race, caste, sex, place of birth or any of them.

(2) No citizen shall, on ground only of religion, race, caste, sex, place of birth or any of them, be subject to any disability, liability, restriction or condition with regard to

(a) access to shops, public restaurants, hotels and places of public entertainment; or

(b) the use of wells, tanks, bathing ghats, roads and places of public resort maintained whole or partly out of State funds or dedicated to the use of general public.

(3) Nothing in this article shall prevent the State from making any special provision for women and children.

(4) Nothing in this article or in clause (2) or article 29 shall prevent the State from making any special provision for the advancement of any socially and educationally backward classes of citizens or for the Scheduled Castes and the Scheduled Tribes.

### **Article 16 Equality of opportunity in matters of public employment**

(1) There shall be equality of opportunity for all citizens in matters relating to employment or appointment to any office under the State.

(2) No citizen shall, on grounds only of religion, race, caste, sex, descent, place of birth, residence or any of them, be ineligible for, or discriminated against in respect of, any employment or office under the State.

(3) Nothing in this article shall prevent Parliament from making any law prescribing, in regard to a class or classes of employment or appointment to an office under the Government of, or any local or other authority within, a State or

Union territory, any requirement as to residence within that State or Union territory prior to such employment or appointment.

(4) Nothing in this article shall prevent the State from making any provision for the reservation of appointments or posts in favour of any backward class of citizens which, in the opinion of the State, is not adequately represented in the services under the State.

(4 a) Nothing in this article shall prevent the State from making any provision for reservation in matters of promotion to any class or classes of posts in the services under the State in favour of the Scheduled Castes and the Scheduled Tribes which, in the opinion of the State, are not adequately represented in the services under the State.

(5) Nothing in this article shall affect the operation of any law which provides that the incumbent of an office in connection with the affairs of any religious or denominational institution or any member of the governing body thereof shall be a person professing a particular religion or belonging to a particular denomination.

### **Article 17 Abolition of Untouchability**

“Untouchability” is abolished and its practice in any form is forbidden. The enforcement of any disability arising out of “Untouchability” shall be an offence punishable in accordance with law.

### **Article 19 Protection of certain rights regarding freedom of speech, etc.**

(1) All citizens shall have the right

- (a) to freedom of speech and expression;
- (b) to assemble peaceably and without arms;
- (c) to form associations or unions;
- (d) to move freely throughout the territory of India;
- (e) to reside and settle in any part of the territory of India; and
- (f) to practice any profession, or to carry on any occupation, trade or business.

(2) Nothing in sub-clause (a) of clause (1) shall affect the operation of any existing law, or prevent the State from making any law, in so far as such law imposes reasonable restrictions on the exercise of the right conferred by the said sub-clause in the interests of the sovereignty and integrity of India, the security

of the State, friendly relations with foreign States, public order, decency or morality, or in relation to contempt of court, defamation or incitement to an offence.

(3) Nothing in sub-clause (b) of the said clause shall affect the operation of any existing law in so far as it imposes, or prevent the State from making any law imposing, in the interest of the sovereignty and integrity of India or public order, reasonable restrictions on the right conferred by the said sub-clause.

(4) Nothing in sub-clause (c) of the said clause shall affect the operation of any existing law in so far as it imposes, or prevent the State from making any law imposing, in the interests of the the sovereignty and integrity of India or public order or morality, reasonable restrictions on the exercise of the right conferred by the said sub-clause.

(5) Nothing in sub-clause (d) and (e) of the said clause shall affect the operation of any existing law in so far as it imposes, or prevent the State from making any law imposing, reasonable restrictions on the exercise of any of the rights conferred by the said sub-clauses either in the interests of the general public or for the protection of the interests of any Schedule Tribe.

(6) Nothing in sub-clause (g) of the said clause shall affect the operation of any existing law in so far as it imposes, or prevent the State from making any law imposing, in the interests of the general public, reasonable restrictions on the exercise of the right conferred by the said sub-clause, and, in particular, nothing in the said sub-clause shall affect the operation of any existing law in so far as it relates to, or prevent the State from making any law relating to,

- (i) the professional or technical qualifications necessary for practicing any profession or carrying on any occupation, trade or business, or
- (ii) the carrying on by the State, or by a corporation owned or controlled by the State, of any trade, business, industry or service, whether to the exclusion, complete or partial, of citizens or otherwise.

## **Handout 4.2: Universal Declaration of Human Rights**

### **PREAMBLE**

Whereas recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world, Whereas disregard and contempt for human rights have resulted in barbarous acts which have outraged the conscience of mankind, and the advent of a world in which human beings shall enjoy freedom of speech and belief and freedom from fear and want has been proclaimed as the highest aspiration of the common people, Whereas it is essential, if man is not to be compelled to have recourse, as a last resort, to rebellion against tyranny and oppression, that human rights should be protected by the rule of law, Whereas it is essential to promote the development of friendly relations between nations, Whereas the peoples of the United Nations have in the Charter reaffirmed their faith in fundamental human rights, in the dignity and worth of the human person and in the equal rights of men and women and have determined to promote social progress and better standards of life in larger freedom, Whereas Member States have pledged themselves to achieve, in co-operation with the United Nations, the promotion of universal respect for and observance of human rights and fundamental freedoms, Whereas a common understanding of these rights and freedoms is of the greatest importance for the full realization of this pledge,

***Now, Therefore,***

### **THE GENERAL ASSEMBLY**

***proclaims***

**THIS UNIVERSAL DECLARATION OF HUMAN RIGHTS** as a common standard of achievement for all peoples and all nations, to the end that every individual and every organ of society, keeping this Declaration constantly in mind, shall strive by teaching and education to promote respect for these rights and freedoms and by progressive measures, national and international, to secure their universal and effective recognition and observance, both among the peoples of Member States themselves and among the peoples of territories under their jurisdiction.

### **Article 1.**

All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.

### **Article 2.**

Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Furthermore, no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs, whether it be independent, trust, non-self-governing or under any other limitation of sovereignty.

### **Article 3.**

Everyone has the right to life, liberty and security of person.

### **Article 4.**

No one shall be held in slavery or servitude; slavery and the slave trade shall be prohibited in all their forms.

### **Article 5.**

No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

### **Article 6.**

Everyone has the right to recognition everywhere as a person before the law.

### **Article 7.**

All are equal before the law and are entitled without any discrimination to equal protection of the law. All are entitled to equal protection against any discrimination in violation of this Declaration and against any incitement to such discrimination.

### **Article 8.**

Everyone has the right to an effective remedy by the competent national tribunals for acts violating the fundamental rights granted him by the constitution or by law.

### **Article 9.**

No one shall be subjected to arbitrary arrest, detention or exile.

**Article 10.**

Everyone is entitled in full equality to a fair and public hearing by an independent and impartial tribunal, in the determination of his rights and obligations and of any criminal charge against him.

**Article 11.**

- (1) Everyone charged with a penal offence has the right to be presumed innocent until proved guilty according to law in a public trial at which he has had all the guarantees necessary for his defense.
- (2) No one shall be held guilty of any penal offence on account of any act or omission which did not constitute a penal offence, under national or international law, at the time when it was committed Nor shall a heavier penalty be imposed than the one that was applicable at the time the penal offence was committed.

**Article 12.**

No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence, nor to attacks upon his honour and reputation. Everyone has the right to the protection of the law against such interference or attacks.

**Article 13.**

- (1) Everyone has the right to freedom of movement and residence within the borders of each state.
- (2) Everyone has the right to leave any country, including his own, and to return to his country.

**Article 14.**

- (1) Everyone has the right to seek and to enjoy in other countries asylum from persecution.
- (2) This right may not be invoked in the case of prosecutions genuinely arising from non-political crimes or from acts contrary to the purposes and principles of the United Nations.

**Article 15.**

- (1) Everyone has the right to a nationality.
- (2) No one shall be arbitrarily deprived of his nationality nor denied the right to change his nationality.

### **Article 16.**

- (1) Men and women of full age, without any limitation due to race, nationality or religion, have the right to marry and to found a family. They are entitled to equal rights as to marriage, during marriage and at its dissolution.
- (2) Marriage shall be entered into only with the free and full consent of the intending spouses.
- (3) The family is the natural and fundamental group unit of society and is entitled to protection by society and the State.

### **Article 17.**

- (1) Everyone has the right to own property alone as well as in association with others.
- (2) No one shall be arbitrarily deprived of his property.

### **Article 18.**

Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief, and freedom, either alone or in community with others and in public or private, to manifest his religion or belief in teaching, practice, worship and observance.

### **Article 19.**

Everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers.

### **Article 20.**

- (1) Everyone has the right to freedom of peaceful assembly and association.
- (2) No one may be compelled to belong to an association.

### **Article 21.**

- (1) Everyone has the right to take part in the government of his country, directly or through freely chosen representatives.
- (2) Everyone has the right to equal access to public service in his country.
- (3) The will of the people shall be the basis of the authority of government; this shall be expressed in periodic and genuine elections, which shall be by universal and equal suffrage and shall be held by secret vote or by equivalent free voting procedures.

**Article 22.**

Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international co-operation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality.

**Article 23.**

- (1) Everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment.
- (2) Everyone, without any discrimination, has the right to equal pay for equal work.
- (3) Everyone who works has the right to just and favourable remuneration ensuring for himself and his family an existence worthy of human dignity, and supplemented, if necessary, by other means of social protection.
- (4) Everyone has the right to form and to join trade unions for the protection of his interests.

**Article 24.**

Everyone has the right to rest and leisure, including reasonable limitation of working hours and periodic holidays with pay.

**Article 25.**

- (1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.
- (2) Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

**Article 26.**

- (1) Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory. Technical and professional education shall be made generally available and higher education shall be equally accessible to all on the basis of merit.
- (2) Education shall be directed to the full development of the human personality

and to the strengthening of respect for human rights and fundamental freedoms. It shall promote understanding, tolerance and friendship among all nations, racial or religious groups, and shall further the activities of the United Nations for the maintenance of peace.

- (3) Parents have a prior right to choose the kind of education that shall be given to their children.

### **Article 27.**

- (1) Everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits.
- (2) Everyone has the right to the protection of the moral and material interests resulting from any scientific, literary or artistic production of which he is the author.

### **Article 28.**

Everyone is entitled to a social and international order in which the rights and freedoms set forth in this Declaration can be fully realized.

### **Article 29.**

- (1) Everyone has duties to the community in which alone the free and full development of his personality is possible.
- (2) In the exercise of his rights and freedoms, everyone shall be subject only to such limitations as are determined by law solely for the purpose of securing due recognition and respect for the rights and freedoms of others and of meeting the just requirements of morality, public order and the general welfare in a democratic society.
- (3) These rights and freedoms may in no case be exercised contrary to the purposes and principles of the United Nations.

### **Article 30.**

Nothing in this Declaration may be interpreted as implying for any State, group or person any right to engage in any activity or to perform any act aimed at the destruction of any of the rights and freedoms set forth herein.

## **OHP 4.1 : History and Development of Human Rights**

### **What are Human Rights?**

They are -

- Those rights that every human being possesses and is entitled to enjoy simply by virtue of being human
- Human rights are the birthright of all human beings
- The first responsibility of governments is the protection of Human rights.
- Human rights are based on the fundamental principle that all persons possess an inherent human dignity and that regardless of sex, race, colour, language, national origin, age, class or religious or political beliefs, they are equally entitled to enjoy their rights.

**The 1993 World conference on Human Rights** in Vienna specifically recognized

- the human rights of women
- and the duties of states to protect and promote such rights, including the right to freedom from violence.

Till then, human rights were developed and implemented with a male model in mind – and to date the human rights system has not taken into account the experiences and circumstances of women.

Advocates for women's rights now increasingly use the human rights to demand redress for injustices in women's lives.

We see three stages of recognition of rights

- civil and political rights
- economic and social rights
- people's rights, solidarity rights including the right to development, the right to peace, and the right to a healthy environment (By people we mean 'discriminated' groups)

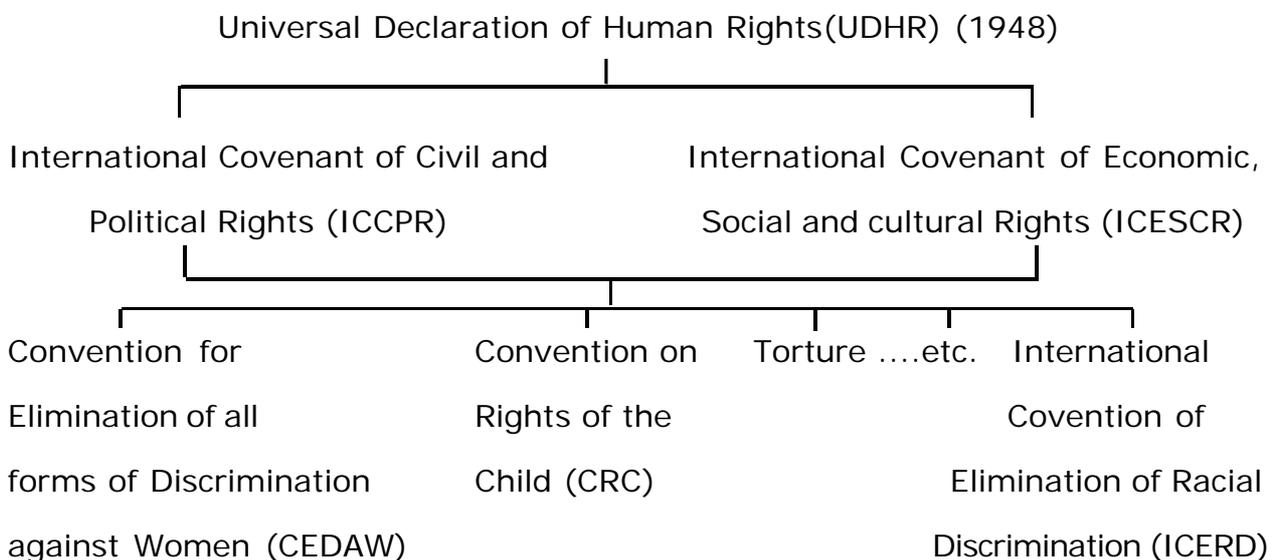
The important conclusion of the World Conference on Human Rights in Vienna in 1993, (171 countries) states

"All human rights are universal, indivisible, interdependent and interrelated"

**Therefore, civil and political rights had equal weight with economic, social and cultural rights**

**OHP 4.2 : How did the modern concept of human rights develop?**

- World War II, saw the widespread abuses of people and groups including genocide, mass killing and other forms of violence against humanity.
- This motivated governments to demand and set standards for the treatment of people by their own governments.
- The first attempt to codify such standards was the UDHR in 1947. This has come to be recognized as a common standard for all people and all nations to strive for in the promotion of human dignity.
- Essentially we see two intertwining streams of human development –
  - One stream represents the struggle to name previously unnamed rights and to gain their acceptance as human rights
  - The other stream represents the ongoing struggle to ensure the enforcement of established rights.
- This dynamic characteristic is what makes human rights a powerful tool for promoting social justice
  - if the right is not *recognised*, the struggle is to assure recognition
  - If the right is not *respected*, the struggle is to assure enforcement
  - The process of gaining recognition of a right leads to better enforcement and the process of enforcing leads to greater recognition of the rights.



### OHP 4.3

#### **Convention for Elimination of Discrimination Against Women (CEDAW)**

**CEDAW was signed in 1979 and entered into force in 1981.**

CEDAW main features

- most comprehensive bill of rights for women in existence
- it obligates the state to protect women from discrimination and to be accountable for women's rights
- based on the principle of **Equality** between men and women – it extends human rights coverage to women
- it mandates rights for women through a legislative process. This means that there is a clear avenue for drawing accountability for the guarantee of these rights
- it recognises that despite legal rights being available for women in many countries, discrimination persists, and women's access to legal rights are curtailed by denial of women's rights to economic and social development. Hence, it recognises the importance of both in practice and in law.
- it recognises that inequality between women and men is socially constructed and hence recognises the fact of discrimination against women. In this regard it recognises not only current discrimination but also past discrimination and introduces the concept of corrective measures to overcome the effect of past discrimination that leaves women disadvantages vis-à-vis men.
- It bridges the traditional divisions between civil and political rights and social and economic rights and makes a strong case for the indivisibility of these rights.
- It addresses the need to tackle power relationships between men and women at all levels, from family to community, market and state. In particular, it discards divisions between the private and the public spheres by recognising violations of women in the 'private sphere' i.e. within the home.
- Specifically addresses the role of culture and sex stereotyping and attitudes in shaping discrimination against women.



# Gender

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## **The participants will**

1. Learn the difference between sex and gender
  2. Understand how gender is discriminatory
  3. Understand how gender operates as a system
  4. Increase sensitivity by exploring their own role in perpetuating gender discrimination.
  5. Prepare a plan for personal change at the individual and community levels.
-



## Session 1: Sex and Gender



90 minutes

### Learning Objectives

The participants will -

- Understand the terms 'sex' and 'gender'
- Understand gender as a basis for 'discrimination'
- Understand how gender 'stereotypes' people into 'men/women'

### Methods

- Free listing, discussion

### Materials

- Blackboard, chalk, body puzzle for each participant
- Handout 1.1
- OHP 1.1

### Activity 1 Reflection, Discussion

#### Steps

1. Ask participants to give in one word, associations, answers to the question 'What is a Man? / What is a Boy?'
2. List these on one half of the board. Get as many answers as possible.
3. Next ask the question – What is a Woman/ What is a Girl?
4. List answers on the other half of the board. Get as many answers as possible.
5. Now ask participants to review the answers on the basis of what can change and what is changeable.

#### Possible Responses

**What is a Man or What is a boy**  
strong, handsome, father  
fearless, daring, protector, XY etc

**What is a Woman or What is girl?**  
mother, daughter, beautiful, soft  
emotional, XX etc.

6. If there are answers such as XX or XY, or those that talk about biological differences, inform participants that these are only one part of the correct answers.
7. Apart from the biological differences, some words listed on the board denote social differences. Then emphasise that the words imply more than just differences. Within them we can also see discrimination. For example, many of the words associated with the masculine cannot have higher value than words associated with the feminine eg. strong and tender, breadwinner and housewife, rational and emotional etc.
8. Explain how these are not just describing words but lead to norms in society. Give examples, such as men are strong, women are weak. Give examples to demystify these norms. Such as women in mountainous areas are able to carry much heavier loads than the men of cities etc.
9. Affirm that there are differences, but that these differences need not transform into discrimination or the lack of access to resources for women.
10. Conclude activity with reading out definitions of sex and gender (OHP 1.1).

**OR**

#### Activity 1 b

##### Steps

1. Ask participants to give in one word, associations, answers to the question 'What is a Man? / What is a Boy?'
2. List these on one half of the board. Get as many answers as possible.
3. Next ask the question – What is a Woman/What is a Girl?
4. List answers on the other half of the board. Get as many answers.
5. Ask participants what they learnt. Are the biological similarities more or are the differences more?
6. If the similarities are more, then why do we see so many social differences as listed on the board? These do not remain differences, they lead to discrimination because women are allotted a lower status in society.

7. Explain how these are not just describing words but lead to creating social norms. Give examples, such as men are strong, women are weak. Give examples to demystify these norms. Such as women in mountainous areas are able to carry much heavier loads than the men of cities etc.
8. Affirm that there are differences, but that these differences need not transform into discrimination or the lack of access to resources for women.
9. Conclude activity with reading out definitions of sex and gender (OHP 1.1).

**OR**

**Activity 1 c**

1. Ask participants to choose a partner. Each pair then has to assume a male and a female role amongst themselves. Let them decide who is the male and who is the female.
2. Give the female of all pairs a folded chit with the letter X on it
3. Give half the male participants a folded chit with the letter X on it, the other half a chit with the letter Y on it.
4. Ask all the participants to open and share their chits with their partners only. Let them know that they now have a baby. Tell them that the pair who have two Xs have a girl and the pair who have a Y and an X have a boy. They should now share this news with the outside world with a drawing.
5. As each couple displays their drawing, the rest of the group has to say whether the couple has had a boy or a girl. The facilitator asks how they knew the sex of the child.
6. He lists the answers on the board. The drawing had a blue nappy, there were *pedas* nearby, the child was wearing a dress, etc. etc. Most of the drawings will not show

**Possible Responses**

**Sex:**

Penis, Vagina

**Gender:**

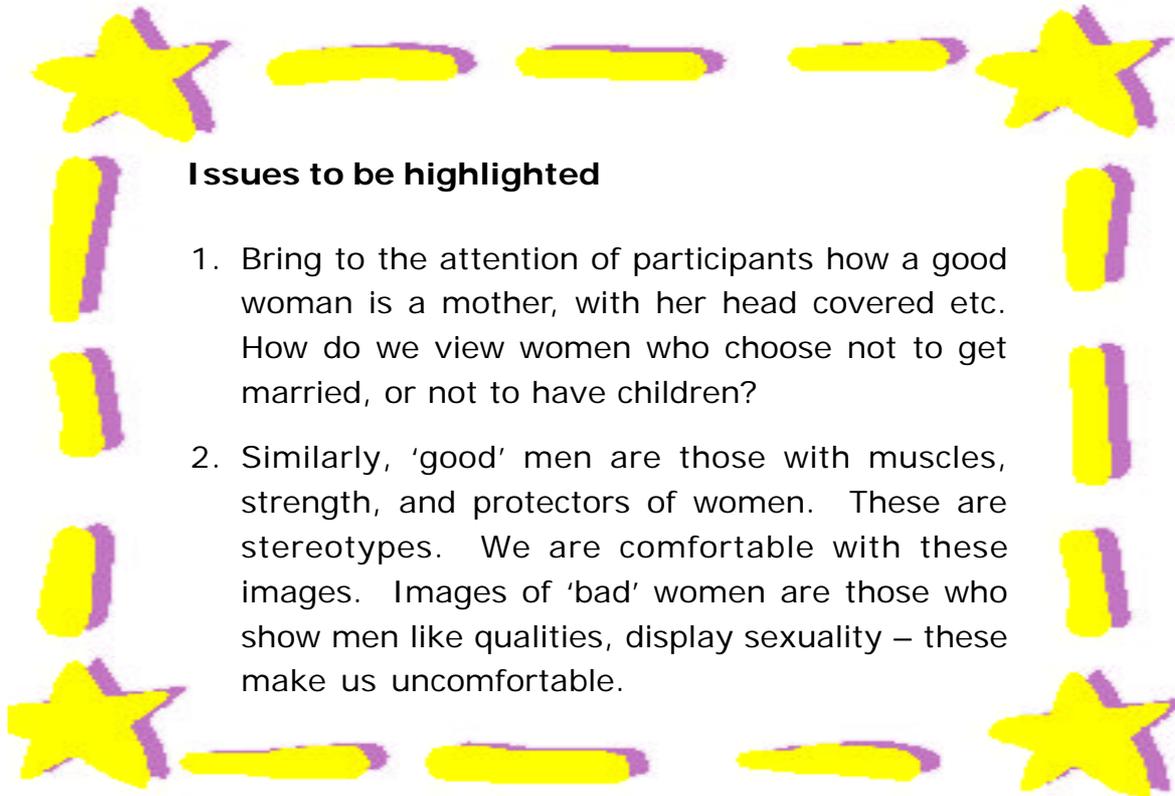
blue nappy, dress, pedas, laddoo were distributed, relative brought presents, the drum played

reproductive organs, which actually determine the sex of the baby.

7. Discuss biological and social differences. Joy at the birth of a boy, sadness for a girl etc demonstrate the unequal social status for men and women in our society. Discrimination starts even before birth with abortion of female fetuses.
8. Conclude activity with reading out definitions of sex and gender (OHP 1.1). Distribute Handout 1.1 for later reading.

#### Activity 2 Gender Stereotypes

1. Divide participants into groups of 5- 6 persons. Inform the groups that they have 15 minutes for the group work.
2. Each group will ask for two volunteers. The volunteers will now be given the clay that will be moulded by remaining persons in the group, as per the instructions given to their group.
3. Instruct half the groups that their clay models would have to depict a good woman, and a bad woman. The remaining groups would have to depict a good man and a bad man.
4. Ask each group to present their statues. Participants should be encouraged to ask the presenting group why they feel the statue represented 'good' or 'bad'.
5. List the answers on the board in two columns.
6. After all the presentations discuss the responses.
7. Stress on how we stereotype, relate it to activity 1a or 1b (words listed out). Men must be brave, protectors, breadwinners; women meek, caring, emotional.
8. Ask participants to list out the restrictions (social control) that we see on women as depicted in the statues. (cannot look up, head must be covered, must be mothers, should wear symbol of marriage etc).
9. The facilitator should conclude with emphasising that stereotyping is restrictive and discriminatory. (Activity will take 30 minutes)



**Issues to be highlighted**

1. Bring to the attention of participants how a good woman is a mother, with her head covered etc. How do we view women who choose not to get married, or not to have children?
2. Similarly, 'good' men are those with muscles, strength, and protectors of women. These are stereotypes. We are comfortable with these images. Images of 'bad' women are those who show men like qualities, display sexuality – these make us uncomfortable.

**Handouts**

1.1 - Sex and Gender, Kamla Bhasin - Jagori

**Presentation**

OHP 1.1 - Definition of Sex and Gender



60 minutes

## Session 2: Gender as a System

### Learning Objectives

The participants will -

- Learn how gender works at different levels
- Identify institutions that perpetuate gender discrimination

### Methods

- Group work, discussion in larger group

### Materials

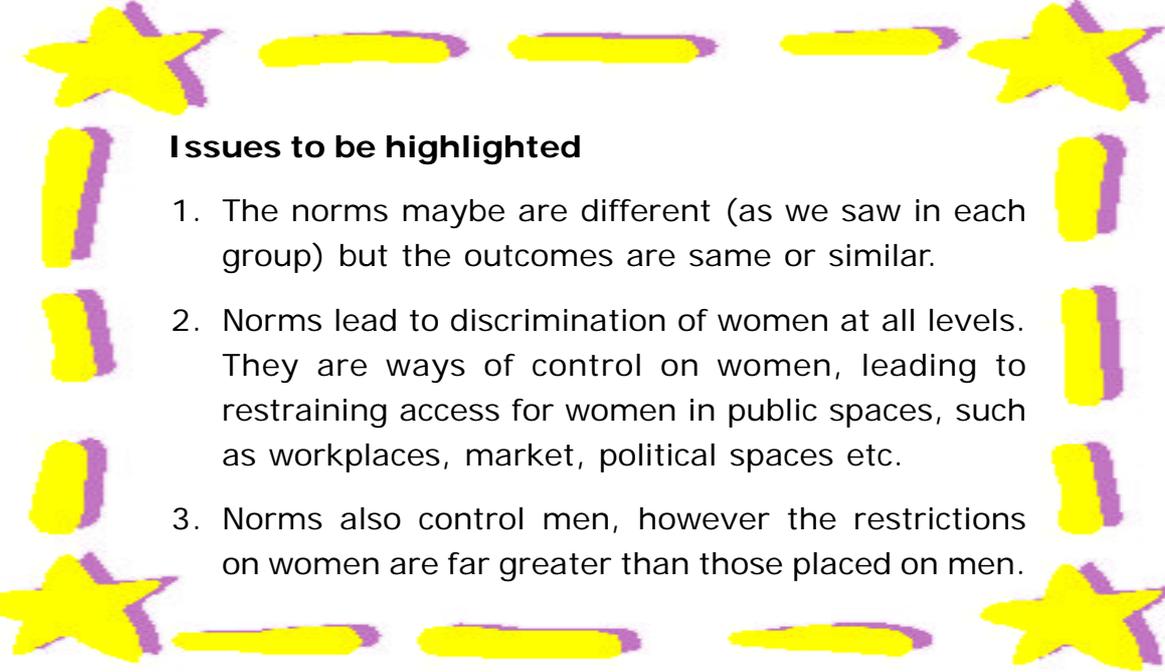
- List of questions for each group
- Board, chalk.
- OHP 2.1 Gender as a System

### Activity 1 Groupwork, Presentation

#### Steps

1. Divide participants into 4-5 groups.
2. Ask each group to select a norm; these could be from the words listed in session 1, activity 1 – e.g. men are strong; women are weak.
3. Ask each group to discuss and write down how the norm would operate, and how resources would be divided between women and men , at
  - a. the level of family
  - b. the community
  - c. the workplace
  - d. when policies/programmes are being framed
4. The facilitator should circulate amongst the groups to assist in clearing doubts (See Facilitator's Note).

5. Each group presents to the larger group.
6. Discuss how the norms result in systematic discrimination against women.
7. Present OHP 2.1 on Gender as a System.
8. Ask participants what institutions perpetuate gender discrimination. List these on the board. They should include family, education, religion, law and judiciary, politics, economic institutions.
9. Conclude by re-iterating that all these institutions work together as a system to keep inequality based on gender in place.



### Issues to be highlighted

1. The norms maybe are different (as we saw in each group) but the outcomes are same or similar.
2. Norms lead to discrimination of women at all levels. They are ways of control on women, leading to restraining access for women in public spaces, such as workplaces, market, political spaces etc.
3. Norms also control men, however the restrictions on women are far greater than those placed on men.

### Facilitator's Note

**Worked out example:** men are strong; women are weak

### Family

- Men need more food, so the man of the house should be fed first, followed by male sons.
- It is okay for girls to get less; the woman of the house should eat last.
- Men are strong and hence protectors of women.
- They are then the head of the household.
- A male member must accompany a woman whenever she goes.
- Men must do 'outside', 'dangerous' and 'difficult' work.
- Therefore it is more necessary for a boy child to be educated than a girl.



#### **Community**

- Men do outside work, have more knowledge and therefore should be consulted in community matters
- It is not okay for a women to work outside the house, as it is unsafe and she is weak, she cannot protect herself
- Therefore it is preferable that women work inside the house
- It is also okay if she is paid less because she does not really need that much.

#### **Workplace**

- Men should get the physical work
- They are breadwinners/head of households
- Preference in jobs – both wage and salaried
- Therefore they should be paid more

#### **Policies/Programmes**

- These are earned while looking after the home, income generation programmes such as papad making, and home based work (do not break away from gender roles/stereotypes).

#### **Presentation**

OHP 2.1 - Gender as a System

## Session 3: Privileges and Restrictions



75 minutes

### Learning Objectives

The participant will be able to –

- Explore privileges and restrictions of being a man
- Understand how this prevents attaining full human potential and creativity

### Methods

- Personal reflections, listing

### Materials

- Charts
- Case stories

### Activity 1

#### Steps

1. Divide participants into 4 groups. Distribute charts to the groups. Ask 2 of these groups to take on role of women.
2. On one chart ask participants to write privileges of being a man/woman. Encourage them to list as many responses.
3. Repeat process for restrictions.
4. Put these up separately on the wall.
5. Note that for men the list of privileges are more than the restrictions. For women the restrictions are more than the privileges.
6. In conclusion, stress that all restrictions prevent the attainment of full human potential and these affect women much more within today's social structure. Link restrictions to denial of human rights.

### Possible Responses of Men

#### Privileges

Freedom to go out at night, take own decisions, eat out, party late

#### Restrictions

Cannot cry openly, share emotions, dress is limited, care for children etc.

### Possible Responses of Women

#### Privileges

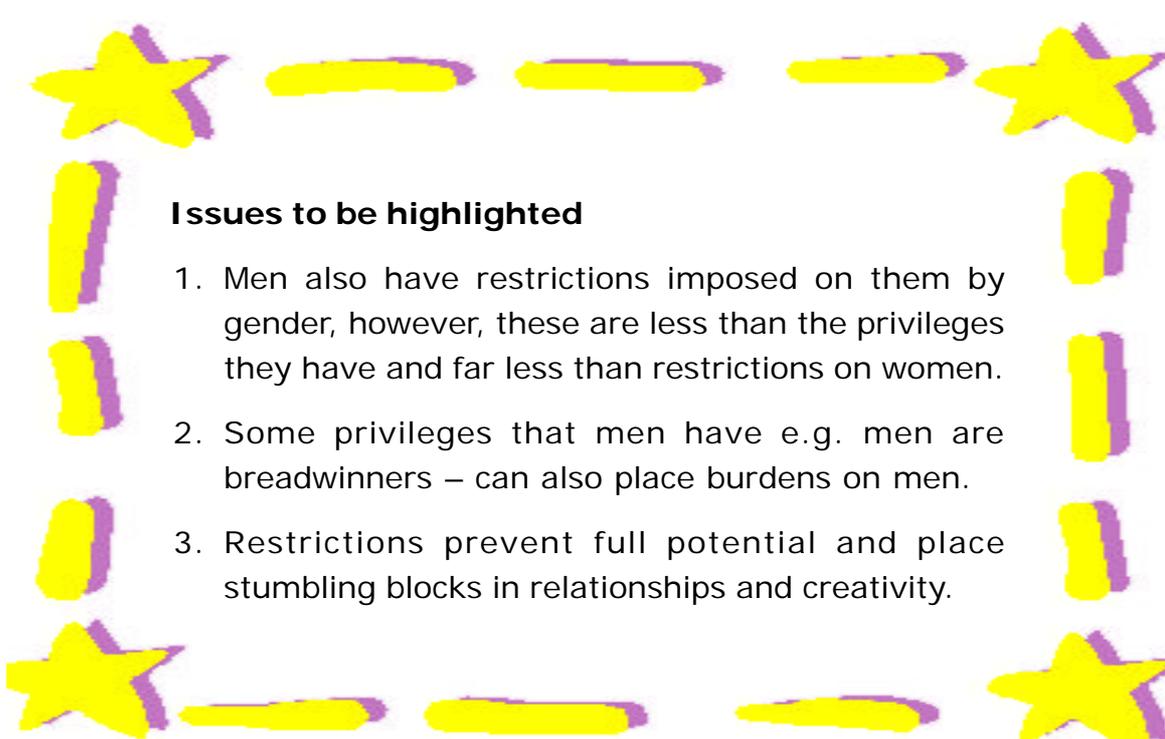
Giving birth, can wear colourful clothes, share worries and anxieties

#### Restrictions

Can not go out freely, can not take any job

7. Read each case story aloud. Generate a discussion based on the following questions.

- Who places restrictions?
- What effect does it have on the person?
- How can restrictions be removed?
- Can we see restrictions because the person belongs to a particular gender?
- What are the differences in restrictions faced by women and those faced by men?



### **Issues to be highlighted**

1. Men also have restrictions imposed on them by gender, however, these are less than the privileges they have and far less than restrictions on women.
2. Some privileges that men have e.g. men are breadwinners – can also place burdens on men.
3. Restrictions prevent full potential and place stumbling blocks in relationships and creativity.

### **Case Stories**

Restrictions and Denial of Rights of Men and Women

## Session 4: Personal Change to Challenge Gender



60 minutes

### Learning Objectives

The participant will be able to –

- Explore how to give up some privileges to bring about greater equality with women in our personal lives
- Explore how to break restrictions and gender stereotypes, and allow potential to grow

### Methods

- Reflection, preparation of personal change plan

### Materials

- Paper and pens

### Activity 1 a

#### Steps

1. Present format to participants (see Facilitator's Note).
2. Ask participants to close their eyes, be quiet and reflect for 5-10 minutes on Privileges and Restrictions that they experience in their own lives.
3. Ask participants to select a privilege and restriction from amongst those experienced.
4. Ask participants to prepare a personal change plan based on the giving up of a privilege, and breaking of a restriction. They should do this, on two different coloured cards.
5. Collect the cards to maintain anonymity and confidentiality. Have different participants read out the cards.
6. Facilitator concludes with stressing that a plan is not only necessary but important to ensure change. Change requires commitment and perseverance.

## Module 2

### Gender

Manual for men working with men on gender, sexuality, violence and health



#### Facilitator's Note

Worked out example:

	Beliefs/Thoughts	Relationships	Behaviour & Action	Time-Plan
<b>Privilege</b>				
e.g. freedom to go out to play	I am now convinced that girls should also have this freedom	Bring it in to being with my sister	When I go out to play, I will ask her what she is doing. If she is working, I will help her to finish the work. We will then leave the house together.	Begin from today itself and continue for three months at least.
<b>Restriction</b>				
e.g. sharing feelings and emotions	Boys can also share feelings of sadness, fear etc.	Will share my feelings with my friends, family	Will identify something I have not been able to share, will share that with my brother/father/sister etc.	Every week at least one thing for next three – six months.

OR

#### Activity 1 b

1. Ask participants to recall the earlier session on privileges and restrictions.
2. Ask participants to reflect, and write down what changes they would like to bring about in their ways of thinking, and relating with others.

3. Invite sharing.
4. List these on the board. The areas and thoughts for personal change will become clear.
5. Ask participants to reflect some belief or practice they would like to remove as a result of this training.
6. Invite those who would like to share.
7. Facilitator concludes with stressing that a plan is not only necessary but important to ensure change. Change requires commitment and perseverance.

### Handout 1.1: What is a boy? What is a girl?

What is boy? What is girl?

When a child is born, it is either a girl or a boy.

What is girl?

Some people say that a girl is one who has long hair.

But Kuldip has long hair and he is a boy.

Some people say that those who wear jewellery are girls.

Meghraj wears a necklace and earrings and he is a boy.

What is a boy?

Some people say that boys are those who wear shorts and climb trees.

Shanti wears shorts and can climb trees very quickly and she is a girl.

Some people say that boys are those who are strong and can carry heavy loads.

Saeeda and Nafisa carry two pitchers of water and heavy loads of fuel wood but they are girls.

Some people say that girls are those who help in housework.

But Joseph helps with cooking and cleaning at home and he is boy.

Some people say that those who work in the fields are men or boys.

Baljit and her mother work in the fields and they are women.

Some people say that those who trade in the market are men.

Valli goes to the market to sell fish but she is girl.

Some people say those who are gentle and motherly are girls.

Kabir is gentle, full of motherly love, and he looks after his younger sister and he is a boy.

Some people say that those who are capable of managing affairs of the outside world are men.

But Aruna is a District Collector and manages the entire district, and she is woman.

Then what is a boy, and what is a girl?

A boy is one who has a penis and testicle.

A girl is one who has a vagina and a clitoris.

Every boy grows up to become a man. Every man has a penis and testicles.

Every girl grows up to become a woman. Every woman has a vagina, a uterus and breasts.

A child forms in the body of the woman and she gives birth to and breastfeeds the child.

Other than these few biological differences, girls and boys are not different. In fact, the bodies of girls and boys have more similarities than differences. Only the sexual and reproductive organs are different. All other organs are the same.

This biological or physical construction is called sex. Because of their physical construction, boys belong to the male sex, and girls to the female sex. These biological or physical differences are created by nature, and these differences are the same in every family, community or country. Thus, biologically, a boy is the same anywhere in the world and a girl is the same anywhere in the world.

The other differences between boys and girls - like their clothes, behaviour education, the attitude of society towards them-are all social or cultural differences, not natural differences. That is why these social or cultural differences are not the same in every family and every society.

As we saw earlier, some girls can have long hair and some short, in some families boys help in the housework, in others they don't, some women work within the house and family, while others go out to work, etc.

These social and cultural definitions of men and women are called gender.

For example, it is society that makes rules such as- a girl will stay within the house while a boy can go out, or that a girl will be given less food to eat and less time to play than a boy, that a boy will be sent to a better school so that when he grows up, he can look after the family business or get a good job while not much attention will be paid to a girl's education, etc.

These gender differences have not been created by nature. Nature produces males and females, society turns them into men and women, feminine and masculine.

Because of these social definitions, the differences between girls and boys go on increasing and it seems as if girls and boys belong to two entirely different worlds.

It is gender, which creates inequalities between girls and boys, women and men. It is society (or all of us who make up society) that decides that man is superior, woman inferior, that the wages paid for men's work are higher, for women's work lower, that man is powerful, woman is powerless.

Nature does not create inequalities. Nature only provides different organs for reproduction that is all. Inequalities, hierarchies, customs are created by society, which means by all of us. The discrimination between rich and poor, Brahmins and Shudras, Blacks and Whites, men and women has been created by society, not by nature or God.

Actually there is a man and woman in each one of us, but society does not allow the man in a girl or the woman in a boy to grow.

Instead of encouraging similarities between girls and boys, societies and cultures have been emphasising the differences. That is why girls and boys grow up so differently and their paths are so separate. It is these inequalities that have caused so many tensions and conflicts between men and women.

All over the world, gender differences are mainly patriarchal, which means that they are male dominated, they favour men. Because gender differences are anti-women, girls face many obstacles, they experience discrimination and violence.

This is the reason why girls cannot progress or develop their talents the way boys can. Within the same family, we can see boys flowering, girls withering.

Such gender differences do not harm only girls; they harm the entire family, community and country. Several rigid roles, qualities and responsibilities are imposed upon boys as well. They too are prisoners and victims of gender.

Because gender is socially created by all of us, we can change it if we want to by creating new definitions of girls and boys, women and men. We can create a society where being a girl does not mean being inferior, being weak and being a boy does not mean being harsh, domineering or violent.

The truth is that girls and boys can dress, play, study any way they want and grow up as they choose. Having a girl's body does not teach you household work or caring for others: a boy's body does not ensure fearlessness, intelligence, and strength. All these qualities are learnt. It is one's upbringing that determines how one grows, what one becomes.

If we so desire, we can create a society where roles, responsibilities, qualities and behaviour patterns are not determined and imposed by gender, caste, class or race, a society where everyone has the right and freedom to choose roles, develop talents and to have a life of one's choice.

Reproduced from *Ladki Kya hai? Ladka Kya hai?* written by Kamala Bhasin and published by Jagori, Delhi

## **OHP 1.1: Definition of Sex and Gender**

**Sex** is the biological difference between males and females.

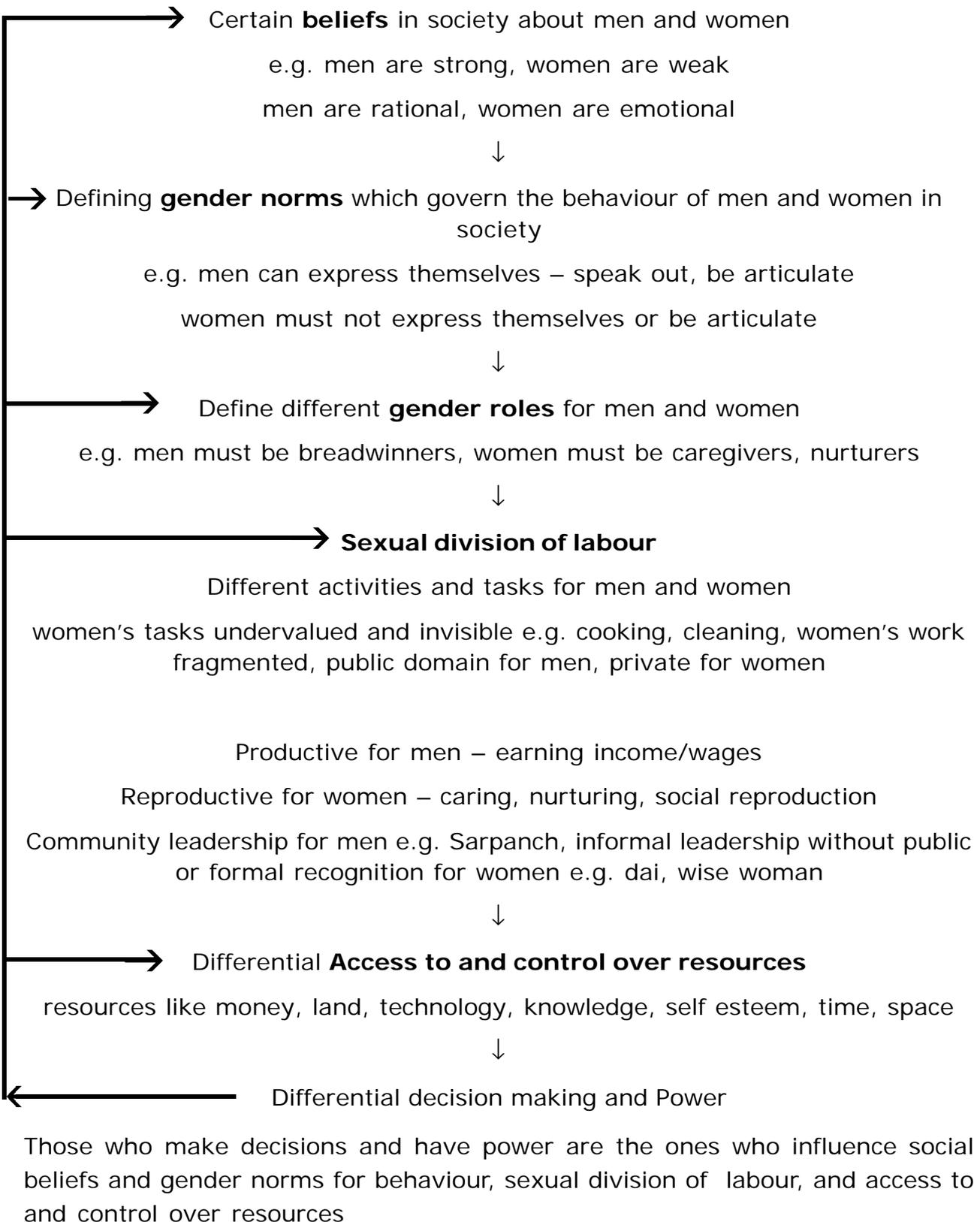
**Gender** refers to the economic, social and cultural attributes and opportunities associated with being male or female in a particular social setting at a particular point in time.

**Gender equality** means equal treatment of women and men in laws and policies, and equal access to resources and services within families, communities and society at large.

**Gender equity** means fairness and justice in the distribution of benefits and responsibilities between women and men. It often requires women-specific programmes and policies to end existing inequalities.

**Gender discrimination** refers to any distinction, exclusion or restriction made on the basis of socially constructed gender roles and norms which prevents a person from enjoying full human rights.

**OHP 2.1: Gender as a System**



Thus, this is a system which feeds on its subsystems and perpetuates itself. The weakness of the system is that it can be broken anywhere – either by changing social beliefs, or by changing norms for behaviour of men and women, or by changing the work that men and women are supposed to do, or in the allocations of resources. Thus it can be said that gender constructs can be changed over time, over space, over contexts.

**Institutions that keep Gender in place.**

Family

Community

Religion

Law

Politics

Economics

Media

### Case Stories 3.1: Denial of Rights

1. When her husband died, Kamalabai had 5 children. She was thrown out of the house immediately after the last rites were performed. The in-laws took control of the land and house that belonged to Kamalabai and her husband. Her children were not let inside the house and had to sleep in open fields in the chilly winter nights. Her mornings would start with abuses from her in-laws. In the end she had to leave her children with her brother and go and stay in another village to earn her living by selling vegetables. She has not got her land back yet.
2. Neera's husband works in a company and earns a good salary. But Neera does not have a permission to spend from his salary. She often falls ill and hardly has any money to get good treatment. Neera cannot get a balanced diet because of monetary restrictions. She did not get a share in her parent's estate as well. Neera is looking for a job to support herself.
3. Ambubai belongs to a backward caste; she works in a small village. She is involved in a women's organisation and promotes their political participation in Panchayats. She is an active supporter of Dalit Women's Rights. This has caused a stir in the high caste sections of society. The caste leaders have decided to outcaste Ambubai. She has faced difficulties since then in getting her children educated, married, etc.
4. Mala was married at the age of 14. Her parents did not take her wishes in account when she told them that she wanted to study further. Her marital family also did not let her continue her education. Her brother could study further and is a doctor now. At 23, Mala is a mother of 3 children. She looks after the household, takes care of children. She feels that if she was not married off at such an age, she could have become successful in life, just as her brother is.
5. Sonuram is a young man working in a remote tribal village in hilly region of Nandurbar. He is very social by nature and often helps people in need. One day as he was going out for work, he saw an old priest in the village struggling to carry a bucket full of water to the nearby temple. Sonuram quickly crossed the road and offered help. But the priest insulted him, saying that Sonuram was a 'lower caste' and how could he enter the temple. Sonuram felt very angry and since then has not entered a temple.

6. Jagat comes from a very poor family. His father died early and his mother struggled very hard to earn a living and raise her four children. After his brother got married, Jagat had to take up the responsibility of supporting the family. He could not complete his schooling and also could not afford to send his younger brother and sisters to school. Jagat feels that because of poverty and non availability of education facilities for poor, he could not achieve many things in life. He blames Government policies and economic disparity in society for his hardship.
7. Tatyaji comes from a tribal community. He has studied upto 12<sup>th</sup> and is interested in standing for elections at the Gram Panchayat. He faces tremendous pressure from the high caste people to withdraw his application. Tatyaji feels that just because he comes from a schedule tribe, he is not allowed to participate in the political processes in the village.



# Sexuality

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## **The participants will**

1. Gain clarity on concepts of Sexuality and Sexual Rights
  2. Reflect on own sexuality and relationships
  3. Examine personal values and attitudes related to sexuality
  4. Reflect on need for change in values, attitudes and relationships
-



## Session 1: Gendering of Male and Female Sexuality



60 minutes

### Learning Objectives

The participants will be able to –

- Differentiate between male and female sexuality and state how it is socially constructed.
- Analyse the double standards that underlie how society perceives male and female sexuality.

### Methods

- Brainstorming, interactive discussions, listing

### Materials

- Blackboard / Whiteboard and chalk
- Markers
- Cards

### Activity 1 a

#### Steps

1. Facilitator introduces the session by telling participants 'we are going to look at whether male and female sexuality are different. And if so, what are the differences?'
2. Facilitator asks participants to state what they believe about male sexuality and what they believe about female sexuality and starts listing responses in two columns on the board.

Another way of asking this question is 'What characterises male sexuality and what characterises female sexuality?'

The box below gives some typical responses.

Male Sexuality	Female Sexuality
Aggressive	Passive
Difficult to control	No desire or urge
Always initiates	Should not initiate
Has to 'know' everything	Should be pure, chaste and not know anything
Exhibitionist, conquer many	Modest
Virility, masculinity associated with high sexual activity	'Good' woman vs. whore
One drop of semen is equal to 1000 drops of blood	Allowed only within marriage and for child bearing.

3. Facilitator asks participants whether they see any connections between gender and female and male sexuality as listed on the board (This is if the sessions on Gender have been done before this session on Sexuality).
4. Through discussions, facilitator establishes that male and female sexuality are not biologically given but are socially prescribed.
5. Facilitator asks participants to recall any proverbs or cultural sayings that describe different characteristics of male and female sexuality and write these on cards.

Eg. *Apne khet ka khud khayal rakho*, (look after your field yourself), *Saandh paala hai to dand bhareng*e (male can do anything, we will provide space for this and pay fine for this), *Khoonta agar mazboot hai to bhains idhar udhar nahin jayegi* (If the nailpost is strong, the buffalo won't stray hither and thither).

6. The cards are read out one by one and later pasted on wall.
7. Facilitator asks participants whether they see any differences in standards by which society judges male and female sexual behaviours.

*Eg. Girl must be an innocent virgin at marriage, but a boy must know everything and be experienced.*

*It was considered okay for kings to have many wives and many children by their many wives, but a queen could not have many husbands.*



**Facilitator's Note**

Do not give the examples at the beginning. These are only for your understanding. Give examples only if participants are stuck.

**OR**

**Activity 1 b**

1. The facilitator asks participants to recall gender norms for men and women eg. men are strong, women are weak, men are adventurous, women should be pure.
2. For each gender norm, facilitator asks participants how these norms construct sexuality of men and women.
3. Facilitator leads a discussion on who's sexuality is controlled and how, what are the consequences of deviating from socially prescribed norms (See Issues to be highlighted).

**Worked out example:**

Men are leaders, women are implementers of decisions	Men take initiative for sex, they can demand sex  Boys also take the initiative for 'friendship'. If the girl says no then it is an insult to his manliness	Women should not initiate sex, they should not show sexual desire.  Whenever a man demands, the woman must comply
Men are strong  Women are weak	Men have stronger sexual urges They are promiscuous Semen loss is equal to becoming weak Man's seed should not be wasted/masturbation considered evil.  Okay to display body-association with strength	Have weaker sexual urges  Fragile, female bodies must be kept covered  Women must be protected, out of modesty

## Module 3 Sexuality

Manual for men working with men on gender, sexuality, violence and health

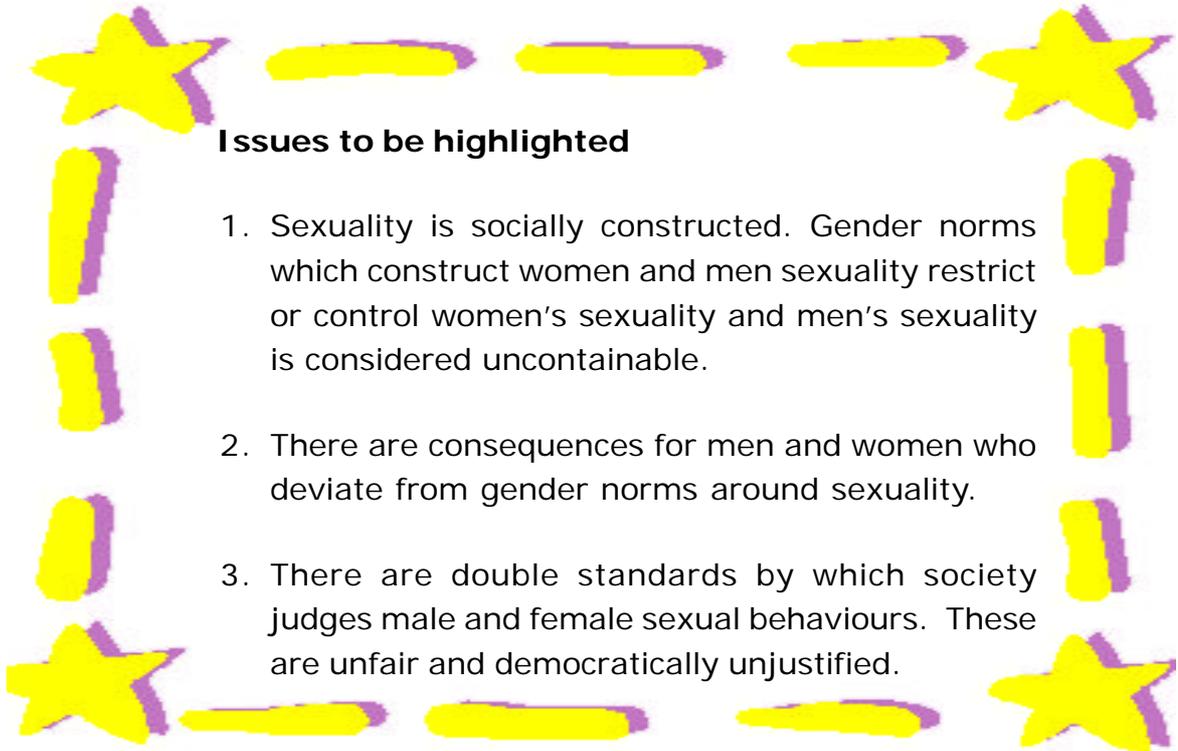
<p>Men are powerful Women are submissive</p>	<p>Men have right to choose partners – choice in contraceptives, family planning</p> <p>Domestic violence and sexual violence is allowed– it is considered okay for men to beat their wives</p>	<p>If not submissive, she is not a woman</p> <p>She should be physically and emotionally controlled</p> <p>Any display of sexuality is 'loose character/ easy virtue'</p>
<p>Men are rational, practical Women are emotional, romantic (you could add – religious)</p> <p>Men think with their brains, women with their hearts</p>	<p>Men think of sex as a physical act – no emotions attached</p> <p>Sex is a natural right</p>	<p>Sex is a spiritual act, for reproduction, to fulfill duties of being a wife – not to be questioned or enjoyed</p> <p>For woman sexual intercourse is associated with 'commitment'</p>

4. Facilitator concludes by emphasising that sexuality is socially constructed and society has double standards for judging men and women in sexual matters.

### Facilitator's Note

Facilitator needs to highlight that in every society there is an attempt to control sexuality. To maintain this control, different worldviews and ideologies are created for men and women. These worldviews depict women's sexuality as dirty, weak, and of secondary status or it is completely denied. This denial happens through the creation of myths and is perpetuated systemically.





**Issues to be highlighted**

1. Sexuality is socially constructed. Gender norms which construct women and men sexuality restrict or control women's sexuality and men's sexuality is considered uncontrollable.
2. There are consequences for men and women who deviate from gender norms around sexuality.
3. There are double standards by which society judges male and female sexual behaviours. These are unfair and democratically unjustified.



60 minutes

## Session 2: Concept of Sexuality

### Learning Objectives

The participants will -

- Identify the various dimensions of sexuality
- Understand that sexuality is a multi dimensional concept.

### Methods

- Brainstorming and word association, OHT presentation

### Materials

- Cards - 2 per participant

### Activity 1 (20 minutes)

#### Steps

1. Facilitator distributes 2 cards to every participant and asks them to write two words or phrases that come to their minds when they think of SEXUALITY. Each card should contain one word or phrase.

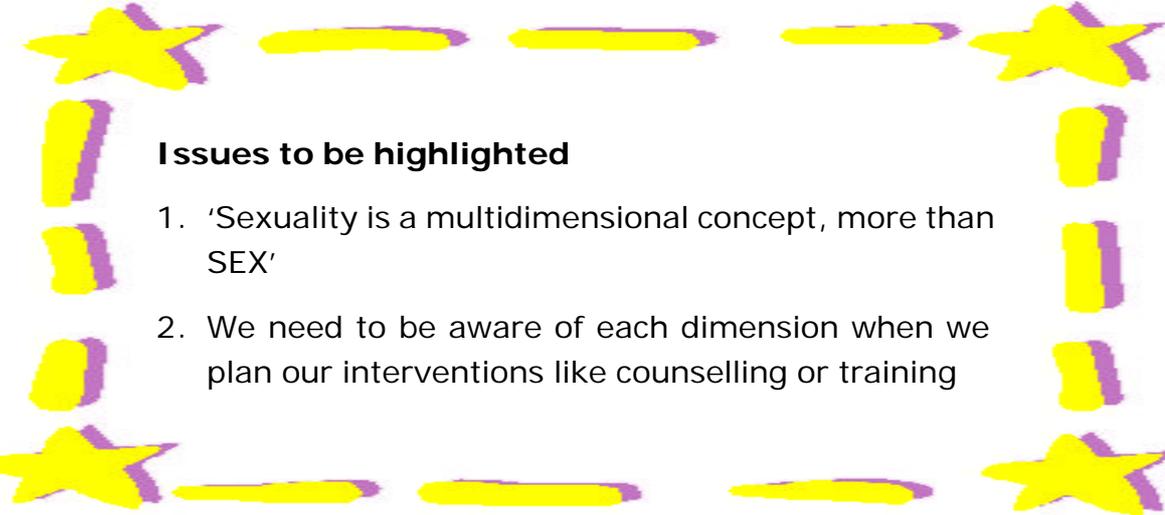
The words that emerge will fall into the categories like:  
Body parts, Physical aspects, Feelings, Beliefs and meanings (eg. bad, secret, sinful). Sexual behaviours or acts ( eg. masturbation, kissing), Sexual identities or orientations (eg. homosexual) Use of power (rape, sexual harassment, violence). Many other categories can emerge.

2. Ask each person to read out their cards and stick them on the wall in clusters of categories. Do not name the categories yet.

3. When all participants have shared their cards and they are up on the wall, ask participants to review the clusters and name the categories.
4. Add any aspects that you think have been left out eg. PLEASURE or FANTASY (see Handout 2.1).
5. Sum up by saying that Sexuality is a multidimensional concept, which has all the dimensions portrayed on the wall.
6. Establish that it is different from Sex which generally refers to sexual intercourse between a man and woman.
7. Use definition of sexuality (See adjoining box) to state that it is this wider understanding of the concept of sexuality that should guide our interventions.

#### **Definition of Sexuality**

Sexuality is more than sexual behaviour. Sexuality encompasses eroticism, sexual behaviour, social and gender roles and identity, relationships and the personal social and cultural meanings that each of these might have. (Chandiramani et al., 2002)



#### **Issues to be highlighted**

1. 'Sexuality is a multidimensional concept, more than SEX'
2. We need to be aware of each dimension when we plan our interventions like counselling or training

#### **Handout**

2.1 - What constitutes Sexuality

#### **References**

Chandiramani R., S. Kapadia, R. Khanna, G. Misra, **Sexuality and Sexual Behaviour : A Critical Review of Selected Studies (1990-2000)**. The Gender and Reproductive Health Research Initiative, CREA New Delhi, 2002.



80 minutes

## Session 3: Acceptable and Unacceptable Sexuality

### Learning Objectives

The participants will -

- Recognise their own values around sexuality, see the contradictions
- Begin to accept aspects of sexuality, which were up to now unacceptable to them.
- Articulate the principles of acceptable and unacceptable sexuality

### Methods

- Personal reflection, sharing, groupwork, discussion

### Materials

- Copies of Exercise 3.1 for Personal Reflection on values around sexuality, statement chits for groups

### Activity 1 (20 minutes)

#### Steps

1. Distribute Exercise 3.1 for personal reflection.
2. Read out instructions.
3. Emphasise that this a personal reflection and each participant should think carefully and mark the options. This exercise will help them to clarify what is sexually appropriate and what is not, for themselves, for others and on no account at all.
4. Ask participants what they learnt from the exercise. Let 5 to 7 participants respond. Summarise their responses.
5. Emphasise that each of us have certain values about what is appropriate and what is not, in relation to sexuality and sexual behaviour. This exercise was meant for us to clarify our own values and attitudes related to sexuality.

**Activity 2a (60 mins.)**  
In the large group...

**Steps**

1. Read out the following statements to the participants and ask them to state whether they agree or disagree and give reasons.

**Exercise 3.2** Statements on Sexuality: Agree / Disagree

- Men are by nature polygamous but women should be faithful
- Homosexuals are abnormal and rare
- Most women with HIV are sex workers
- Masturbation leads to weakness
- A girl should not have sex before marriage
- Sexually explicit literature or visual material corrupts the mind and should be banned
- Women should stay indoors to be safe from sexual abuse
- When women say "no" they may actually mean "yes"
- The main purpose of sex is to have children
- Women who are sexually teased or abused act or dress provocatively
- The vagina is the most sexually sensitive organ of the female
- Oral and anal sex are unnatural

*(Source: Report of Gender, Health and Development, WOHTRAC, 2002)*

2. Discuss each statement referring to Handout 3.1- Reasons to Substantiate statements on Sexuality.
3. Elicit principles of what is acceptable and what is absolutely not acceptable in relation to sexuality.

**OR**

**Activity 2b (60 mins.)**  
Small group discussion

1. Divide participants in four groups and distribute 3 statements each from Exercise 3.2 to each group for discussion and arriving at consensus.
2. In the plenary, take up each statement. First get the small group's opinion with reasons to substantiate it.
3. Throw open discussion to larger group. Give your input. (See Handout 3.1- Reasons to Substantiate Statements on Sexuality)
4. Elicit principles of what is acceptable and what is absolutely not acceptable in relation to sexuality.

#### Exercises

3.1 - Personal Reflection on Values around Sexuality

3.2 - Statements on Sexuality: Agree / Disagree

#### Handout

3.1 - Reasons to Substantiate Statements on Sexuality

#### Issues to be highlighted

- Emphasise that in relation to sexuality there are some acceptable behaviours and some unacceptable behaviours. Acceptable: respect, caring and mutual consent, 'safe'; Unacceptable: Use of force, non-consensual, wide power differentials (eg. child and older persons , junior person and boss), 'unsafe'.
- Safe sex: Safe sex is considered to be sexual activities and behaviours that protect against unwanted pregnancy and sexually transmitted infections. The definition of safe sex needs to be broadened to include psychological safety. Partners should not feel exploited or cheated or abused. This is particularly important in the context of adolescent sexuality.
- Values and attitudes towards sex and sexuality are deeply internalised. We need ongoing reflection in order to become aware of them and how they affect our behavior towards other.
- In accordance with principles of tolerance and respect for diversity, we need to learn to accept others whose ideas of sexuality do not match ours.
- Use of force and power in sexual relationships is absolutely not acceptable.

## Session 4: Sexual Hierarchies

### Learning Objectives

The participants will -

- Recognise how society constructs notions of acceptable and unacceptable sexuality
- Recognise double standards around sexuality

### Methods

- Group work

### Materials

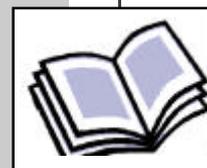
- Chart paper and markers for Sexual Maps.
- Copies of Activity 3, handout 1.

### Small group exercise on Mapping Sexual Hierarchies

1. Divide participants into 3 or 4 small groups.
2. The group task is to come out with a list of most acceptable to least acceptable sexuality from society's perspective. The facilitator clarifies that participants can recall the definitions of sexuality and look at the various dimensions of sexuality: sexual behaviours, relationships, identities and so on. Give each group chart papers and markers to prepare their Sexual Maps. (45 minutes).
3. In the large group each group presents their sexual map with their explanations.
4. Facilitator consolidates the learnings by commenting on the social norms around sexuality, depending on worldviews and contexts. What is at the lower end is considered 'deviant or abnormal sexuality'. There are double standards around sexuality.

### Example of Sexual Map

- Most Acceptable**
- relationship between heterosexual married persons of same caste, class for procreation.
  - sex before marriage for males.
  - sex outside marriage for males.
- Least acceptable**
- sex outside marriage for women.
  - same sex relationships.
  - sex with animals.



#### Facilitator's Note

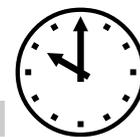
- All erotic behaviour is considered bad unless a specific reason to exempt it has been established. The most acceptable uses are marriage, reproduction and love.
- Individuals whose behaviour stands high in the hierarchy are rewarded with certified mental health, respectability, legality, social and physical mobility, institutional support and material benefits.
- As sexual behaviours or occupations fall lower on the scale, individuals who practice them are subjected to a presumption of mental illness, disreputability, criminality, restricted social and physical mobility, loss of institutional support and economic sanctions.
- Stigma maintains some sexual behaviour as low status. The intensity of this stigma is rooted in religious traditions.
- Medicine and psychiatry also reinforce the stigma. The section of psycho-sexual disorders in the Diagnostic and Statistical Manual of Mental and Physical Disorders (DSM) of the American Psychiatric Association reflects the current moral hierarchy of sexual activities.
- Sexual morality has more in common with racism than true ethics. It grants virtue to the dominant groups and relegates vice to the underprivileged.
- A democratic morality should judge sexual acts by the way partners treat each other, the level of mutual consideration, the presence or absence of coercion, and the quantity and quality of pleasure they provide.

*(Gayle S. Rubin, 1999)*

#### References

Rubin, Gayle. **Thinking Sex : Notes for Radical Theory of the Politics of Sexuality**, Dr. Carole S. Vance (Ed.) *Pleasure and Danger. Exploring Female Sexuality*, Preston : Routledge and Kegan Paul, 1984 P.P. 267-319.

## Session 5: Body and Sexuality



90 minutes

### Learning Objectives

The participants will be able to –

- Identify what they like and do not like about their bodies
- Feel more comfortable with their bodies
- Identify their own areas of pleasure and pain
- Understand the diverse experiences of sexuality

### Methods

- Body Mapping, discussion

### Materials

- Large sheets of brown paper
- Markers (sets of 4 colours per group)

### Activity 1 Body Mapping

#### Steps

1. Divide participants into small groups for the Body Mapping Exercise. Divide participants into groups sensitively, e.g. do not put people from the same organisation together, divide according to age cohorts.
2. In the small group, one person lies on the sheets of charts joined together while the others draw his body outline.
3. Each person marks on the body outline, the part of his body that he likes, in green colour.
4. In the next round, each person marks on the body line the part of his body that he does not like, using red colour.

5. Each person then marks on the body outline, where he feels pleasure. Use purple colour to denote pleasure
6. After each person in the small group has marked out his pleasure areas, each person marks out where they feel pain with a fourth colour, e.g. yellow.
7. Group members discuss how this experience was for them and consolidate the group report.  
  
(45 minutes for body mapping in groups)
8. Each group then presents their body map and the process in the group and how they felt.
9. Facilitator summarises the main points from the group report. Facilitator points out that it is initially difficult for us to acknowledge our zones of sexual pleasure. Also sexual pleasure is not limited to just our sexual organs. Facilitator also emphasises that sexuality is diverse, people have different experiences/notions of pleasure and pain. We need to accept these and be sensitive to these.

#### Facilitator's Note



- Facilitator should take care not to force participants beyond their willingness to share.
- Media projects a view of the 'perfect' male body as being fair, muscular, tall etc. This may not fit in with our own images of our body.
- These are gendered images. They are also restrictive. They may influence our own images of our body. We need to view human beings as belonging to diverse cultures, races, shapes and sizes.
- Being comfortable with our own bodies is an important aspect to accepting ourselves, as a whole (mind and body).
- All human beings are sexual beings. However, discussions, sharing and experiences of sexuality are clouded with negativity and secrecy in the Indian sub-continent.
- With men sexual pleasure is centered on the reproductive organs only. This also is a restriction, and we need to speak about sexual pleasure around the whole body.
- What gives pleasure and what gives pain depends on individuals. For some people pain also is sexually pleasurable.
- Sharing information on pleasure and pain with sexual partners is part of healthy sexual relationships. Acknowledging and respecting sexual partners' zones of pleasure and pain are also important to healthy sexual relationships.

## Session 6: My Own Sexuality



120 minute

### Learning Objectives

The participants will -

- Recognise various aspects of their own sexuality
- Become increasingly sensitive to their sexual partners

### Methods

- Reflection and drawing, group discussion

### Materials

- Cards
- Sketch pens

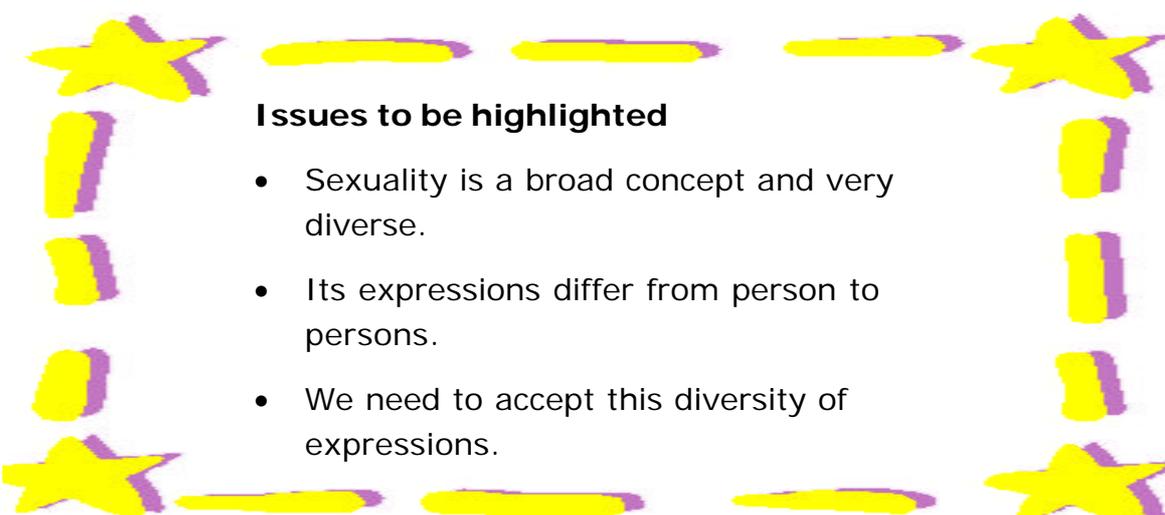
### Activity 1

#### Steps

1. Distribute cards to all participants.
2. Ask participants to draw a sketch reflecting their own sexuality or a symbol of their own sexuality.
3. Each participants will show their sketches and explain their drawings.
4. All participants will be invited to share sexual experiences. based on questions given in the box. This is not compulsory. Only those willing to share may share.
5. Ask participants how they feel.

#### Questions to facilitate sharing on sexual experiences

- i. When were you first aware about your sexuality? How did this awareness take place?
- ii. How did you get to know? What were the sources of information?
- iii. How did your sexuality develop?
- iv. What were the doubts, misconceptions and fears that you had, at the time?
- v. What doubts do you have now?
- vi. What problems that you had to face?



#### Issues to be highlighted

- Sexuality is a broad concept and very diverse.
- Its expressions differ from person to persons.
- We need to accept this diversity of expressions.



#### Facilitator's Note

- Set ground rules. While one person is sharing no one should interrupt. Also establish confidentiality. Being emotional during sharing is fine.
- You will have to manage the time. Some participants may take more than the budgeted time (say 5 minutes) for their sharing. It may be helpful to begin the sharing by announcing the time available.
- After experience sharing ask participants if they would like to add anything, if so allow time.
- Sharing for some is more difficult and could also be painful. Time and sensitivity on the part of listeners and the group is important.

## Session 7: Sexual Identities



45 minutes

### Learning Objectives

The participants will -

- Recognise the various aspects of their own sexuality
- Increase knowledge about sexual identities
- Increase acceptance about sexual diversity

### Methods

- Word association/listing, reading of Handout 7.1

### Materials

- Blackboard, chalk
- Handout 7.1 - Sexual Identities

### Activity 1

#### Steps

1. Ask participants to say (or write) what they associate with HOMOSEXUALITY. List their responses on the board.
2. Read out from Handout 7.1 the definition of HOMOSEXUALITY.
3. Answer questions and discuss how lack of knowledge could also lead to feelings of insecurity and fear.
4. Repeat the above steps using the subsequent words in the handout, example, GAY, MSM (men who have sex with men), transgender, HIJRA, KOTHI-PANTHI. Conclude the session.

#### Issues to be highlighted

- Sexual preferences are fluid, not fixed - one may be heterosexual today and a homosexual five years in the future.
- Expressions of sexuality, sexual preferences are diverse - judgemental attitudes should be avoided.

#### Handout

7.1 - Sexual Identities



90 minutes

## Session 8: Sexual Rights

### Learning Objectives

The participant will be able to –

- Define the concept of sexual rights and the underlying values and principles of sexual rights.
- Begin using the sexual rights framework.

### Methods

- OHT presentation

### Materials

- Over head projector
- OHP 8.1, 8.2 and 8.3

### Activity 1

#### Steps

1. Facilitator presents a brief input on sexual rights, definition and values underlying sexual rights, using OHP 8.1 and 8.2

### Activity 2

#### Sexual rights that are important to me

#### Steps

1. Facilitator divides participants into small groups and asks them to draw up lists of important Sexual Rights from their own contexts (15 minutes).
2. Small groups share their lists and facilitator consolidates these (OHT 8.3).
3. The facilitator establishes that Sexual Rights are relevant to each of our lives.

**Activity 3**

1. Facilitator asks participants how they could use the Sexual Rights framework in their situations either work-related or personal. For example
  - As managers of organisations, would your personnel policies include pregnancy/maternity leave for any woman (including single women)?
  - As health care providers, what would you do to ensure contraceptive services or abortion services for single women and men?
  - As owners of a house (landlords) would you rent your house to a gay couple?

**Frequently Asked Question**

- Are not Sexual Rights a western concept and a western agenda? We have more important problems in our country, why are we bothered about Sexual Rights?
- Facilitator can respond by saying that Hijras are also a part of our society. Should they be discriminated against?

**Presentations**

OHP 8.1 - Definition of Sexual Rights

OHP 8.2 - Sexual Rights Include ...

OHP 8.3 - Sexual Rights that are Important to Me

**Facilitator's Note**

- Prepare yourself by reading through TARSHI's Common Ground and any other reading material on Sexual Rights.

**FAQ**





90 minutes

## Session 9: Ideal Sexual Relationship

### Learning Objectives

The participants will be able to –

- Understand characteristics of an ideal sexual relationship
- Define the qualities and the limitation of accepted relationship.

### Methods

- Role-play and group discussion

### Materials:

- Chart paper, Markers

### Activity 1

#### Steps

1. Divide participants in groups of between 3 and 5 persons.
2. Ask each group to do a role-play on one of the following relationships and give them 5 minutes for preparation. Each role play should not be more than 5 minutes and should bring out the nuances of the relationship.

The relationships:

- Wife-husband
  - Girlfriend – boyfriend
  - Sex worker – client
3. The observers should note in each role play
    - Nature of the relationship
    - What are the positive aspects of the relationship
    - What are the negative aspects in the relationship

4. Facilitator writes responses of observers as presented in the large group. The members of the role play presenting group should not speak about their own play.

The responses are written up as follows.

<b>Relation</b>	<b>Positive aspects</b>	<b>Negative aspects</b>
Wife-husband		
Girlfriend – boyfriend		
Sex worker – client		

5. Do the analysis with the participants. Try to find out the positive elements in each relationship which are not there in the husband and wife relationship.
6. Summarise characteristics of an ideal sexual relationship.

**Some characteristics of an ideal sexual relationship**

- Respect for each other
- Mutuality
- Safety
- Caring
- Consent
- Fun
- Pleasure
- Romance
- Dignity
- Communication

### Handout 3.1: Quiz on Sexuality and Health

1. *Masturbation leads to weakness.*

Masturbation is a safe and natural sexual act, it has no adverse effects on the body. The sense of guilt around masturbation created by different religious and other sources is perhaps the only adverse effect of masturbation. Masturbation is very common and is performed both by men and women. Masturbation is in fact a form of safe sex!

2. *Sterilisation of men leads to decrease in sexual desire and ability and pleasure.*

Sterilisation of men does not lead to decrease in sexual desire and ability. After sterilisation men can have orgasms as before. They also ejaculate; the semen does not have any sperms. The currently practiced non-scalpel vasectomy is a very simple procedure and one can resume sexual activity within ten days or a fortnight.

From the perspective of gender equality it is imperative that men share the responsibility of contraception. Around 98% of all sterilisation are on women. In other parts of the world the proportion of vasectomies to tubectomies is the reverse with upto 80% of all sterilisation being vasectomies in the US. Both men (and women) need to be encouraged for male sterilisation.

3. *Women's sexual needs are lesser than men's.*

Women and men are socialised to believe that women have lesser or no sexual needs and desires while men are supposed to be the opposite. Women expressing their sexual desires are considered loose and of doubtful moral character. Sexual desires or drive is supposed to be moderated though the hormone testosterone- and it is required in very small amounts, which is present in both women and men.

4. *Widows should not eat non-vegetarian and fried foods-these foods will increase their sexual desires.*

Food has nothing to do with sexual desires. By restricting food of widows on the grounds of sexuality is unjust and discriminatory. Restricting of widows sexuality is also against their sexual rights. It is the social order that states that widows should not feel sexual desire whereas it may be perfectly normal to feel and express their sexuality. The double standards related to widow's sexuality are clear when widowers (men) are not only allowed but also encouraged to marry again while many restrictions are imposed on women.

5. *Homosexuals are abnormal and rare.*

Homosexual are people who have a sexual attraction towards persons of the same sex. There are three broad groups- the gays who are identified male homosexuals, the lesbians who are identified female homosexuals and bisexuals who are sexually attracted to both sexes. MSM (men who have sex with men) is a group of men who may not be necessarily identified homosexuals but have sex with men when the need or opportunity arises. Homosexuals are not rare and have been described in Indian literature and temple architecture for a long time. MSM are common in India and are a focus of AIDS related interventions. The idea that homosexuals are rare and abnormal came into India from Victorian England. The section 377 (about unnatural sex) which doctors are taught in their Forensic Medicine classes was also enacted in the Victorian period (1860's ) though now no such law exists in England. Interestingly, homosexuality was earlier classified as a mental disorder by the DSM (classification of mental disorders). But is now no longer classified as disorders, and is considered a normal variation.

6. *Having sexual relationship with only one partner will prevent HIV and other infections diseases.*

This would be true if both had only one partner- i.e. each other as a partner. The reality is that because of different gender norms for men and women, most wives have only one sexual partner (i.e. their husband) but their husbands may have extra marital relationship (or pre marital relationship). In which case risk of HIV and other sexually transmitted infections does not decrease, even for the woman who is monogamous. There have been a few studies, which have shown women in single partner relationships with HIV.

7. *Contraceptive services are not necessary for single adolescent boys and girls.*

Contraceptive services are necessary for single adolescent boys and adolescent girls. Research being done in different parts of India shows that sexual activity among boys begins quite early, much before they are married. Experience of community based adolescent health and development indicates that once boys and girls have accurate information related to their bodies and sexuality, demand for condoms increases. Adolescence is a period of increasing curiosity and exploration. Adolescents should know that they could have access to contraceptives if they want to.

*8. A girl should not have sex before marriage.*

This is a differential social value for girls. This value of virginity in the case of women leads to number of extremely demeaning and often violent rituals for women. The differential risk of pregnancy in the case of sex before marriage in the case of women is easily negated by the proper use of contraceptives. According to research in India both men and women have sex before marriage, though the proportion is higher for men,. If we believe on equal rights for women and men this social value needs to be reexamined.

*9. The main purpose of sex is to have children.*

In humans the process of sex and reproduction has been biologically delinked- the human female can have sex any time but can become pregnant only on a few days. The process of menstruation is thus very different from estrus in other mammals. Thus the purpose of sex is not only to have children. The other purposes of sex include having pleasure, expressing love affection, doing one's marital duty, a show of power and so on.

*10. Having sex with a woman who is having her periods may lead to diseases in men.*

Having sex with a woman who is having her periods may lead to disease in men. This belief is connected to the ideas of pollution around menstruation.

**Exercise 4.1: Personal reflection on Values around Sexuality**

**Instructions**

- (i) Given in the boxes below are some aspects/behaviours related to sexuality. In each box mark
  - + okay for me,
  - ? Maybe/maybe not OK for me
  - O not okay for me but okay if others do this
  - X under no conditions, is this acceptable to me
- (ii) After marking each box, reflect on what you learnt about yourself.
  - (a)
  - (b)
  - (c)
- (iii) Share your learnings in the large group only if you wish to.

Kissing		Oral Sex	
Masturbation		Sexual relationship with minor	
Anal Sex		Read or view sexually explicit material	
Hugging and Caressing		Hugging HIV positive person	
Have sex with person of same sex		Forcing sex	
Have sexual relationship before marriage		Forcing partner to have sex despite his/her wishes	
Ask for a HIV test of a person you would marry		Have sexual relationship with person other than partner	

## Exercise Sexuality

Manual for men working with men on  
gender, sexuality, violence and health

Complimenting opposite sex for looking/dressing attractively		Sex in exchange of favors	
Telling partner what gives you greatest sexual pleasure and ask him/her to do it for you		Wearing salwar-kameez without dupatta (women) or shorts (men) in front of mother-in-law	
Hugging persons of same sex to show affection		Abusing using words describing sex with the mother	
Have a love affair		Have a commercial sex worker as a friend	
Refuse to have sex with your partner		Share sexual problems with partner	
Hugging a person of opposite sex to show affection		Stay back in office till late at night with a colleague of the opposite sex	
Holding hands of partner in public		Have a homosexual friend	
Hugging partner in public		Discuss a sexual problem with a colleague	

**Handout 4.1: Reasons to substantiate statements on sexuality**  
**Agree/Disagree**

<p>Men are by nature polygamous, women should be faithful</p>	<p><b>Disagree</b> By nature, neither are men or women polygamous or monogamous. This is a matter of personal choice. Society permits men to be polygamous more than it allows women to have multiple partners.</p> <p>Men have to be experienced, whereas women are expected to be virgins when they enter marriage.</p> <p>Being polygamous also means that extra care needs to be taken of ensure safe sex, timely treatment of Sexually Transmitted Infections, and sensitivity to partner's health.</p>
<p>Homosexuals are abnormal and rare</p>	<p><b>Disagree</b> Homosexuality is perfectly normal and prevalent in society. It is just not talked about. Society takes for granted that all people are heterosexual. Those who are not are discriminated against.</p> <p>Homosexuality is often treated as a mental health problem. As something that needs to be cured. But that is not true. Sexuality need not be static, it could change and that is okay.</p>
<p>Most women with HIV are sex workers (women with HIV are of loose character)</p>	<p><b>Disagree</b> Sex workers run a higher risk of HIV and other sexually transmitted diseases. However, HIV could be transmitted through blood and as well through partner in a monogamous relationship. The consequences that the stigma of HIV creates are greater for women with HIV.</p>
<p>Masturbation leads to weakness</p>	<p><b>Disagree</b> It is harmless as long as it does not interfere with other activities of daily life. Masturbation in Indian society is often associated with losing semen and weakness. However, it is a perfectly normal sexual activity.</p>

	Use clean hands/objects, keep nails short and do not do anything that hurts or injures you.
Sexually visual literature or material corrupts the mind and should be banned	<p><b>Disagree</b> There are two kinds of literature. One, that imparts knowledge and another that is meant to arouse sexual thoughts, and supplement sexual fantasies. This kind of literature is okay.</p> <p>However, most sexually visual literature available today treats women as objects. This kind of literature degrades women's' and even men's' bodies. It also re-enforces sexual myths and stereotypes, e.g. about black men. Any material, which depicts any living being in a derogatory manner, or perpetuates inequality, should be banned.</p>
A girl should not have sex before marriage	<p><b>Disagree</b> A girl or boy should have sex only when they are prepared for it. Preparation includes knowledge, mental and emotional preparedness.</p> <p>In India, the age of marriage is as low as 13 in places. So sex before or after marriage is irrelevant. Instead, knowledge and consent, and relationships based on equality should be the basis of sex.</p>
Women should stay indoors to be safe from sexual abuse	<p><b>Disagree</b> Ironically, the home is one of the most unsafe place for women. Given society preference for male children, girls face discrimination from the womb – the high rate of sex selective abortions are an indicator of this. Child sexual abuse is much higher for girls than boys. And this abuse is faced within parental homes.</p> <p>A married woman may then face sexual abuse within the in-law's house. The issue of rape in marriage is also a serious one and normally not raised at all.</p>

	Often, it is the abuser within the house, who becomes the protector outside the house (the woman has to be accompanied by a male member of the family). Therefore, both the home and all public places should be made safe for women.
When women says 'no' they mean 'yes'	<b>Disagree</b> Nothing can be further from the truth. When women say 'no' they mean 'no', and men have to be taught how to accept 'no'. Often, saying 'no' puts a woman (especially young girls) into danger. When the man feels it hurts his ego, it may lead to harm (such as throwing of acid etc) at the woman.
The main purpose of sex is to have children	<b>Disagree</b> The main purpose of sex is pleasure. Children are a choice, and a responsibility. It is one of the outcomes of sex. Both men and women have to be ready for that responsibility.  Adequate knowledge is necessary before entering into sexual relationships. This helps choose when to have, or how to avoid children.
Women who are sexually teased or abused, act or dress provocatively	<b>Disagree</b> Women have the right to dress as they wish as long as they do not upset public sensibility. Just as men do.  All women have some or the other experience of being eve-teased, sexually abused or face some or the other sexual assault. And this is irrespective of dress, age, nationality, race, and place. etc.
The vagina is the most sexually sensitive organ of the female	<b>Disagree</b> The clitoris is the most sexually sensitive organ of the female. Therefore, women can reach orgasm with or without penetration.
Oral and anal sex is unnatural	<b>Disagree</b> Oral or anal sex is engaged in for sexual pleasure. As long as sex is based on mutual respect it is okay.  Particular care must be taken in oral and anal sex for cleanliness, and to prevent infections or injury.

## Handout 7.1: Sexual Identities

### Homosexual

Homosexuals identify themselves as men who are attracted to men and derive sexual pleasure from them. Homosexuality is very personal issue. One's self identity is completely a personal choice which has very little to do with sexual behaviors. In India it is most common for men who enjoy with other men not to identify with the term homosexual.

Each person falls somewhere 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 pressure of society and expectations of parents and peers, most of the 80% (and many of the 10% homosexuals) choose to live a predominantly heterosexual lifestyle.

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 desires.

Homosexuality is a human phenomenon that has nothing to do with nationality. One could say that homosexual behaviours have been practiced in India since time immemorial. Homosexual behaviours 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.

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.

*Source: Naz Foundation Guide*

### Gay

Homosexual persons who are part of movements for recognition of rights of this group may call themselves gay and say that they are working for gay rights.

### Hijra/ Eunuchs

A eunuch is a castrated male that is one who has his testes removed especially before puberty so that the secondary sexual characteristics do not develop. Absence

of the male hormone produces certain symptoms such as the female type of voice and absence of hair on the face.

In Middle Eastern and some Asian countries, eunuchs were employed to guard the women of the harem.

Eunuchism is a condition resulting from a complete lack of male hormones. It may be due to atrophy, that is wasting and decrease in size of an organ or tissue; or it may result from removal of the testes. The male does not develop typically male characteristics such as the male voice or male hair distribution. Eunuchs identify themselves with females so they dress and behave like females. They have a tremendous fascination for clothes and jewellery; they wear bright coloured clothes and lots of make-up.

Eunuchs are not accepted in Indian society. They are not given work and so they resort to begging or dancing in the streets. They often intimate those who are wary of their queer appearance and their outrageous, often embarrassing behaviour.

*Source: Education in Human Sexuality*

### **MSM (Men who have Sex with Men)**

All men who sex with men do not identify themselves as homosexuals or gay. Many who have sex with men are also married.

### **Kothi**

Self-defined kothis are almost always characterised by 'feminised' behaviours. They engage in anal sex and are always only penetrated. They use their charms to attract panthi males for sex. These in turn, respond for oral sex, masturbation and anal sex. A Kothi identifies himself with this role through social interaction and learns about it from other kothis.

### **Panthi**

These are men who are generally the "penetrators" (supposedly more masculine role in relation to the kothis). It seems most of these persons do not have sexual identities like "homosexuals" or "gays". These are generally men in search of some excuse for discharge. They are relatively indifferent to the sexual identity of the partner. Some of them frequent cruising areas and they may have relationship with a particular preferred kothi partner.

*Source: PRAYAS Networks, Language and Sexual Behaviour of Men*

### Lesbians

While homosexuality would technically cover same sex preferences among both males and females, lesbianism is a term, which specifically implies female-female preference. Two or more females will kiss, fondle and masturbate each other and thus derive sexual pleasure.

*Source: Education in Human Sexuality*

### Transvestites

A transvestite is a sexual behaviour in which a person attains sexual stimulation by dressing in the clothes worn by the opposite sex. In today's style of unisex clothing, transvestism has less appeal. A man may however dress in exaggeratedly 'feminine' clothes with lacy underwear, elaborate wigs, facial make up and so on.

A female dressed as male with short hair is easily accepted and may be termed butch. But a male dressed exaggeratedly as a female is looked upon as off and is said to be 'in drag'.

### Transsexuals

A transsexual can be biologically a male or a female but desires to become a member of the opposite sex. The transsexual feels trapped in the wrong body, and may go to the extreme of seeking surgery and hormonal treatment in order to change his/her sex. Transsexuals require in-depth psychiatric help before they undergo surgery.

*Source: Education in Human Sexuality*

### References

1. Panthaki, Dhun, **Education in Human Sexuality: A Sourcebook for Educators**, FIPAI, IPPF, 1998.
2. The Naz Foundation (India) Trust, **Guide to Teaching About Sex and Sexuality**, New Delhi, 1996.
3. Kulkarni, V.S. Kulkarni, N. Shahesrabudha, M. Marathe, **Networks, Language and Sexual Behaviours of Men who have Sex with Men in an Urban Setting**. Prayas, Pune, 2000.

### **OHP 8.1: DEFINITION OF SEXUAL RIGHTS**

“Sexual rights are a fundamental element of human rights. They encompass the right to experience a pleasurable sexuality, which is essential in and of itself, and, at the same time, is a fundamental vehicle of communication and love between people. Sexual rights include the right to liberty and autonomy in the responsible exercise of sexuality”

HERA Statement

#### **References**

TARSHI, **Common Ground; Sexuality-Principles of working on Sexuality, New Delhi, 2001.**

### OHP-8.2: Sexual Rights include

- The right to sexual pleasure without fear of infection, disease, unwanted pregnancy, or harm.
- The right to sexual expression and to make sexual decision that are consistent with one's personal, ethical and social values.
- The right to sexual and reproductive health care, information, education and services.
- The right to bodily integrity and to choose, if, when, and with whom to be sexually active and engage in sexual relations with full consent.
- The right to enter relationships, including marriage, with full and free consent and without coercion.
- The right to privacy and confidentiality and seeking sex work and reproductive health care services.
- The right to express one's sexuality without discrimination and independent of reproduction.

### Core Values

**Choice** – Freely and without coercion. Respecting others choices and rights

**Dignity** – All individuals have the same worth

**Diversity** - Accepting that men and women express their sexuality in diverse ways and through different sexual behaviours, identities, relationships

**Equality** - All persons are equality of respect and dignity and should have access to information, services and support

**Respect** - All women and men are entitled to respect and consideration whatever be their sexual choices and identities

### **OHP 8.3: Sexual Rights that are important to me**

Sexual rights are important because they are based on certain ethical principles (Correa and Petchesky). These are principles of:

- **Bodily Integrity** – the right to security in and control over one's body. This means that all women and men have a right to not only be protected from harm to the body but also to enjoy the full potential of the body.
- **Personhood** – the right to self-determination. This means that all women and men have a right to make decisions for themselves
- **Equality** – all people are equal and should be recognized as such without discrimination based on age, caste, class, ethnicity, gender, physical ability, religious or their beliefs, sexual preference, or other such factors.
- **Diversity** – respect for difference. Diversity in terms of people's sexuality and other aspects of their lives should not be a basis for discrimination. The principle of diversity should not be misused to violate any of the previous three ethical principles.

#### **References**

TARSHI, **Common Ground; Sexuality-Principles of working on Sexuality, New Delhi, 2001.**



# Violence

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**To enable participants to**

1. Understand the concept of violence
  2. Understand how violence is a gender issue
  3. Increase sensitivity of men towards violence on women
  4. Encourage men to intervene to end violence on women
  5. Increase the capacity of men to facilitate discussion on sensitive issues such as violence on women
-



## Session 1: Violence as a Gender Issue



3.30 Hours

### Learning Objectives

The participants will understand -

- What is violence against women, and the forms it may take.
- Recognise violence that we may commit on women around us.
- Gender based violence on ourselves.

### Methods

- Film show and group discussion, reflection, sharing, group discussion

### Materials

- Film Nasreen O Nasreen, VCR, TV
- Markers, cellotape
- 4 sheets of A5 paper for all participants
- Handouts 1.1,1.2,1.3

### Activity 1 (2 hours) Violence Against Women

#### Steps

1. Inform participants that they will be viewing a documentary 'Nasreen O Nasreen!' This film is based on the work of Delhi's NGO Shakti Shalini. The organisation does counselling for women facing violence and helps them by providing other services also. This film is based on the real life situation of women. It shows that irrespective of class, caste, religion and age, women could face violence.
2. After screening the film ask participants to share their feelings about the film.
3. Encourage participants to share incident of violence in their personal or social life, that they may have witnessed or been part of. While participants are sharing their experiences, nobody should be allowed to disturb. Relate the personal experiences with those in the film. Once again try to establish that how violence on women takes various forms.

4. List on the board the forms of violence as seen in the film and from the sharing (hitting, slapping, abusing etc).
5. Ask participants to classify these into categories such as physical, sexual, emotional etc. (see Handout 1.3).
6. Ask participants to also note how violence takes place at all phases of a woman's life, from birth to old age. (see Handout 1.4).
7. List on the board locations where violence takes place, as inside the home, school, college, public place, workplace, during judicial custody etc.
8. Distribute Handout 1.1. Ask a volunteer to read out the WHO definition of Gender Based Violence.
9. Ask another volunteer to read out the CEDAW definition of violence. Discuss to bring out the differences in the definitions.
10. Distribute Handouts 1.2, 1.3, and 1.4. Give participants 10 minutes to browse through them.
11. In conclusion the facilitator has to explain that all through life women have to face various types of violence. There is no place or time where women are totally safe.

(Activity will take 2 hours)

#### Handouts

- 1.1. Violence, Violence against Women and Gender-Based Violence
- 1.2. Forms of Violence against Women
- 1.3. Violence against Women by Life Cycle

**Activity 2 (90 minutes)**  
**Reflection, Sharing**

#### Steps

1. Explain to participants that the objective of this session is to understand the violence we may have experienced ourselves, as well our own actions that may be violent.

2. Give participants 4 sheets of A5 size paper each.
3. Write following points on the board in 4 columns.

a. Violence on me	b. Violence done by me	c. How did I feel when violence was done on me	d. How did I feel when violence was done by me

4. Ask participants to think about these points for sometime and write at least one answer on every point. Give 10 minutes. Ask each one to paste their answers under the classification on the board.
5. Also encourage participants to share their answers with the group and ask questions.
6. Discuss using the following questions as a guide
  - What are those common types of violence, which are done on us?
  - How do we feel after becoming the victim of such violence?
  - What are these common types of violence we do on others?
  - How do we know that we are being violent with others around us?
  - Is there any relation between committing violence and being the victim of violence?
  - When we commit an act of violence, how do we feel?
  - Is any type of violence more dangerous than another type of violence?
  - Generally when we commit a violent act or face violence do we talk about it or report it or tell somebody? If yes, then how do we feel after sharing? If no, then why not?
  - Is it true that the victims of violence, himself/herself cause violence on others? Or those children who witness violence, themselves become violent later or support violence? If this is true, how can we intervene to prevent it?

- The types of violence around us –  
Mental, Emotional, Sexual, Political, Social, Economic

Physical violence can be seen, however, there are other types. These are no less important and also have dangerous and debilitating impact on the victim.

7. Refer once again to Activity 1, Handout 1.3 on types of violence. Stress that even the 'threat to harm' constitutes violence. Depriving another of food, mobility, speech is also violence.
8. Present and discuss OHP 1.1 CEDAW General Recommendation 19, para 7. Emphasise that discrimination forms a very important facet of violence on women.

#### **Presentation 1:** CEDAW Genral Recommendation 19 on Gender Based Violence



#### **Facilitator's Note**

Any harm to human rights is violence. Violence against women is violation of the human rights of women. Violence is mostly seen as physical violence. Violence can also be discrimination, and deprivation of economic, social, political rights. In turn, there are socio-political and economic reasons that give acceptance to violence on women. These are based on inequality. Institutions such as class, caste, and gender cannot exist without the use of violence. All forms of authority in society (for example – authority given to the male head of household, father, son, mother-in-law, teacher, director, police, judge, government worker, bureaucrat, doctor, religious leader, sarpanch etc) gives acceptance to power and violence in general, and in particular to violence against women.

Therefore, it is necessary that we discuss other types of violence apart from physical violence. It becomes more important to address youth in this context because they may commit violence often without knowledge. They often believe that it is others who commit violence, and not themselves. By using this activity we can easily discuss violence done by us on others. It is also easy to discuss violence done outside home. (We have noted that there is a possibility that people can attach their experiences, without feeling implicated themselves). Talking about violence inside the home is a delicate issue. Some people discuss domestic violence, but do not go into details; so they won't be pressurised about taking a position. They even find it more difficult to discuss violence done by them. They get defensive and name others as being more aggressive, and violent.

Such issues need to be handled sensitively by the facilitator. Sharing experiences from one's own life helps; sharing one's own journey towards trying to be less violent helps to break the resistance of participants to accept that each one of us could be violent. Also explain that socialisation from birth is so well done that we will have to re-socialise ourselves consciously so as to bring about change. Change in society starts with self. The process is lifelong.

### **Frequently Asked Questions**

- It is not only men who commit violence, very often women face violence from other women members of the family.
- Discrimination of the girl child is done by mothers in the family, similarly we see that it is the mother who goes for an abortion of the female foetus.
- We see fathers that love their daughters very much, are very protective of them.

### **In response to the FAQs**

The facilitators should encourage participants to respond to these questions and that the ensuing discussion will bring out the answers. These questions are important to bring forward an analysis and increasing the understanding of participants.

**A.** Violence on women by men is a common occurrence. But it is not innocent. One explanation given is that 'he was under the influence of alcohol, and that is why he beat up his wife...'. If that was true then why do men under the influence of alcohol not beat up more powerful persons in the family like the elder brother, father, other powerful individuals like the local policeman, or sarpanch etc. The question to be asked is why is the hand raised only on the woman or the wife?

Men presume that the woman or wife belongs to him, is his property. He has it fixed in his mind that he is the user and consumer of the woman. He can keep and use her howsoever he wants. His family, society, caste, religion, and country reinforce this prerogative of being a man. Some examples are ...he is considered automatic head of the household, all property and assets are in his name, the children have his name, religion gives him a higher status. Since birth he has been socialised to believe that he is more important, and powerful than women and to control them is his right. Control he must, and therefore the use of violence is then considered logical. To understand violence on women, men's authority and its nature should be studied.

### **FAQs**



**B.** There are two types of authority or power, negative and positive.

- **Negative power:** The negative use of power is for personal interests to control those who are weaker, violate their rights and to exploit. Negative authority always uses violence to ensure control. We see examples of such power when the state calls for emergency like situations, the excessive use of police or army, in controlling legislation and laws, when majority groups use threats, physical violence and riot like situations to warn minority groups to 'behave'. Negative power seeks to centralise authority and keep as much control as possible.

- **Positive power:** In the positive type, authority is used for weaker, downtrodden, exploited class's interest, and for the empowerment of the exploited class. Here authority is shared in such a way that it is not centralised with a single person or a group. It is necessary in positive authority that authority should be decentralised, with people and organisations. So it can be used by anybody.

Many a times negative authority is also used by women, such as the mother-in-law against the daughter-in-law.

However, the movement against violence against women is also the institutionalising of positive forms of authority. Authority can be with women and men together to be used for their common good. Till the time authority is redistributed, we as men will have to use the authority we have in society positively, and to prevent violence on women.

## Session 2: Understanding Sexual Violence



60 minutes

### Learning Objectives

The participants will understand -

- What is Sexual Violence
- On whom does Sexual Violence occur
- How sexual violence can be lessened or stopped

### Methods

- Group discussion on case stories, participant's speech

### Materials

- Flip chart, tape, pins
- 2.1 Case stories

### Activity 1

#### Steps

1. On 3 charts write the following -

#### Chart 1

This is Sexual  
Violence

#### Chart 2

This is not Sexual  
Violence

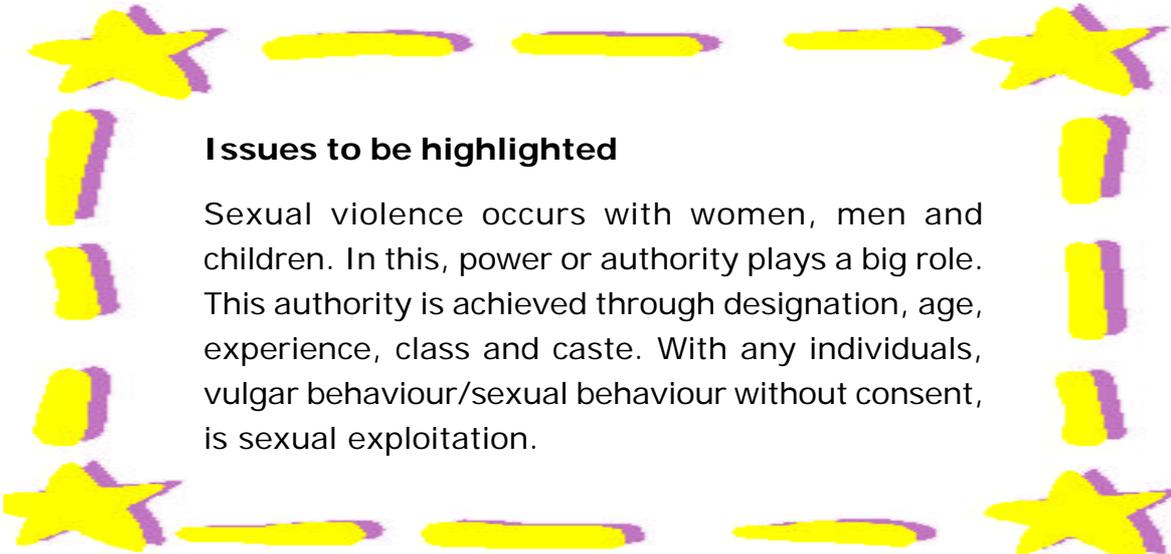
#### Chart 3

I do not know/  
one cannot say

2. Hang or stick the chart papers on wall at some distance from each other.
3. Inform the participants that we will read a few case stories. Participants will have to identify whether this is a case of Sexual Violence, or not.
4. Each participant will have to write his name on the chart which defines his opinion.

5. Read out the case studies (2.1) one by one.
6. After presenting the case stories discuss with participants why they made a particular choice. What was it based on? Could it be lack of knowledge, biases, and premises such as men are strong and women are weak?
7. Facilitator can use the examples of laws related to Sexual Violence in our country, which keep alive such biases.
8. Facilitator could ask the following questions to facilitate the discussion
  - Are these situations real?
  - What is Sexual Violence?
  - What is Gender-Based Violence?
  - Is all Sexual Violence a crime?
  - What can we do to prevent Sexual Violence?
  - Can men also be victims of Sexual Violence?
  - What can the impact of Sexual Violence be?
  - How does society react when a woman becomes the victim of Sexual Violence?
9. Present OHP 2.1.

*(This activity is taken form “working with young men series” by Instituto Promondo, Brazil)*

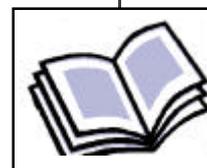


### **Issues to be highlighted**

Sexual violence occurs with women, men and children. In this, power or authority plays a big role. This authority is achieved through designation, age, experience, class and caste. With any individuals, vulgar behaviour/sexual behaviour without consent, is sexual exploitation.

### Facilitator's Note

Before presenting any activity, facilitator should read figures on sexual violence of his community or country, should take information about law and about those organisations, which help the victims of sexual violence. This information can help to answer questions raised by participants during activity. It is also possible that you may be asked questions/clarifications about sexual violence. Some of the reactions of society are listed below.



### Frequently Asked Questions

- Women should not go out alone, as this would increase the risk of sexual violence on them?
- Isn't it true that working women face these problems more often?
- Girls themselves flirt and attract boys, then isn't violence bound to happen?
- Don't girls also desire that boys tease them?
- When women wear revealing clothes do they not invite sexual violence?
- If girls drink and smoke then society gets spoiled and then such acts of sexual violence happen?
- I have heard that when girls say no, it actually means yes, is this true?
- Do not the incidents such as teasing/rape happen with women of loose character?
- Is it not so, that if the men of the house are weak then violence happens on the women of the house?
- Once a woman is married then is it not her duty to present herself for sex?
- Sexual exploitation is the gift of town culture.
- Sexual exploitation happens with more educated girls.
- This is the impact of films, of the media, and modernity.



All above questions control the women i.e. women's sexuality, activeness, expression, decision-making, education, access to economic resources etc. On the other hand violence done by men supports feeling of domination, control, protector of women and motherhood.

### Case Stories

2.1 Case stories on sexual violence presentations

2.1 How society reacts in case of sexual on women violence



120 minutes

## Session 3: Gender, Power and Violence on Women

### Learning Objectives

The participants will -

- Understand violence based on gender.
- Understand association of authority in gender based violence.
- Understand violence inside house or by close relations.
- Understand the effect of violence on women.

### Methods

- Case study, small groups discussion

### Materials

- Copies of case stories 3.1, chart paper, marker etc.
- Copy of edited version of film 'Astitva', TV, VCR/VCD player

### Activity 1

#### Viewing of film, Group discussion

### Steps

1. Inform the participants that some clippings from the film "Astitva" is going to be shown. The participants will be required to view the clippings to identify violence, and the person committing the violence.
2. Clipping of men's dialogue should be shown. The last ten minutes of the film should be shown without interruption. (Thus the viewing of the clippings and the end should not exceed 20 minutes)
3. Immediately participants should be divided into 3 to 4 groups. Every group should consist of 5 to 7 participants.
4. Distribute question chits. Group work should be around 30 minutes.
  - Where did violence occur?
  - Who commits the violence?

- From where does the person committing violence get the power to commit violence ?
- 5. Have the group present their discussion to the larger group.
- 6. Encourage all groups to ask questions or clarification on each other's presentations.
- 7. While concluding, the facilitator should stress on men's authority and power as being the cause behind violence on women.

### **Activity 2**

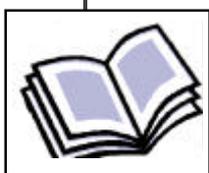
**Violence inside home or with close relations.  
Role play, discussion**

#### **Steps**

1. Inform the participants that the objectives of this session is to understand types of violence within the family and amongst close relations. We will also try to understand how such relationships are gendered and keep in the violence cycle in place.
2. Divide participants in four groups of five participants each. Each group has to write a script of a short play and enact it. The play should not be longer than 5 minutes. A preparatum time of 15-20 minutes is given.
3. Ask 2 groups to present a play on close relationships such as husband-wife, woman friend-male friend. The presentation should contain scenes of violence. Ask participants to use real life situations, that they know of or have witnessed. Also ask them to try and portray different forms of violence and not just physical violence.
4. Ask the next two groups to present a play on the same close relations as above but they should portray respect for each other. There should be no violence. Also ask them to use real life examples, that they may know of or have seen.
5. As each play is presented, ask rest of the participants to observe characteristics of the violent person, and characteristics of the respectful relationships.
6. After every presentation make separate list on the board of (a) the characteristics of the violent person, (control, with force, beating, uses physical violence) and (b) characteristics of relationships.

7. Paste the lists on the wall and ask participants to review them. Which characteristics make relationships strong? Ask participants to think what is necessary to achieve relationships based on respect.
8. Discuss the following points
  - Were the role-plays only imagination or did they depict real life? Are such situations common?
  - What are the reasons for violence or particularly domestic violence take place? What is the basis for violent relationships?
  - Are only men physically violent?
  - Can relationships be formed on respect? Do we see this in our lives?
  - What should we do to stop domestic violence?
  - Should domestic violence be made public or should it be solved inside the house?
  - Why do we keep quiet about domestic violence?

Society does not side with domestic violence victims saying this is a very personal or private matter. At times this is believed to be part of custom, ritual, and therefore not reported. Thus violence gets justified. If we are to end violence on women it is imperative to bring cases of violence out into the public sphere.



#### **Facilitator's Note**

Trainer, if possible should present data on violence against women taken from reliable sources. This data will help participants understand and think seriously of the magnitude of the problem. Participants also can be asked to collect and make available these data.

We see that domestic violence is very common. Yet, if we ask around no one admits to violence in their own homes. Everything is managed within the house. The victim, due to fear or honour of the household, or for the larger good of her children does not speak about the violence. Women are also socialised to believe that bearing pain and violence is a virtue. Women consider this as their fate.

While dealing with cases of violence it is often said – that we do not want to break up the family, we are just trying to bring about some compromise. The compromise is always on the part of the women. Such compromises often only recognise the physical aspect of violence, and whether her life is in danger. All other aspects ensuring the quality of life are compromised. This takes away the human rights of women.

### Frequently Asked Questions

- If domestic violence is made public, then won't the family break up? What about the future of the children?
- Won't this give the community a bad name?
- We accept that violence is bad; but does that mean we should reject all customs and rituals as bad?
- How many people will stand behind us, if we object to domestic violence?
- What stand will we take if women commit violence?
- If women are violent, then what should we do? After all, behind all acts of violence, there is a woman who instigates.

### FAQs



### What about responses

While challenging violence, we must note that we are also challenging the power of structures in society. Institutions such as the family, culture, religion, etc. all play their own roles in keeping gender discrimination and existing power structure in place. Once we accept that violence of any kind is not acceptable then we need to speak up. Why do we not ask questions such as what happens to children in families where the father is violent ? The magnitude of violence is large and needs to be spoken whether in the family home or in any public place. We need to speak against violence even if committed by women.

### Activity 3

#### Impact of violence on Women Case stories, group work

### Steps

1. Divide participants into 6 small groups. Give each a case story 3.1. 2 groups will get the same case story.
2. The participants will read the case story and answer the following questions.
  - With whom and where violence was done?
  - Does violence happen due to the victim's own fault?

- What impact does the violence create on the women and men in the story?
3. Each group will present the same to the larger group.
  4. Facilitate discussion using the following questions. Note the answers on the board and read them later.
    - Is it okay to beat, in order to ensure that mistakes are not repeated?
    - Should women or victims of violence bear the violence? If not then what should they do?
  5. Conclude reiterating that violence does not happen by mistake. Violence takes place against women and some men; they (the victims) are not the cause of the violence. It deprives them of self-respect and right to live. Impact of violence affects an individual's physical and mental health. We need to speak up about violence, and support those victims who choose to speak up. If violence is tolerated silently then the whole process gets opportunity to spread to other places and to other families in the society Distribute Handout.
  6. Show OHP 3.1 on the representation of women's bodies and discuss.

#### Frequently Asked Questions

#### FAQs

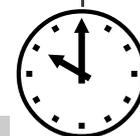


- Do not women also commit violence on women?
  - Doesn't violence also take place on men?
  - Do not women also commit violence on men?
  - Why is it that only violence on women is discussed?
  - Root of the dispute is women only, therefore is it not that women are the cause of the problem?
- By bringing up the issue of violence against women, are we not breaking up the family? Won't children suffer if the family breaks up?
  - By bringing up personal issues will not families break up?
  - If everyone was allowed to manage their own affairs, there will be chaos. Hence is it not that few people will always have control?

These questions can be answered by showing data on violence against women. Recorded data is like the tip of the iceberg and reveals a very small amount of violence that happens on women. Violence on men does take place. However data is not available. Though we do know for sure that this is not comparable to the magnitude of violence that takes place on women.

Violence must be spoken about, those who commit violence should be held responsible. Women must be supported to take an active role in ending violence. They need to be made aware of their own gender roles in perpetuating violence (mother-in-law against daughter-in-law).

## Session 4: Understanding Violence on Self



90 minutes

### Learning Objectives

The participants will be able to -

- Understand violence on self
- Move towards being sensitive to violence around us

### Method

- Fish bowl

### Materials

- Space to sit in liners and rules circle

### Activity 1

#### Steps

1. Divide participants in two groups. Have one group participate, and ask the other group to observe. Arrange the participating group in an inner circle and the observing participants in an outer circle. Explain that all the instructions now are for those in the participating group.
2. Ask participants to hold hands. Guide them towards a meditating stance; ask them to breath slowly. Ask them to close their eyes slowly. Ask them to concentrate on self and listen the voice of their breath.
3. Tell participants that they will be given one question to which each has to answer one by one. The facilitator will tap one participant to begin the round of answers. Each person will answer with eyes closed. Answers should be given quickly. After answering, a participant should press the hand of the participant to his left to signal that he has finished. If a participant feels he cannot answer quickly, then he should say 'pass' by signaling to his partner on the left.
4. Ask those participating to complete the sentence - "When we suffer from violence then....." Let each person answer one by one.

5. Stop the game when almost everybody says 'pass'.
6. In the beginning many people may say 'pass' but still continue the round.
7. Finish the game and ask all participants to sit in a big circle.
8. Ask all participants how do they feel now? During game, what was the difficulty in the beginning? Do they want to say something else?
9. Ask the outer observing group
  - How do you feel?
  - What thoughts came to your mind while watching the inner circle?
  - In which group within society does violence take place?
10. Ask all participants - we all do not like experiencing violence then,
  - Why does it still continue?
  - Who is responsible for letting it continue?
  - What can be/should be done to stop it?

#### Facilitator's Note



When we talk about violence, there are two types of reactions. One is a direct answer, (and that which we like to hear) that violence is wrong, it should not happen. This reaction could be from heart as well as mind. It is not necessary that the person who is saying it has given the issue much thought. Usually people deny violence; but, when it happens in reality, people hesitate to accept it. They begin to search for some fault, such as something was lacking in the woman – her character etc. Sometimes the denial takes the form of - it happens more in the weaker or poorer sections of society.

It is necessary that participants begin to understand nature of violence, and its effects on self and on women around themselves. Only then would they stand with victims of violence and be able to take a personal stand very clearly. Conclude by saying that any act of violence is a loss to all of us. It is a denial of human rights. In every situation human rights must be protected.

**Activity 2**  
**Effect of Violence on Men**  
**60 minutes**

**Learning Objectives**

The participants will -

- Feel the impact of violence
- Move towards sensitivity for others

**Methods**

- Games and Yoga

**Materials**

- Big mat, a quiet place, music system

**Steps**

1. Trainer should ask all participants to lie on their backs. Bodies should not touch each other.
2. If possible for the first 5 minutes, light and soft music should be played.
3. Guide participants to pay attention to their breathing, breathing as slowly as possible - breathe in 1, 2, 3, 4, 5, breath out 1, 2, 3, 4, 5.
4. Guide participants to focus on different parts of the body from the forehead to face, neck, stomach, back, legs, hands and whole body, feeling each part relaxing as you mention the name of the part.
5. Help them to move to a state of complete relaxation. This process should continue for 7-10 minutes.
6. Now direct them to imagine -
  - You are born in such a place, where birth of a male baby is thought to be bad. People and relatives are not happy over your birth.
  - Father was held responsible for your birth. All men of the village are unhappy.

- Your father has been stopped from celebrating.
- No one really cares about the newborn except the father. It is his responsibility alone to look after you, but he himself is being neglected, not getting enough rest or food.
- You are little older, your sister gets a lot of toys where as you get nothing.
- Your sister gets new clothes, but not you. How do you feel?
- Your sister is sent to study in a good school; but you stay at home to take care of your younger brothers and sisters.
- Your father works inside home and your mother goes out to work.
- Your father is criticised every now and then, and not allowed to move about freely.
- You are also criticised every now and then, and not allowed to play freely. How do you feel?
- You are also reprimanded constantly, not allowed to speak loudly, laugh openly and not allowed to befriend girls around you.
- You have just found out that when your sister was born, there was a celebration in the village.
- You learn that your father left his village to come to your mothers' house after marriage.,
- You also know now that you also will go to another house, when you get married.
- Anybody can tease you without your permission. But, due to fear of status, fear that no one will marry you, you keep quiet.
- You see your father being beaten up sometimes.
- Neither your father, nor you have any property of your own.
- Your opinions are not taken into consideration. You are only expected to implement the decisions of others.
- You have led an independent life, made your own decisions. However, after marriage this is not possible.
- If you are teased or raped, those around you say you brought it on.
- Law, Police, Administration, Society all talk of control over you.
- You are living in such a society.

7. Let people remain in this state for 5-7 minutes and get in touch with their feelings.
8. Then ask them to open their eyes slowly.
9. Make them sit in a circle.
13. One by one each one should be asked about his experience -
  - Could they follow the facilitator's instructions?
  - How did they feel at different points of the visualisation exercise?

**Discuss with participants:**

- The feelings they had.
- What was at the root of these feelings?
- Which other groups are in the same situation?
- Who is responsible for this situation?
- Who will come forward to change this?
- What can be done to change this?

**Conclusion:** In present social set up, men are socialised to become almost completely insensitive to violence. They are unable to see discrimination or violence. If they do notice violence and mention it they are considered weak or made fun of. At times they will not speak out against violence, for the fear of losing special privileges in the present patriarchal society.

The irony is that every man wants a woman but if you ask, whether he would like to be born as a woman, the answer is 'no'. This is associated with the privileges that men have and would not want to lose.



60 minutes

## Session 5: Masculinity and Violence

### Learning Objectives

The participants will be able to –

- Identify and describe associations between masculinity and violence

### Methods

- Brainstorming, video clippings, discussions

### Materials

- Video film – Where 4 Friends Meet/Yeh Hai Mardonwali Baat
- TV, VCR/VCD player

### Activity 1

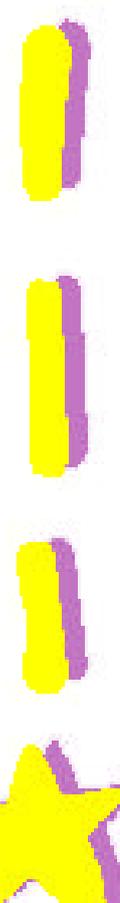
#### Steps

1. Ask participants to state what comes to their minds with the use of the word 'mard'.
2. List responses on the board.
3. Inform participants that we will discuss the words later, after watching the video.
4. Show one of the above films.
5. Discuss the film by asking questions like where in the film do we see the meanings of 'masculine', what message does this give out, and what would be the purpose of the message.
6. Relate the words listed earlier with the messages on masculinity from the film.
7. In society, where is the word 'masculinity' or 'mardangi' used and how? Help by giving examples – (men serving the nation – joining the army).



### **Issues to be highlighted**

- Models of masculinity are constantly being constructed in the social realm. It works to use men to control with power and violence.
- Masculinity is not just related to men's bodies (strong, muscular etc.) but is also found in relationships beyond men-women; in caste, in religions, in class and language.
- We see masculinity used by the state, by religious fundamentalism and in the social sphere constantly. (e.g. the expression – we do not wear bangles, is used by the state, army, and even religious fundamentalists while calling upon men to defend their nation/religion/and the community referring to men whose female family member may stand for panchayat elections).
- Masculinity as constructed in the present is strongly linked to power, control and violence. However, this is fluid and constantly shows different nuances.



### **Handout**

5.1 Masculinity and Violence

### **Additional Reference Material**

- Film 'Father, Son and Holy War' by Anand Patwardhan
- Book on Masculinity by Kamala Bhasin

## Session 6: Planning for a Society Without Violence



60 minutes

### Learning Objectives

The participants will be able to -

- Identify the association between anger and power
- Identify anger and learn to use it creatively
- Self-management of anger
- Build strategies to end violence against women

### Method

- Group Discussion

### Materials

- Flip chart, Chart with the questions
- Plain cards, A4 paper, Tape, Pin
- Reference Material

### Activity 1

Discussion, summing up

### Steps

1. Begin by asking participants whether violence and anger are the same.
2. Explain that for boys and men anger mostly translates into violence. However, getting angry is a natural feeling. In our lives we often feel angry. This emotion is part of being human. However, anger can be manifested violently. Displaying anger is part of our relating with others. However, there are ways of showing anger which could be both positive and non-violent.
3. Also explain that expressing anger helps us understand what makes us angry. Bottling up anger mostly works negatively – the anger builds up, and an outburst could in fact be more dangerous.

4. The participants should be informed that in this activity we are going to figure out how anger can be expressed in positive and non-violent ways.
5. Distribute Exercise 6.1 to each participant. Ask them to spend 10 minutes to answer the questions.
6. After the questions are answered, divide the participants into groups.
7. Give these small groups a flip chart and ask participants to enlist following points:

- When we feel anger, what are the negative ways to express it?
- When we feel anger, what are the positive ways to express it?

Give the groups 15 minutes. And ask small groups to present in big group. Put presentation on chart.

8. To conclude, stress that anger is a feeling. A common feeling which human beings experience in many moments of life. Expression of anger may lead to violence. But there are other better and positive ways to express anger instead of through violence. We need to learn to feel anger and to express it constructively. When we suppress anger, it comes out in an outburst which is more dangerous. It is very natural for men to manifest anger but not that natural for women. Socialisation and genderisation is also done of anger. When men's anger is accepted and justified as natural, women's anger is considered bad. This is also a sort of discrimination.



**Facilitator's Note**

1. We will see that there are many ways in the list of positive ways to handle anger i.e.
  - Go for a walk, take a breath of fresh air
  - Start counting
  - Express yourself using words which will not insult others
2. Going out for a breath of fresh air doesn't mean driving cycle/motorcycle with great speed. Or, going out for a drink. Both can be dangerous. Our intention is to move away from the situation in order to be able to think better, and to cool down. To distance oneself from the person/situation who made us angry. Taking a deep breath and counting also helps. Doing some physical work also helps us to keep cool.

3. Our language is also important. It is necessary to tell the person involved that 'I am angry/upset, and I need sometime by myself. I am going out for a walk...'. This is better than 'I am angry/fed up with you, and I am going out'.
4. Learn ways of how not to insult others: For this we tell the other person
  - a. why we are angry,
  - b. what are our expectations from the other person.
    - I am angry with you because...
    - I wish that you would...
5. Give the group an example: if our female friend has reached late then instead of saying
  - 'This is the limit - you always keep me waiting', we say 'I am unhappy with you because you are late. I wish you would be in time, if late please inform me that you will be late.'
6. Discuss. Generally men and boys do not discuss what they feel when they are tense. When we feel tension and depression we do not talk about it, generally not talking results in tension, and as the tension peaks, this could break out into physical violence. Emphasise that - anger can be made into a creative activity.
7. Inform participants that there can be tension within groups as well, but the same strategies could work. We need to make sure that we do not insult anyone.

*(This activity is taken form "working with young men series" by Instituto Promondo, Brazil)*

#### Activity 2a

#### Strategy to Work on Violence Group discussion

#### Steps

1. Divide participants into four groups. Every group consists of 5-7 participants. Inform participants that in this session a work plan on preventing violence on women will be prepared.
2. Four questions should be given to each group. Group work will take 30 minutes. Participants answers should be written onto cards classified by the issue.
  - Specify an issue of violence that you would like to concentrate on.
  - Identify a group you would like to work with, e.g. very young boys, adolescent boys etc.
  - Note down strategies that you will use.

- What will be the possible activities under each strategy?

3. Put up charts on board or wall –

Issue / Target group / Strategy / Activity

- Invite every group to read aloud their card and paste it on the chart according to the classification.
- After the presentation of every group, the trainer should summarise the points.
- While concluding the session the trainer could ask participants
  - a. that statistics, cases, paper cuttings of violence should be collected to have proof of the magnitude of violence.
  - b. publicise these in the area where they propose to work.
  - c. use attractive cultural forms to spread awareness to
    - stop tolerating violence
    - stop supporting those who commit violence in the family or deny them social acceptance.

### **Other Strategies**

1. Punishment through legal system, and not by taking law in own hands.
2. Arrange legal training for children, adolescent boys, panchayat representatives with which local police officers, lawyers, can be associated as a reference person, so that participants can have direct contact with them.
3. Invest energy in sending women representatives in parliament so that they can take part in changing the law.
4. Support women who have faced violence.
5. Invest in raising public awareness on the issue of violence. Support women's groups working on this issue.
6. Send own and organisation's group reactions to media on incidents involving violence on women.

#### FAQs



#### Frequently Asked Questions

- Can an organisation of men work with women's organisations on these issues?
- Have attempts to form men's organisations' met with any success/acceptance?
- Why men should not take leadership into their own hands?
- Will not the credit for our efforts be taken by women's organisations?

#### Responses

It is important that women have their own space to meet, share and strategies against violence that they face. It is also important that sensitive men form groups to sensitise other men and work on uses/ related violence against women. It is essential that they work along with women's organisation. Her struggle to end Violence against Women is also a struggle to correct the imbalance of power in favour of women. Hence the leadership should remain with women.

**OR**

#### Activity 2b

#### Men's Role and Management in the Creation of Violence Free Life

#### Method

- Group discussion, study

#### Materials

- Flip chart, Marker

#### Steps

1. Tell participants that the objective of this activity is to prepare a plan of how we can eliminate/reduce violence on women in the communities where we work.
2. Discuss how we all come from different work areas, different cultural backgrounds, how we can put together our experiences and thoughts to make a definite plan of ending violence on women.
3. Discuss each of the following points for at least 15 minutes
  - What can young men do against violence?
  - If young men think of stopping this violence, who else can join them?

4. Divide participants in 5-6 groups. In the groupwork, participants can discuss and list how they can bring other men together to stop violence on women; note thoughts on flip chart. Give this activity 30 minutes time.
5. Ask each group to present their plan/strategies in the large group.
6. With the whole group, classify the points mentioned e.g.
  - a. advocacy and enlisting political support
  - b. awareness programme in community
  - c. creation of educational material and information sources
  - d. implementation of plan in our own area and nearby schools etc.
7. The facilitator can then do an exercise of prioritising the points listed.
8. The facilitator should then ask the participants to make a personal plan to stop violence.

#### **Plan of activity to stop violence**

1. Description (you plan in two to three sentences)
2. To implement this plan, which group/organisation/individuals should you be associated with.
3. How will you take the help of this groups/organisations/individuals?
4. What resources will be required to take this plan ahead or to keep it going?
5. From where and how will you get these resources?
6. How much time will be required to implement this plan?

#### **Evaluation/Supervision**

1. How do you know that your plan is working?
2. What do you expect will be result of this activity?

#### **Facilitator's Note**

This activity will help to create a plan on the community level, with which young men will work towards preparing a violence free atmosphere in their areas/communities. Enabling young men among the participants to make a plan to take the campaign against violence on women to the community, could be a most successful exercise. The scale of violence present in a school and community is so large, therefore enabling youth to make a plan to stop violence wherever they see it is itself a successful exercise. This plan should be binding on all participants.



### **Handout 1.1: Violence, Violence Against Women and Gender-Based Violence**

#### **Definition of Violence by the World Health Organisation (WHO)**

'The intentional use of physical force power, threatened or actual, against oneself, another person, or a against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation.'

*(WHO 2002)*

#### **First official definition of Violence Against Women by United Nations**

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

*(UN General Assembly, 1993)*

#### **What is Gender-Based Violence?**

Gender-based violence can be defined as

"Violence involving men and women, in which the female is usually the victim and which arises from unequal power relationships between men and women."

Violence against women and girls is often referred to as "gender-based violence" because it evolves in part from women's subordinate gender status in society. In most cultures, traditional beliefs, norms and social institutions legitimize and therefore perpetuate violence against women.

The use of the term "gender-based violence" provides a new context in which to examine and understand the long-standing phenomenon of violence against women. It shifts the focus from women as victims to gender and the unequal power relationships between women and men created and maintained by gender stereotypes as the basic underlying cause of violence against women.

**Handout 1.2: Forms of Violence Against Women**

<b>Physical Abuse</b>	<b>Psychological/ Emotional Abuse</b>	<b>Sexual Coercion</b>	<b>Controlling Behaviour</b>
Physical assaults and threats used to control another person	Mistreatment and undermining self worth of another person result in making that person more dependant and frightened by the abuser.	Physical force or non-physical coercion to compel women to have sex against their will.	Results from the power relationship and discrimination especially due to patriarchal norms.
<ul style="list-style-type: none"> <li>• Punching</li> <li>• Hitting</li> <li>• Choking</li> <li>• Beating</li> <li>• Throwing objects</li> <li>• Burns</li> <li>• Kicking and pushing</li> <li>• Using weapons such as knife, sickle and rod to hurt.</li> </ul>	<ul style="list-style-type: none"> <li>• Criticism</li> <li>• Threats</li> <li>• Insults</li> <li>• Passing belittling comments</li> <li>• Inciting other person to get angry</li> </ul>	<ul style="list-style-type: none"> <li>• Forced penetration</li> <li>• Rape</li> <li>• Sexual assault</li> <li>• Forced sexual contact</li> <li>• Sexual molestation</li> <li>• Intimidation to force a woman for sexual act</li> <li>• Forced marriage</li> </ul>	<ul style="list-style-type: none"> <li>• Refusing women to work outside home</li> <li>• Financial control</li> <li>• Isolating the person</li> <li>• Monitoring their movements</li> <li>• Restricting access to information</li> </ul>

### Handout 1.3: Violence Against Women by Life Cycle

Infant, Child and Adolescent	Adult Woman	Old Age
<p><b>Physical Abuse</b></p> <ul style="list-style-type: none"> <li>• Sex selective abortion</li> <li>• Infanticide</li> <li>• Beating</li> <li>• Deprivation of food and medical care</li> </ul>	<p><b>Physical Abuse</b></p> <ul style="list-style-type: none"> <li>• Domestic violence</li> <li>• Dowry harassment</li> <li>• Witch burning</li> </ul>	<p><b>Physical Abuse</b></p> <ul style="list-style-type: none"> <li>• Domestic violence</li> </ul>
<p><b>Psychological and Emotional Abuse</b></p> <ul style="list-style-type: none"> <li>• Forced marriage</li> <li>• Confinement</li> </ul>	<p><b>Psychological and Emotional Abuse</b></p> <ul style="list-style-type: none"> <li>• Forced and unwilling marriage</li> <li>• Neglect</li> <li>• Lack of independence</li> </ul>	<p><b>Psychological and Emotional Abuse</b></p> <ul style="list-style-type: none"> <li>• Neglect</li> <li>• Restriction related to widow hood</li> <li>• Lack of independence</li> </ul>
<p><b>Sexual Abuse</b></p> <ul style="list-style-type: none"> <li>• Child marriage</li> <li>• Child sexual abuse</li> <li>• Child prostitution</li> </ul>	<p><b>Sexual Abuse</b></p> <ul style="list-style-type: none"> <li>• Rape within and outside marriage</li> <li>• Forced pregnancy</li> <li>• Sexual abuse at work place</li> <li>• Sexual harassment at family and workplace</li> <li>• Trafficking</li> <li>• Forced prostitution</li> <li>• Intimidation</li> </ul>	<p><b>Sexual Abuse</b></p> <ul style="list-style-type: none"> <li>• Rape</li> <li>• Intimidation</li> <li>• Sexual abuse</li> </ul>
<p><b>Controlling Behaviour</b></p> <ul style="list-style-type: none"> <li>• Poor or no access to education, health care, information</li> <li>• Restriction on mobility</li> <li>• Unpaid domestic labour</li> <li>• Restricted or lack of access to resources</li> </ul>	<p><b>Controlling Behaviour</b></p> <ul style="list-style-type: none"> <li>• Poor or no access to education, health care, information</li> <li>• Restriction on mobility</li> <li>• Unpaid domestic labour</li> </ul>	<p><b>Controlling Behaviour</b></p> <ul style="list-style-type: none"> <li>• Poor or no access to education, health care, information</li> <li>• Restriction on mobility</li> <li>• Unpaid domestic labour</li> </ul>

### **OHP 1.1: CEDAW Recommendations on Gender Based Violence**

Gender-based violence, which impairs or nullifies the enjoyment by women of human rights and fundamental freedoms under general international law or under human rights conventions, is discrimination within the meaning of Article 1 of the Convention. These rights and freedoms include:

- a) The right to life.
- b) The right not to be subject to torture or to cruel, inhuman or degrading treatment or punishment.
- c) The right to equal protection according to humanitarian norms in time of international or internal armed conflict.
- d) The right to liberty and security of person.
- e) The right to equal protection under the law.
- f) The right to equality in the family.
- g) The right to the highest standard attainable of physical and mental health.
- h) The right to just and favourable conditions of work.

*(CEDAW General Recommendation No. 19)*

### Case Stories 2.1 on Sexual Violence

1. Few days ago Rama started working in a well-reputed company as a trainee. She was happy with her work and job. One night her boss tells her that he liked her very much and wanted to have sex with her. He says that if she says yes he would give her a promotion. What kind of violence is this?
2. Kamala and Ramesh are married for two years. Sometimes Ramesh reaches home late and by then Kamala is asleep. He wakes her up for sex. Sometimes Kamala does not want to have sex with him, however, he insists. What kind of violence is this?
3. All say that Sarita is of 'loose' character and she has slept with many men. She looks sexy. Once she went to the party given by her friend Vasant. There she drank too much liquor and fell unconscious. In this state Vasant and his other friends had sex with her. What kind of violence is this?
4. Mohan is 10 years old. One day his parents had gone out. A neighbour (who is much older) whom Mohan calls Chacha, has sex with him, and tells him not to tell this to anybody. Is this a physical violence?
5. Shyam studies in class 5, and stays with his uncle's family. His paternal uncle who is doing his graduation takes him on the pretext of showing him a new game. He shows him his genital and makes him stroke him. Whenever Shyam says no uncle threatens him, saying he will tell everybody. Shyam is so afraid, that for two years he says nothing to anybody. Is this a sexual violence?
6. Ramesh and Kamal are two friends. Both are more than 18 years of age, go to see a film together, and after coming back have sex. Is this is a sexual violence?

### **OHP 2.1**

#### **When sexual violence occurs on women, society reacts in certain ways**

1. First, it will find out whether the woman has done anything to provoke the man. If not, then the man is labelled as mad, or in some way unnatural. Society is then relieved of its responsibility.
2. Then there will be an attempt to find out if the actual intention was to cause harm to the family, religion, country of the woman. If that is so, then there is sympathy and cooperation for the woman. If it is not then the dimension with which society looks at the crime is different – was she an ideal woman or not?

If society decides that she wasn't, then it is felt that it is not their responsibility to ensure her safety. Questions like -

What kind of clothes was she wearing?

Did she cover her body properly?

Was she in wrong place at wrong time?

Was she out at night?

What was her behaviour like?

Was she flashy or shy?

What was her relationship with men – did she have 'illegal' relation with another men?

- then it would reason that violence is bound to happen.

If woman is not perceived as loyal, or patient, adjusting or affectionate, if she does not give supreme priority to her family, then society tends to not help her if she is a victim.

**OHP 3.1: In a patriarchal world a woman's body represents ...**

1. Within the home, gendered notions put a woman's body in a dual role
  - a. similar to a consumer good (radio, TV etc.) which her husband can use any time, or
  - b. she becomes the 'character' of her home, the honour of the family.

In the first role, violence by husband (and issues of marital rape) are not even considered violence. In the second role, she becomes the centre of sympathy by others. In both cases her rights to freedom and expression are taken away.

2. Gendered notions in society also place men's sexual desires as uncontrollable, and women with no or little sexual desire.
3. Our laws are also framed to safeguard women's honour/status and not to safeguard her human rights.
4. Law favours control of women's sexuality believing that immorality will prevail, if such mechanisms are not in place. In cases of marital dispute the alternatives are-

Do we wish to send a woman back home for compromise and safety, to 'safeguard the family'?

Or

Understanding that a woman needs to secure her own rights, (e.g. to the marital home) do we support her returning to her husband's house?

Or

Encourage/ help/ support women to create their own separate place/ platform etc.

5. Do we see women's sexuality as her right? If so, we should raise the question as to why the whole society tries to suppress and control women's sexuality. This needs to be analysed from the context of the rights' perspective.

### **Handout 3.1: Violence Against Women**

Violence against women is perhaps the most pervasive yet least recognised human rights abuse in the world. It is also a profound health problem sapping women's physical and emotional vitality and undermining their confidence – both vital to achieving widely held goals for human progress, especially in the developing world.

Within this, domestic violence forms a large component and remain largely unreported. A widely used definition of domestic violence refers to physical, sexual or emotional violence from an adult perpetrator directed towards an adult victim in the context of a close relationship. Most often this will mean domestic violence from a man towards his wife, ex-wife, female partner or ex-partner. It is not limited to any one class or culture. Domestic violence can include criminal or non-criminal behaviour, physical violence, psychological abuse and sexual abuse and assault. Domestic violence can range in frequency and intensity. A common factor motivating perpetrators is the use of abusive behaviours to maintain control and power over the other person.

#### **Magnitude of Violence Against Women**

##### **Around the World**

- Around the world, at least one woman in every three has been beaten, coerced into sex, or otherwise abused in her lifetime.
- Worldwide as many as one woman in every four is abused during pregnancy.

*Source: Population report series L.No. 11-1999*

- Worldwide, two million girls between ages 5-15 are introduced into the commercial sex market each year.
- At least 60 million girls who would otherwise be expected to be alive, are "missing" in Asia, as a result of sex selective abortions, infanticide or neglect.

*Source: State of World Population UNFPA-2000*

### In India

- 1 dowry death every 78 minutes.
- 1 act of sexual harassment every 59 minutes.
- 1 rape every 34 minutes.
- 1 act of molestation every 16 minutes.
- 1 act of torture every 12 minutes.

*Source: NCRB 1999*

- Almost 1 in 5 married women have experienced domestic violence.
- 1 in 9 women reported being beaten in the last 12 months of survey.
- 21% women reported having experienced violence since the age of 15 years.
- 19% reported having been beaten physically by their husbands.

*Source: NFHS 1998*

### Increasing Trend in Incidence of Violence against Women

Type of Crime	Year					
	1995	1996	1997	1998	1999	2000
Rape	13754	14846	15330	15151	15468	16496
Dowry Deaths	5092	5513	6006	6975	6699	6995
Torture	31127	35246	36592	41376	43823	45778
Molestation	28475	28939	30764	30959	32311	32940
Eve teasing/ Sexual harassment	4756	5671	5796	5796	8034	11024

*Source: NCRB 2000*

**Violence on Women can cause-**

- Lack of motivation or a lack of sense of self-worth.
- Mental health problems, like anxiety and problems eating and sleeping. As a way to cope with the violence, women may begin harmful or reckless behaviour – such as using drugs or alcohol, or having many sex partners.
- Serious pain and injuries: broken bones, burns, black eyes, cuts, bruises as well as headaches, belly pain, and muscle pains that may continue for many years after the abuse happens.
- Sexual health problems. Many women suffer miscarriages from being beaten during pregnancy. They may also suffer from unwanted pregnancies, sexually transmitted diseases (STDs) or HIV/AIDS as a result of sexual abuse. Sexual abuse often also leads to a fear of having sex, pain during sex and lack of desire.
- Death

**Violence on Women can cause children to be** (in children, seeing their mothers abused can often cause)

- Angry or aggressive behaviour – copying the violence. Or they may become very quiet and withdraw to escape notice.
- Nightmares and other fears. Children in abusive families often do not eat well, grow and learn more slowly than other children, and have many illnesses, like stomach aches, headaches and asthma.
- Injury and death if the violence is turned on them.

**Violence on Women can cause the community to**

- Carry the cycle of violence into new generations.
- Continue the false belief that men are better than women.
- Suffer a loss in the quality of life, as women's participation in the community is less.
- Be disadvantaged when the women of the community are silenced or killed by the violence.

### **'Why does she stay?'**

'Why does she stay' is the first question most people ask when they hear about a woman who is being abused. There are many questions why a woman might choose to stay in an abusive relationship.

They include:

- **Fear and threats.** The man may have told her, 'I will kill you, kill the children, kill the mother.....if you try to leave.'" She may feel she is doing everything she can to protect herself and others by staying.
- **No money, and no place to go.** This is especially true if he has controlled all the money and not allowed her to see her family and friends.
- **No protection.** There may be nothing to stop him from coming after her and killing her
- **Shame.** She may feel the violence is somehow her fault or that she deserves it.
- **Religious or cultural beliefs.** She may feel it is her duty to keep the marriage together, no matter what it costs her.
- **Hope for change.** She may feel she loves the man and wants the relationship to continue. She may think there is some way to make the violence stop.
- **Guilt.** Guilt about leaving the children with father.

*Where Women Have No Doctor, Chapter 18.*

### **Who can help after violence is done?**

- Auxiliary Nurse Midwife (ANM), Anganwadi worker, male worker, women's organisations, Sarpanch, Pradhan, Police.
- Doctor, Patwari, teacher and other individuals can help.

### **What steps can we take after violence is done?**

Identifying violence, not suppressing violence, raising your voice, treatment of affected woman, checking support and sympathy to the victim, giving legal aid, raising violence in the form of issue, believing women's and girls' statements, by which they should get convinced that they will not be blamed, providing sensitive atmosphere to these women and girls coming for health services, so that they can talk and take advice about the violence done on them. If necessary they can be encouraged or can be asked certain questions about it. Discussion with boys and girls on this issue so that effect of violence on their family can be prevented.

### **3.1 Case Stories**

#### **1: Shruti's story**

Shruti lived in a working women's hostel in a big city. She soon made friends with a boy named Suresh. Suresh belonged to a rich family. After some days their friendship turned sexual. But Shruti somehow felt that since the sexual relationship began Suresh was treating her differently. One day, Suresh took her to meet his friend. That friend raped her. She mentioned the friends' behaviour to Suresh, but he did not take much notice. He began to treat her quite badly. Next it turned out that he and his friends gang-raped her. When this happened for the second time, she took help of a women's organisation to file an FIR. However, by then Shruti had been tolerating this treatment for over one and a half years. The police did not believe her. She changed her statements many times. The boys all belonged to well-to-do families. Though they were arrested on the demand of women's organisations they soon got bail. During the hearing the feeling was that since Shruti did not complain for one and a half years, it showed consent. The court verdict is awaited.

#### **Questions for discussion:**

- What do you think on which points violence happened with Shruti?
- Does her silence shows her consent? If yes give the reasons.
- Is Shruti to blame? If yes, then why?

#### **2: Story of Rachana**

Rachana married Vivek in 1993. Vivek was proud of his handsome self. He would constantly taunt Rachana, and make her feel small. Vivek would demand sex every now and then. He would also have sexual relationships with other women. For thirteen years of her married life Rachana faced beatings and harassment. Vivek and Rachana had three daughters out of this marriage. Due to continuous harassment she became mentally sick. In the meantime, her eleven-year-old daughter told her that father is misbehaving with her. She indicated some sort of sexual behaviour. When Rachana tried to talk to him he said you are mad and do you doubt me?

#### **Questions for discussion:**

- Do you think violence has been done in this story?
- If yes then on which points?
- Who is to fault? If women, then why?

### 3: Story of Trupti

Trupti worked in the Defence Ministry. In 1984 she married Jitendra Pal Sharma. He worked in the District Statistics Department of the State Government. After marriage her husband and other in-laws demanded that she hand over to them her whole salary. When she said she wouldn't, they started beating her up. In a year she became a mother, but inspite of a male baby, the violence continued. When her son was seven months old, she got pregnant again. The second baby was also a son. Trupti was feeling weak, and unable to resist the violence. Two months later Trupti's burnt body was recovered. Her marriage had completed two years.

A post mortem was conducted the same day. The cause of death assigned was burns. As per law the case automatically became a medico-legal case. However, when the case came up for hearing in the court, doctor who did the post mortem was not called. Jitendra Sharma was acquitted.

#### Questions for discussion:

- Do you think violence was done in this story?
- If yes, on which points?
- Who is wrong? If the woman, then explain why.

### 4: Story of Suresh

Suresh is a B.Com. graduate. However, he did not get good marks. He was afraid of maths and science. He liked home science but was not given a chance to study it. He cooks very well, and likes tailoring and embroidery. He enjoys the company of women very much, and also likes to dance and sing. Suresh's father is very wealthy and he married Suresh to the daughter of very a wealthy family. Suresh's parents thought that after marriage Suresh will improve. He was married without his consent, which he did not like at all. But he could do nothing about it.

He has completed two years since his marriage and yet has not found a job. His wife feels embarrassed to introduce her friends to him. In the house too, he is avoided and disrespected. One day, he tried to commit suicide, but due to immediate intervention and treatment he was saved.

#### Questions for discussion:

- Do you think violence is done in this story?
- If yes, then on which points? Who is responsible for violence and why?

### **Handout 5.1: Masculinity and Gender Based Violence**

Instead of focusing on each case of violence or on individual men's acts of violence against women, the entire culture that creates current male roles and identities – defined as 'masculinity' – needs to be analysed and challenged.

This means recognising the various pressures placed upon men that may result in violent reactions, as well as the need for men to take responsibility for their actions.

Predominantly, gender power relations have left a legacy whereby women are more likely to be disadvantaged relative to men, have less access to resources, benefits, information and decision making, and to have fewer rights both within the household and in the public sphere. In the past, these concerns and the struggle for gender equality have often been narrowly perceived as "women's issues", and gender programmes have been designed to focus only on women.

However, over the last decade there has been increasing recognition of the need for men to become involved in the movement toward gender equality. Conceptually, the shift in emphasis from 'Women in Development' to 'Gender and Development' invites a focus on relationships between women and men, and among groups of women and groups of men, and to equity and equality within these relations.

One way to begin discussion concerning the role of men, their responsibilities, and their potential to contribute to gender equality is through an exploration of meanings and uses of masculinity.

#### **Masculinity**

Masculinity – or masculinities, as there are different forms of masculinity that are manifest in various ways – is a complex phenomenon. Masculinity is often associated with characteristics such as aggressiveness, competitiveness, dominance, strength, courage and control. These characteristics result from a combination of biological, cultural and social influences, and relate to our understanding of power in society as a whole. Although it is difficult to determine the extent to which each of these factors has influenced current gender inequalities and causes of gender based violence, an understanding of all three provides a framework within which to challenge and change the status quo.

By focusing on masculinity, the concept of gender becomes visible to and relevant for men. It makes men more conscious of gender as something that affects their own lives as well as those of women, and is first step towards challenging gender inequalities and eliminating violence against women.

Men's violence is a key determinant of the inequities and inequalities of gender relations that both disempower and impoverish women. Violence is a fundamental dimension of characteristic of essential gender difference and as an explanation for gendered hierarchical arrangements in the political and economic contexts of richer and poorer countries alike.

It is suggested that changes in the economy, social structures, and household composition are resulting in 'crises of masculinity' in many parts of the world. The 'demasculinizing' effects of poverty and of economic and social change may be eroding men's traditional roles as providers and limiting the availability of alternative, meaningful roles for men in families and communities. Men may consequently seek affirmation of their masculinity in other ways; for example through irresponsible sexual behaviour or domestic violence.

The global economy and rising long-term male unemployment has changed men's roles and challenged their identity as breadwinners. Parallel changes in women's roles – increasing participation in the public arena and in paid work, and recognition of women's human rights – are also challenging the traditional division of labour and models of femininity. Since femininity and masculinity are determined in tandem and to some extent in opposition, such changes in women's roles also challenge concepts of masculinity.

By moving from biological determinist to cultural constructionist accounts of masculinity, a number of men's anti-violence programmes have been able to work with violent men to help them understand the ways that structural pressures, cultural messages and/or parenting practices, have contributed to their socialisation into violence.

Placing men's violence in a historical and cultural helps to overcome the naturalising of men's violence, or what might be called the 'masculinising of violence'. It highlights the role that the ways in which we think about and discuss masculinity playing exploiting what is claimed to be men's 'natural' aggression and militarism for specific political purposes.

*Extract from : Masculinity & Gender Violence, Gender Issues fact sheet No. 5, UNIFEM, East & South East Asia*

**Excercise 6.1**

**What I do when I get angry:**

1. Think about any recent incident where you got angry. What happened?. Write the gist of the incident in two or three sentences.

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2. What were you feeling during that incident? Make a list of how you were feeling – feelings in the body and mind when you were angry?

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3. Mostly we express own anger through violence. Some men immediately react by beating, throwing objects around etc. Sometimes we feel sorry, keep quiet and do introspection. Think of the incident when you were angry, how did you react? Describe your behaviour.

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# Health

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**To enable participants to**

1. Understand health and the association between health and human rights.
  2. Understand how gender discrimination, sexuality, violence etc effect health status.
  3. Increase the awareness of rights and responsibilities related to health particularly reproductive health.
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## Session 1: Right to Health Care



**2.30 Hours**

### **Learning Objectives**

The participants will be able to

- Identify the link between health and human rights
- State what is meant by “the right to health” and the “right to health care”
- State the responsibilities of the state and men in protecting health rights

### **Methods**

- Group work, discussion, presentations

### **Material**

- Chart paper, pens, handouts

### **Activity 1**

#### **Steps**

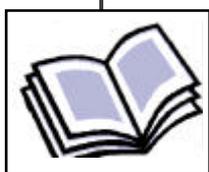
1. Distribute Handout 1.1 to each participant.
2. Divide the participants into four groups.
3. Ask the participants to read the handout in groups. Ensure that each participant reads the handout (individually or collectively). Give at least one hour for reading of the handout.
4. Ask each group to discuss and write the answers on chart paper.
  - a. How does Human Rights link to Health Rights?
  - b. What is the difference between ‘Right to Health’ and ‘Right to Health Care’?
5. Each group then presents to the larger group.
6. Ask participants to return to their groups. Now, ask each group to discuss role of the state and the men in promoting the right to health care.

7. Facilitator gives the following format for presentation of group discussions. Each group then presents the same to the larger group.

Which men	Issues	Strategies

8. While summing up the discussion the facilitator can refer to facilitator's notes and emphasize that

- a. health rights are also human rights
- b. any violation of human rights has serious implications for health
- c. men have to play a key role in the protection of health rights of all women, children and themselves
- d. state is obligated to protect, respect and fulfill (see page 172 for state obligations)



### Facilitator's Note - Men's role in protection of Health Rights

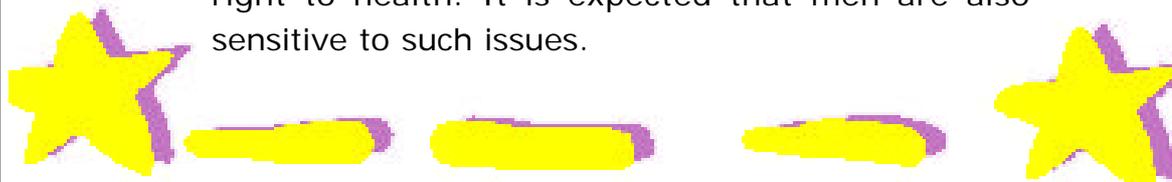
Worked out example

Which men	Issues	Strategies
In family (father, brother, husband, brother-in-law, son)	<ul style="list-style-type: none"> <li>- Among men and women</li> <li>- discrimination, violation of health rights</li> <li>- early marriage and early child bearing, violence during pregnancy, pre and post natal care</li> <li>- contraceptives (based on men and women's needs)</li> </ul>	<ul style="list-style-type: none"> <li>- communication</li> <li>- counselling</li> <li>- encouraging peer group</li> <li>- training</li> <li>- information of reproductive health</li> <li>- information of STD, HIV</li> </ul>
In society (adolscent children, groups, organisations, leaders, ideal men)	<ul style="list-style-type: none"> <li>- gender based discrimination</li> <li>- violation of health rights</li> <li>- availability of health services to men, and women</li> <li>- taking steps against those who violate rights</li> </ul>	<ul style="list-style-type: none"> <li>- public awareness campaign</li> <li>- use of media (TV. Newspaper, Magazine etc.)</li> </ul>
On national level (political leaders, policy makers)	<ul style="list-style-type: none"> <li>- good role models</li> <li>- creating a rights based health policy</li> <li>- encouraging men to understand their own health needs</li> </ul>	<ul style="list-style-type: none"> <li>- training workshop</li> <li>- create pressure group</li> </ul>



**Issues to be highlighted**

- In comparison to women or other weaker sections, men are more capable of implementing rights to information, education etc.
- Women have less access to health services compared to men, the main and important reason being gender discrimination
- As aware citizens, men should have a conviction of their own rights and be sensitive towards the rights of women.
- Women have special needs for health services during their lifetime (i.e. those related to gynaec issues, pregnancy, birth of a child, post natal service, contraception etc.) but they have less access to health services. In this context men must understand their responsibility.
- Social rituals, customs, culture affect women's access to adequate nutrition. Therefore, men should be sensitive and take steps to change these rituals and customs and practices that affect women's health adversely.
- Vulnerable sections of society i.e. women and children become the victims of violence. This violates their right to health. It is expected that men are also sensitive to such issues.



**Handout**

1.1 - Difference between right to health and right to health care



60 minutes

## Session 2: Gender and Health

### Learning Objectives

The participants will be able to state -

- How gender impacts men and women's health differently
- What are men's specific health needs
- Issues on which men should be sensitive for improving women's health

### Methods

- Group work, discussion, presentation

### Material

- Card paper, board, chalk, Handouts 2.1-2.4

### Activity 1

#### Discussion, Summing up

### Steps

1. Divide participants into four groups.
2. Distribute one of the following topics to each of the groups.
3. Participant can use the handout as a guide. However, they should put down their own experiences.
4. After groups present their discussions, facilitator highlights the following:
  - Discrimination based on gender has serious consequences on both women's and men's health. However, the consequences on women's health are more.
  - These consequences affect physical as well as mental health.
  - We do need to understand men's health needs.
  - Men need to develop a sensitivity towards women's health needs.

### **Topics for groupwork**

1. Life stages of men (birth, childhood, puberty, adolescence, adulthood, and old age) gender discrimination and its effects on men's health.
2. Women's life stages (birth, childhood, puberty, adolescence, adulthood and old age) gender discrimination and its effects on women's health.
3. Analysis of TB from the gender perspective (effect on health of men/women).
4. Analysis of road accidents from the gender perspective-effect on men's and women's health.

### **Guidelines for groupwork discussions**

- a. How does gender affect the way in which men and women react to illness?
- b. How does sexual division of labour (men's and women's different roles and activities) and construction of male and female sexuality affect their health?
- c. How do social beliefs and gender norms affect their health and health seeking behaviour i.e. women tend to tolerate the pain and discomfort for longer period, before going for treatment. A man is reluctant to seek medical help for issues of impotence.
- d. Access and control over resources for men and women is different. How does this affect men's and women's health differently?
- e. How does gender guide the outcomes of illness e.g. men get more attention due to his breadwinner role. Caring of the sick is done almost exclusively by women etc.

### **Handout**

- 2.1 – Gender and Road Accidents
- 2.2 - Gender and TB
- 2.3 - Lifecycle of Men
- 2.4 - Lifecycle of Women

## Session 3: Men's Health Issues



90 minutes

### Learning Objectives

The participants will be able to-

- Identify men's health problems and needs that are gendered

### Method

- Case studies
- Group discussions

### Materials

- Case studies, chart papers, sketch pens

### Activity 1

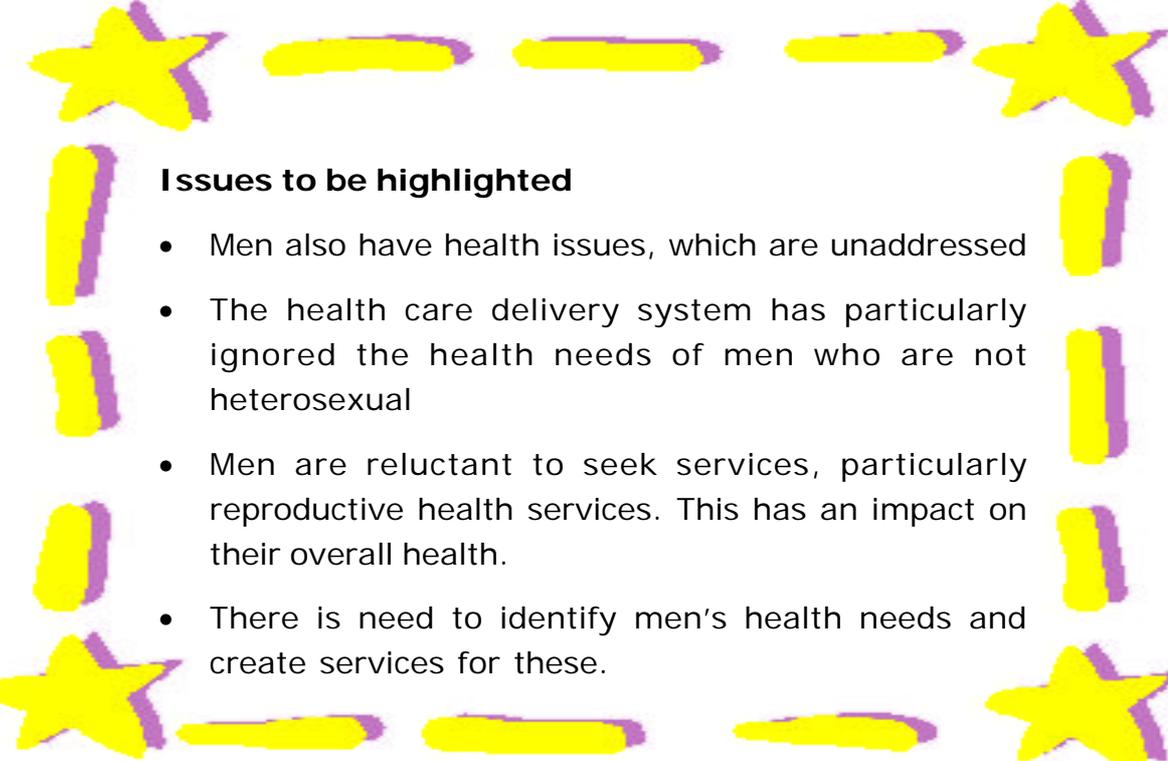
#### Steps

1. Divide participants into four groups.
2. Give two groups one case study and ask them to read, and discuss it. (20 minutes). The groups have to identify the health issues related to men's health in the case study and present these to the larger group.
3. When the groups return to present their discussion, list the health issues on the board in first column of the format given below.

Men's Health Issues	Needs	Services Available

4. Generate a discussion amongst participants on underlying health needs of men and the services available and complete the format.

5. Ask the participants to add to the list with their own health issues, needs and services.
6. Identify which are the health problems that men do not seek services for and discuss why?



### **Issues to be highlighted**

- Men also have health issues, which are unaddressed
- The health care delivery system has particularly ignored the health needs of men who are not heterosexual
- Men are reluctant to seek services, particularly reproductive health services. This has an impact on their overall health.
- There is need to identify men's health needs and create services for these.

### **Case Story**

#### 3.1 – Men's Health Issues



90 minutes

## Session 4: Health and Sexuality

### Learning Objectives

The participants will be able to -

- Differentiate how men's and women's sexuality is constructed
- State how social norms influence men and women's sexuality.
- Identify the links between sexuality and health.

### Methods

- Freelisting, brain storming, groupwork

### Materials

- Board, chalk, cardpaper, pens

### Activity 1

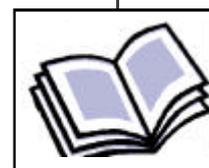
#### Steps

1. Divide the board into two columns.
2. Ask participants to list social norms related to men in one column. Follow this with social norms related to women in the other column.
3. Take each norm and ask participants to state how this translates into sexuality related norms.
4. Discuss how gendered social norms construct men and women's sexuality differently.
5. Discuss how these effects reinforces women's low social status in society. Married women relate to their husbands', in such a way that they have no control over their own bodies. Most women do not have the right to choose their partners, have no control over deciding when or whether to have sex, or how often. These are outside the realm of their control.

6. Next, ask participants to list how each norm affects health status (see box for guidelines).
7. Discuss how social norms also influence men's behaviour to control and demonstrate power. For instance if a child is not born within the first year of marriage, then social norms allow men extra-marital relationships, or to marry again. These are demonstrations of masculinity, strength, and fertility (men need to demonstrate virility, have sons – to be 'masculine').
8. Reinforce the link that social norms determine sexuality related norms (these are not necessarily only to do with the sex act, but also the need to be a father, have male sons, to show virility) and how they define health seeking behaviours. End with presentation (OHP 4.1) on Defination of Sexual Health.

**Facilitator's Note**

Worked out example



Social Norms for Men	Sexuality related norms	Social Norms for women	Sexuality related norms
Be strong	<ul style="list-style-type: none"> <li>- Must have strong body</li> <li>- Show strength in sexual act</li> <li>- Must perform</li> </ul>	Women are weak	<ul style="list-style-type: none"> <li>- Need to be protected</li> <li>- Have weak sexual urges</li> </ul>
Be adventurous	<ul style="list-style-type: none"> <li>- Must have experience</li> <li>- Must experiment</li> <li>- Look for information</li> </ul>	Be modest	<ul style="list-style-type: none"> <li>- Bodies must be covered</li> <li>- Must not speak about sex or sexuality</li> </ul>
Be a leader	<ul style="list-style-type: none"> <li>- Initiate sex</li> <li>- Must know about sex</li> <li>- Must be able to talk about sex</li> </ul>	Be compliant, obedient	<ul style="list-style-type: none"> <li>- Do not initiate sex</li> <li>- Cannot talk about discomforts or pain</li> </ul>

**Presentation**

OHP 4.1 – Definition of Sexual Health



2 hours

## Session 5: Gender, Reproductive and Sexual Health

### Learning Objectives

The participants will be able to -

- State how gender influences all issues related to reproduction and sexual health
- Identify their own roles in ensuring good reproductive health

### Methods

- Group work, presentation, role-play, lecture

### Material

- Chart paper, Sketch pen
- Board, Chalk

### Activity 1 Role Play

#### Steps

1. Ask participants to list how they see sexuality linked to reproductive health. For example, Family Planning in a Reproductive Health issue. The sexual issues in Family Planning are sexual pleasure, freedom from fear of conception, infections and so on. A second example that the facilitators can cite is Infertility. The sexual related issues in infertility are, knowledge of fertile period in a woman's menstrual cycle, freedom from anxiety and stigma which leads to inhibitions in sexual expression. Ask participants to state what they think is sexual health - for example, freedom from sexually transmitted infections, treatment of impotency etc.
2. Divide participants in three or four groups to prepare role plays on the following situations.
3. Each group will have 10 minutes to prepare and 3-4 minutes to enact the skit.

4. After each role-play, discuss each issue one by one. List responses in different columns on the board.
5. The facilitator concludes by stating that gender influences all issues related to reproduction and sexual health (see issues to be highlighted). Explain how we saw this in the role-plays, and how we see this in daily life. Reinforce that if we have to improve sexual and reproductive health, we will first need to create equitable gender relations in the family and in society.

#### **Situations for role-play**

1. A man has no child after six years of his marriage
2. A woman is suffering from white discharge and itching in the genital area.
3. A wife wants to have intercourse daily and the husband suffers from premature ejaculation.
4. A pregnant woman has three girl babies and has anaemia.

#### **Issues to be presented**

- What are the gendered sexuality issues in the situation?
- Tensions/problems in seeking treatment.
- Social pressures
- Role of family
- Men/women's attitude towards themselves
- Response of health care providers

### **Activity 2**

#### **Steps**

1. This activity follows from the earlier role play activity.
2. Divide the participants into the same 4 groups. Each group reworks the presentation of the situation in Activity 1 to show a sensitive man and establishes his role in maintaining good sexual and reproductive health.

3. Each group presents the same to the larger group. The presentation should highlight (i) what changes were made (ii) what can be the difficulties encountered in making such changes.
4. Conclude by saying it is essential for men to play a key role in ensuring not only their own health but also that of their partners, and families.

#### **Handout**

5.1 – Gender, Sexuality, Reproductive and Sexual Health

### **Handout 1.1: Integrating Human Rights in Health**

#### **What is meant by a rights – based approach to health?**

A rights-based approach to health refers to the processes of:

- Using human rights as a framework for health development.
- Assessing and addressing the human rights implications of any health policy, programme or legislation.
- Making human rights an integral dimension of the design, implementation, monitoring and evaluation of health–related policies and programmes in all spheres, including political, economic and social.

#### **Substantive elements to apply, within this process, could be as follows:**

- Safeguarding human dignity.
- Paying attention to those population groups considered most vulnerable in society. In other words, recognising and acting upon the characteristic of those affected by health policies, programmes and strategies – children (girls and boys), adolescents, women, and men; indigenous and tribal populations; national, ethnic, religious and linguistic minorities; internally displaced persons; refugees; immigrants and migrants; the elderly; persons with disabilities; prisoners; economically disadvantaged or otherwise marginalised and/or *vulnerable groups*.
- Ensuring health systems are made accessible to all, especially the most vulnerable or marginalised sections of the populations, in law and in fact, without discrimination on any of the prohibited grounds.
- Using a gender perspective, recognising that both biological and socio cultural factors play a significant role in influencing the health of men and women, and that politics and programmes must consciously set out to address these differences.

A rights – based approach to health entails recognising the individual characteristics of the population groups concerned. In all actions relating to children, for example, the guiding principles of the Convention on the Rights of the Child should be applied. These include:

- The best interests of the child shall be a primary consideration.
- The views of the child shall be given due weight.

- Ensuring equality and freedom from discrimination, advertent or inadvertent, in the way health programmes are designed or implemented.
- Disaggregating health data to detect underlying discrimination.
- Ensuring free, meaningful, and effective participation of beneficiaries of health development policies or programmes in decision – making processes which affect them.
- Promoting and protecting the right to education and the right to seek, receive and impart information and ideas concerning health issues. However, the right to information should not impair the right to privacy, which means data should be treated with confidentiality.

It has been demonstrated that “respect for human rights in the context of HIV/ AIDS, mental illness, and physical disability leads to markedly better prevention and treatment. Respect for the dignity and privacy of individuals can facilitate more sensitive and humane care. Stigmatisation and discrimination thwart medical and public health efforts to heal people with disease or disability.

- Only limiting the exercise or enjoyment of a right by a health policy or programme as a last resort, and only considering this legitimate if each of the provisions reflected in the Siracusa principles is met.
- Juxtaposing the human rights implications of any health legislation, policy or programme with the desired public health objectives and ensuring the optimal balance between good public health outcomes and the promotion and protection of human rights.
- Making explicit linkages to international human rights norms and standards to highlight how human rights apply and relate to a health policy, programme or legislation.
- Making the attainment of the right to the highest attainable standard of health the explicit ultimate aim of activities, which have as their objectives the enhancement of health.
- Articulating the concrete government obligations to respect, protect and fulfil human rights.
- Identifying benchmarks and indicators to ensure monitoring of the progressive realisation of rights in the field of health..

- Increasing transparency in, and accountability for, health as a key consideration at all stages of programme development.
- Incorporating safeguards to protect against majoritarian threats upon minorities, migrants and other domestically “unpopular” groups, in order to address power imbalances for example, by incorporating redress mechanisms in case of impingements on health – related rights.

### **WHAT IS THE LINK BETWEEN HEALTH AND HUMAN RIGHTS?**

There are complex linkages between health and human rights:

- Violations or lack of attention to human rights can have serious health consequences;
- Health policies and programmes can promote or violate human rights in the ways they are designed or implemented;
- Vulnerability by taking steps to respect, protect and fulfil human rights.

The normative content of each right is fully articulated in human rights instruments. In relation to the rights to health and freedom from discrimination, the normative content is outlined in Questions 4 and 5, respectively. Examples of the language used in human rights instruments to articulate the normative content of some of the other key human rights relevant to health follows:

- Torture: “No one shall be subjected to torture or to cruel, inhuman or degrading treatment or

#### **POSSIBLE “INGREDIENTS” IN A RIGHTS - BASED APPROACH TO HEALTH:**

**Rights to health**

**Information**

**Gender**

**Human dignity**

**Transparency**

**Siracusa principles**

**Benchmarks and indicators**

**Accountability**

**Safeguards**

**Equality and freedom from discrimination**

**Disaggregation**

**Attention to vulnerable groups**

**Participation**

**Privacy**

**Right to education**

**Optimal balance between public health goals and protection of human rights**

**Accessibility**

**Concrete government obligations**

punishment. In particular, no one shall be subjected without his free consent to medical or scientific experimentation”.

- Violence against children: “ All appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse .....” shall be taken.
- Harmful traditional practise: “ effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children” shall be taken.
- Participation: The right to....“active, free and meaningful participation.”
- Information: “ freedom to seek, receive and impart information and ideas of all kinds.”
- Privacy: “ No one shall be subjected to arbitrary or unlawful interference with his privacy...”
- Scientific progress: The right of everyone to enjoy the benefits of scientific progress and its applications.
- Education: The right to education, including access to education in support of basic knowledge of child health and nutrition, the advantages of breast – feeding, hygiene and environmental sanitation and the prevention of accidents.
- Food and nutrition: “The right of everyone to adequate food and the fundamental right of everyone to be free from hunger...”
- Standard of living: Everyone has the right to an adequate standard of living adequate food, clothing, housing, and medical care and necessary social services.
- Right to social security: The right of everyone to social security, including social insurance.

Persons suffering form mental disabilities are particularly vulnerable to discrimination. Not only does this impact negatively on their ability to access appropriate treatment and care but the stigma associated with mental illness means that they experience discrimination in many other aspects of their lives, affecting their rights to employment, adequate housing, education, etc.

The United Nations Resolution on the Protection of Persons with Mental Illness, prohibits discrimination on the grounds of mental illness.

## **WHAT IS MEANT BY “THE RIGHT TO HEALTH**

*“The right to health does not mean the right to be healthy, nor does it mean that poor governments must put in place expensive health services for which they have no resources. But it does require governments and public authorities to put in place policies and action plans which will lead to available and accessible health care for all in the shortest possible time. To ensure that this happens is the challenge facing both the human rights community and public health professionals.”*

*United Nations High Commissioner for Human Rights, Mary Robinson*

The right to the highest attainable standard of health (referred to as “the right to health”) was first reflected in the WHO Constitution (1946) and then reiterated in the 1978 Declaration of Alma Ata and in the World Health Declaration adopted by the World Health Assembly in 1998. It has been firmly endorsed in a wide range of international and regional human rights instrument.

The right to the highest attainable standard of health in international human rights law is a claim to a set of social arrangements – norms, institutions, laws, an enabling environment – that can best secure the enjoyment of this right. The most authoritative interpretation of the right to health is outlined in Article 12 of the ICESCR, which has been ratified by 145 countries (as of May 2002). In May 2000, the Committee on Economic, Social and Cultural rights, which monitors the covenant, adopted a General Comment on the right to health. General Comments serve to clarify the nature and content of individual rights and States Parties’ (those states that have ratified) obligations. The General Comment recognised that the right to health is closely related to and dependent upon the realisation of other human rights, including the rights to food, housing, work, education, participation, the enjoyment of the benefits of scientific progress and its applications, life, non-discrimination, equality, the prohibition against torture, privacy, access to information, and the freedoms of association, assembly and movement.

Further, the committee interpreted the right to health as an inclusive right extending not only to timely and appropriate health care but also to the underlying determinants of health, such as access to safe and potable water and adequate sanitation, and adequate supply of safe food, nutrition and housing, healthy occupational and environmental conditions, and access to health – related education and information, including on sexual and reproductive health.

The General Comment sets out four criteria by which to evaluate the rights to health:

a) **Availability:** functioning public health and health care facilities, goods and services, as well as programme, have to be available in sufficient quantity

b) **Accessibility:** Health facilities, goods and services have to be accessible to everyone with out discrimination, within the jurisdiction of the State party. Accessibility has four overlapping dimensions:

- Non-discrimination
- Physical accessibility
- Economic accessibility (affordability),
- Information accessibility

c) **Acceptability:** All health facilities, goods and services must be respectful of medical ethics and culturally appropriate, sensitive to gender and life-cycle requirements, as well as being designed to respect confidentiality and improve the health status of those concerned.

d) **Quality:** Health facilities, goods and services must be scientifically and medically appropriate and of good quality.

### References

WHO, **25 Questions and Answers on Health and Human Rights; Health and Human Rights Public Series**, Issue No. 1, July 2002. WHO, Department of Gender and Women's Health.

### OBLIGATIONS OF THE STATE

.....to respect i.e. put no obstacles in the enjoyment of rights

.....to portect i.e. protect from violations by third parties

.....to fulfill i.e. to create enabling conditions so that rights can be met

## **Handout 2.1: Gender and Road Traffic Injuries**

Worldwide, road traffic injuries caused more than a million deaths in 1998, and were the second leading cause of death among those aged 15-44 years. Eighty eight percent of these deaths occurred in low and middle-income countries, where the majority of casualties were pedestrians, cyclists and riders of motorised two-wheelers. Most were killed and injured in urban areas, especially in the fast growing mega-cities of Asia and South America.

### **What do we know?**

#### **Higher rates of injury and poorer outcomes in males**

- Globally, almost three times (2.7) as many males as compared to females die from road traffic injuries, accounting for the largest sex differentials in mortality rates from unintentional injury (Fig 1). The risk of death, of long-term disability, and of serious injury are each higher among male, than female, drivers in many parts of the world.
- In Barcelona\*, Spain, a large 6-hospital study found that 7 of 10 road traffic injury cases above the age of 14 years were among males, and the overall death rate was more than 3 times higher for men than women (7.7).
- Hospital-based data from Karachi over 4 months reported that 86% of 727 road injury victims were male.

#### **Special risks among children and youth**

- Among child pedestrians involved in traffic accidents, boys usually suffer more accidents than young girls. It has been suggested that this may be because boys are more likely to cross streets unaccompanied by an adult at younger ages than girls.
- Traffic accidents involving children on bicycles report higher fatality rates for boys. In Australia, the fatality rates of boys on bicycles were twice those for girls. All deaths involved moving vehicles, and most such accidents were attributed to unsafe cycling behaviour on the part of children.
- In USA, where large numbers of teenagers are licensed drivers of motor vehicles, young men are at especially high risk, with fatality risks nearly twice those observed among young women.

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\* These 6 hospitals receive 95% of all MVA victims in Barcelona, allowing population based estimate for the city (Plasencia 1995).

#### **Smaller stature of women puts them at greater risk of lower body injury**

- The smaller stature of females (a sex factor), contributes to a worse prognosis for females if all other aspects of a given accident are held constant. Studies of the frequency and severity of lower body injury found an excess of ankle/tarsal injuries among females, and follow-up research found this was due to sex differences in height.

#### **Gender roles and traffic accidents**

Higher male risk of road traffic injuries and fatality is associated to a significant extent with greater exposure to driving as well as to patterns of high risk behaviour when driving.

#### **'Masculinity' may be hazardous to health**

- Gender role socialisation and the association of masculinity with risk-taking behaviour, acceptance of risk and a disregard of pain and injury may be factors leading to hazardous actions on the part of men: excessive consumption of alcohol, drug use, aggressive behaviour to be in control of situations, and risky driving. This has consequences not only for their own health, but causes injury and suffering to pedestrians and passengers of the vehicles they drive.

#### **Exposure to driving**

- In places where women's mobility is traditionally restricted, males may spend substantially more time in moving vehicles than females, and in all settings other than among the small economic elite, males are probably more likely to own cars than females. Men are also more likely to be employed as drivers and mechanics in cars and trucks, including long-haul vehicles which means spending several days and nights in the vehicle. This would result in a higher **exposure** to the risk of traffic accidents in men, and is clearly attributable to gender-based differences in male and female roles.

#### **Alcohol use**

- More consistent are data showing that males are more vulnerable to behavioural risk factors for traffic accidents such as driving under the influence of alcohol and driving at excessive speeds.
- Studies from US and Kenya report that male drivers were far more likely than females to have been drinking prior to a motor vehicle crash.

- In the USA, alcohol use is implicated in approximately one-third of all fatal crashes involving teenagers, and the risks are greatest among young males .
- A national survey of Canadian youth reports that of those who reported drinking at parties, males were 3.5 times more likely to drive after drinking .
- A study comparing the effects of alcohol on simulated driving among 18-year olds found males drove faster than females and males, on the whole, made significantly more on-road errors than females.

### **Excessive speed**

- The greater severity, duration and negative health outcome of traffic injury to male drivers is attributable to excessive driving speed (often related to alcohol), and to a lesser extent, to the non-use of seatbelts.

### **Gender factors in health seeking behaviour and social/economic consequences**

- Limitations of transport, long distances to health facilities, and weak communication systems all hinder health-seeking for acute conditions and for injuries. Gender differentials in access to health care for traffic accidents is likely to follow prevailing gender disparities for other acute injuries in the local setting. It has been suggested that acute accident care is similar to emergency obstetrics, and communities that cannot respond to one, cannot respond to the other.
- There are likely to be gender differences in the social and economic consequences of temporary and/or permanent disability resulting from injury. Women may typically not be in jobs that have an adequate insurance coverage or allow for long duration of absence from work. They may not be able to pay for home-based nursing care, and for childcare and paid domestic help that may be needed because of their temporary or permanent impairment. In some settings, permanent disability from accidents may cause break-down of marriages and place women at risk of destitution.

### **What research is needed?**

- Where appropriate data do not exist, there is a need to set up national injury surveillance systems, which provide age and sex-specific data on causes of road traffic injuries. This, together with sex disaggregation and analysis of existing data sets would help identify country-specific issues, monitor time trends and evaluate existing interventions.

- A more extensive review of sex differentials in the use of alcohol while driving would help determine whether the observed associations would necessitate gender-differentiated policies on issuance of driving licenses and on consumption of alcohol.
- Further investigations of the basis for excessive male risk-taking are warranted. Evidence of social effects (whether alone or in combination with biologic factors), may provide a rationale for political or voluntary restrictions of media or other social re-informants of risky gender images.
- More research is needed on gender-differentials in access to health care and social support services by victims of road traffic accidents, and the long-term social and economic consequences to their lives.

#### **What are the implications for policies and for injury prevention programmes?**

- Legislative measures for graduated licensing, a higher age for licensing and for consumption of alcohol, and a policy of zero-tolerance for drinking and driving need to be introduced and stringently enforced in all settings.
- Policy measures and interventions with a specific focus on vulnerable road users in low and middle income countries need to be developed and piloted.
- Educational interventions which challenge gender-role stereotyping of males as high risk takers and to foster safe health practices need to be designed and piloted in a variety of settings. These need to be targeted principally at school-age children and adolescents of both sexes, but should involve older men and women as well, so that there is a supportive environment for boys and men adopting safer and non-risk taking behaviour.
- Positive behavioural changes may be best achieved through community based approaches which allow injury prevention messages to be repeated in different forms and contexts.
- Strategies for financing and organising the delivery of injury and trauma services need to be aware of gender differences in ability to access and to pay for health services for acute care as well for rehabilitation.
- Gender differences in the social and economic consequences of temporary and/or permanent disability resulting from injury have to be taken into account when planning rehabilitation services.

**Based on:**

Snow, Rachel. Sex, gender and traffic accidents: Addressing male risk behaviour. Prepared for WHO Workshop, *Gender and Health*, Geneva, June 28-30 2000.

**Additional references**

1. Krug E. Injury – A leading cause of the global burden of disease. WHO, 1999
2. Mackay M and Tiwari G. The prevention of road traffic injuries. WHO, 2001. Unpublished paper.
3. Thomson EH, Jr and Pleck JH. The structure of male role norms. *American Behavioural Scientist*, 1986, 29(5), 531-543.
4. Strodl E. *A review of men's health literature*. Health Promotion Unit, Darling Down Regional Health Authority, Queensland Health, 1994.
5. National Health and Medical Research Council. *Unintentional injury in young males 15-29 years*. Australian Government Publishing Service, Canberra, 1997.

**References**

WHO, **Gender and Road Traffic Accidents, 2002**. WHO, Department of Gender and Women's Health.

### **Handout 2.2: Gender and Tuberculosis**

Globally, 8 million people are estimated to develop tuberculosis (TB) each year, and 2 million deaths result from the disease. Overall, one-third of the world's population is currently infected with the tuberculosis bacillus, over 90 per cent of them in developing countries.

It is the poorest people from the poorest countries who are most affected by tuberculosis. Not only are they more vulnerable to the disease because of their living and working conditions, they are also plunged deeper into poverty as a consequence of tuberculosis. A person with TB loses, on average, 20-30 per cent of annual household income due to illness.

The situation warrants urgent action to curb the epidemic. Examining the gender dimensions of TB is important for overcoming barriers to effective prevention, coverage and treatment of tuberculosis.

#### **What do we know?**

Tuberculosis incidence and prevalence is higher in adult males than in adult females

- In most settings, sex differentials in tuberculosis prevalence begin to appear between 10 and 16 years of age, and remain higher for males than females thereafter. The reasons for the higher male prevalence are poorly understood, and need further research to identify associated risk factors.

Examining the gender dimensions of tuberculosis is more than ascertaining which sex has a higher prevalence rate, or a higher case fatality rate. It also includes looking at other issues such as differences in risk of exposure to infection, in health seeking behaviour and health-systems response, economic consequences, and stigma associated with being known as a tuberculosis patient.

#### **Reported incidence rates for tuberculosis may under-represent females**

- Standard screening norms may cause more women than men with tuberculosis to be missed. Women appear to be less likely than men to present with symptoms of cough or sputum production, or test positive for tubercle bacilli on sputum microscopy.
- Lower rates of notification may also be a consequence of a smaller proportion of women than men with tuberculosis visiting a health facility and/or submitting sputum specimens for testing.

### **There are sex differences in the development and outcome of tuberculosis**

- Once infected with TB, women of reproductive age are more susceptible to fall sick than men of the same age, and also to die from it. Evidence on the contribution of pregnancy to these differences is inconclusive.

### **HIV is contributing to sex differentials in risk of tuberculosis in young people**

- HIV weakens the immune system, and a person who is HIV positive and infected with TB is much more likely to develop active disease than a person similarly infected but HIV negative. Since young women are at a greater risk of HIV infection than men in the same age group, in parts of Africa where incidence of HIV is high, there are more young women notified with TB than young men.

### **Tuberculosis in pregnancy enhances the risk of a poor pregnancy outcome**

- Studies from developing country settings report that pulmonary tuberculosis in the mother increases risk of prematurity and low birth weight in neonates two-fold, and the risk of perinatal deaths between three and six-fold.

### **Genital tuberculosis frequently leads to infertility in women**

- Tuberculosis of the genitourinary tract is often difficult to diagnose in both women and men. It is however, a rare condition in men. On the other hand, one in eight women with pulmonary tuberculosis may also have genital tuberculosis. Genital TB causes infertility in up to three-fourths of the women, with far reaching consequences for their lives and wellbeing.

### **Social and economic consequences of tuberculosis varies by gender**

- Because of gender differences in the division of labour and in roles and responsibilities, tuberculosis affects women and men differently. In one study, women patients reported inability to spend time on childcare, and difficulty in carrying out household chores because of the deterioration in their physical condition. Male patients reported distress because of loss of income and inability to contribute adequately to household expenditure.
- Social isolation because of stigma associated with tuberculosis affects both sexes. But the consequences may be harsher for women and girls. Women patients from Pakistan were at risk of divorce or marital break-down, while in India, women with tuberculosis were concerned about rejection by husbands and harassment by in-laws and reduced chances of marriage, if single, while male patients were concerned principally with loss of income and economic hardship.

### **Despite early care-seeking, women have a longer period of delay before diagnosis**

- Studies to-date report either no gender differences, or a greater delay for men in the time lapse between onset of symptoms and the patient's first contact with a health care provider. However, women had a longer delay before tuberculosis was diagnosed because

- They often sought care from a private practitioner or a less qualified professional, and waited for the treatment to take effect before going to the hospital

- They did not go to the hospitals where TB treatment was available, because of the distances to be covered and restrictions on their physical mobility

- Fewer women presenting with chest symptoms were referred for sputum examination by doctors

- It took the doctors longer to diagnose women with tuberculosis than men, perhaps because they did not present with what is considered 'typical' symptoms: prolonged cough with expectoration

It would be important to probe deeper into variations in health seeking behaviour and health-provider response not only by gender but also by age and social class, to understand better groups that face the most barriers to accessing health care.

### **Men are more likely not to complete treatment**

Studies report that while men are better able to access TB treatment from a DOTS facility, the need to earn a livelihood also acts as a barrier to completing treatment. Women, on the other hand, have greater difficulty reaching an appropriate facility, but those that do, usually complete treatment.

#### **Features of treatment centres registering the highest proportion of women\***

- Visible and physically accessible shop-front setting
- DOTS centre integrated with a women and family-based primary health centre
- No cost barriers
- High proportion of women staff
- Ability to diagnose extrapulmonary disease
- Active late-chasing policy
- Emphasis on educating families and patients

\*Source: Stebbing M. Gender and TB: Perspectives from Nepal. Proceedings of a Conference on Poverty, power and TB, February 23-25, 2000, Kathmandu

### **What research is needed?**

Research on gender and tuberculosis needs to be geared in the direction of

- Ascertaining the magnitude of sex and gender-disparities in tuberculosis, from contracting the disease to successful recovery and rehabilitation, starting with :
  - a) ensuring that all current data on progress of global control of tuberculosis is age and sex-disaggregated.
  - b) re-examining age and sex-disaggregated data from past surveys and data maintained by TB programmes.
- Examining the causes underlying any sex or gender disparities, to understand the extent to which these are biological, social/cultural or operational, through comparative studies in diverse settings.
- Investigating the specific ways in which tuberculosis affects women of reproductive ages, and especially their reproductive health, including the consequences for foetal and neonatal health.

### **What are the implications for policies and for TB control programmes?**

- Suitable adaptation of the passive case-finding strategy for specific contexts is important to ensure that does not lead to under-notification, especially among women but also among men, because they do not present themselves to a health facility.
- Information campaigns need to make the availability and location of TB treatment facilities better known in the community to discourage care-seeking for TB from unqualified providers. Such campaigns should make a special effort at targeting women, young people and other vulnerable social groups.
- Community-based and/or family supervision models of the DOTS strategy may be more successful in achieving treatment compliance and positive outcomes among women as well as men who may be unable to visit treatment centres on a daily basis.
- Health providers may need to be alerted to the possibility that women with pulmonary tuberculosis may not have the typical symptoms and may not test positive on microscopic examination of the sputum.

- Routine tuberculin testing of all pregnant mothers, and following up positive cases with chemo-prophylaxis should be considered in high TB incidence settings, because of the high neonatal mortality and morbidity associated with tuberculosis in pregnant women, and to prevent maternal mortality and morbidity from this cause.
- The higher prevalence of extra-pulmonary tuberculosis, and especially genital TB, in women needs to be better addressed by health programmes because of their far-reaching consequences to women's lives.

**Based on:**

Vinod K Diwan, Eva Johansson, Nugyen Hoang Long, Anna Thorson. Gender and tuberculosis, 2000. Unpublished manuscript submitted for the Gender and Health book to be published by GWH (2001).

Uplekar MW, Rangan S and Ogden J. Gender and tuberculosis control: Towards a strategy for research and action, Geneva, World Health Organization, 2000. WHO/CDS/TB/2000.280

**References**

WHO, **Gender and Tuberculosis, 2002**. WHO, Department of Gender and Women's Health.

### Handout 2.3: Life Cycle of Women, Impact on Health

	Gender Norms	Social Norms	Impact on Health	Access to Resources
At birth	- not welcome	- distribute barfi - start saving for dowry, marriage - attitude	- neglect - no immediate treatment	
Childhood	- less status than male siblings	- has to look after younger siblings - do housework - no spare time for play	- anaemic - constant diarrhoea - vaccination not done/ incomplete	- no immediate access to health services - delay in entering school
Puberty	- possibility of being 'violated' - drops out of school	- movement restricted - kept within the house	- anaemic - health issues arising from burden of work	- no resources
Adolescence	- preparation for marriage/ marriage	- training to enter in-laws house - early motherhood	- anaemic - constant worrying - hard and long hours of work in-laws house	- no access to information/ resources/ health services
Adulthood	- low status in household - work not considered productive	- violence - double burden of work - low and unequal wages	- related to early pregnancy complications - anaemia related to contraception complications - susceptibility to infections diseases	- delay in access to health services

**Handout 2.4: Life Cycle of Men, Impact on Health**

	<b>Gender Norms</b>	<b>Social Norms</b>	<b>Impact on health</b>	<b>Access to Resources</b>
At birth	<ul style="list-style-type: none"> <li>- celebration</li> <li>- happiness</li> <li>- love and care</li> </ul>	<ul style="list-style-type: none"> <li>- distribution of pedas</li> </ul>	<ul style="list-style-type: none"> <li>- attention paid to every illness, vaccination is done, health is taken care of, immediate treatment</li> </ul>	
Childhood	<ul style="list-style-type: none"> <li>- has access to resources</li> <li>- particular care to education</li> </ul>	<ul style="list-style-type: none"> <li>- allowed to take part in sports</li> <li>- freedom given</li> </ul>	<ul style="list-style-type: none"> <li>- as above</li> </ul>	
Puberty	<ul style="list-style-type: none"> <li>- access to higher education</li> <li>- freedom</li> </ul>	<ul style="list-style-type: none"> <li>- freedom, spend time with friends, few responsibilities at home</li> <li>- no discussion about puberty changes</li> </ul>	<ul style="list-style-type: none"> <li>- personal fears about nocturnal emissions/ about physical and emotional changes</li> </ul>	
Adolescence	<ul style="list-style-type: none"> <li>- can choose marriage partner</li> </ul>	<ul style="list-style-type: none"> <li>- encouraged to go for higher education</li> <li>- few responsibilities at home</li> <li>- spends time with friends</li> <li>- experiments</li> </ul>	<ul style="list-style-type: none"> <li>- worry about ability to perform sexually</li> <li>- experimentation could lead to infections</li> <li>- afraid to access treatment</li> </ul>	<ul style="list-style-type: none"> <li>- no access to scientific information</li> </ul>
Adulthood	<ul style="list-style-type: none"> <li>- higher access to health services</li> <li>- must have children, preferably son</li> </ul>	<ul style="list-style-type: none"> <li>-</li> </ul>	<ul style="list-style-type: none"> <li>- prone to infections</li> <li>- reluctant to seek information/treatment regarding infertility, impotency related issues</li> </ul>	<ul style="list-style-type: none"> <li>- no source of information</li> </ul>

### 3.1

#### Case stories

1. Dilip works in the nearby metropolitan city as a headloader. He took a loan to buy seeds. After the monsoon failed, he was forced to migrate to the city for work. Every month he would send money to his family in the village. His mother, wife and three children were dependent on what he sent home. He shared a small room with others like him using it only to keep his things. After about eight months he began to feel unwell. After a persistent cough the private doctor prescribed some tablets. He would buy a few whenever he had money. After about 3-4 months the doctor then advised him to go to the government clinic nearby. There he was diagnosed with TB. The doctor explained that he would have to come everyday to the clinic. He went for about 7 days but was unable to continue as it disturbed his work.

2. Ramesh is 20 years old and lives in a small city. He lives with his parents, 2 brothers and 3 sisters. His grandmother also lives with them. Ramesh finished his graduation. After, B.A. he would like to study further, however, his father thought the expense was unnecessary.

His father is the only earning member and runs a small grocery shop.

Ramesh has a girlfriend, whom he met in college and would like to marry. However, in order to marry he would have to earn. Therefore he looks for a job in the nearby city. He works during the day and takes up odd jobs during the evenings. The long hours, loneliness etc, inability to talk to his girlfriend he finds himself tired and in constant tension.

He spends any free time masturbating, or goes to see a pornographic film. He feels guilty, and weak with the loss of semen. This causes him a lot of tension. He begins to get migraines. The tension increases over a period of time. This leads to depression.

#### **OHP 5.1: Definition of sexual health**

" Sexual health is women's and men's ability to enjoy and express their sexuality and to do so free from risk of sexually transmitted diseases, unwanted pregnancy, coercion, violence and discrimination. Sexual health also means able to have an informed, enjoyable and safe sex life, based on self-esteem, a positive approach to human sexuality, and mutual respect in sexual relations. Sexual health enhances life, personal relations and the expression of one's sexual identity. It is positively enriching, includes pleasure, and enhances self-determination, communication and relationships."

- *Health, Empowerment, Rights and Accountability (HERA) Statement. as reproduced in Common Ground Sexuality published by Tarshi, New Delhi*

### **Handout 5.1: Linkages between Sexuality and Reproductive Health**

Most, if not all gynaecological and reproductive health problems are ultimately linked with sexuality. Choice of contraceptive methods and satisfaction with methods, safe pregnancy and delivery, treatment of infertility, protection from sexually transmitted diseases, all have some underlying issues related to sexuality. On the one hand, women's and men's sexual attitudes and behaviours influence contraceptive choice and effectiveness of use. On the other hand, the use of particular methods can affect the way people experience their own and their partner's sexuality in positive and negative ways.

Sexual relationships often incorporate power disparities based on gender, age, class and patronage (for example, landowner-labourer, employer-employee, upper caste-lower caste relationships). The disparities are due to both physical strength and access to material and social resources. Girls and women have little control over what happens to them sexually. They have little control over men's sexual access to their bodies and the conditions under which their sexual encounters take place. However, the extent to which a woman is able to negotiate the terms of a particular sexual act or relationship defines her capacity to protect herself against unwanted sexual acts, unwanted pregnancy, or sexually transmitted diseases. On the positive side, it defines her ability to enjoy sex and to seek health care and family planning advice. Thus, interpersonal power relations intrinsically affect a woman's sexual and reproductive health outcomes.

#### **Understanding Gender and Sexuality**

Sexuality is a social construction of a biological drive. It is multidimensional and dynamic. An individual's experience of sexuality is mediated by biology, gender roles, power relations, as well as by factors such as age, social and economic conditions. An individual's sexuality is influenced, perhaps most profoundly by prescribed gender roles - the social norms and values that shape the relative power, responsibilities and behaviours of men and women. For example, women's prescribed role in sexual relations is often to be passive. Women are not encouraged to make decisions regarding their choice of sexual partners, to negotiate with their partners the timing and nature of sexual activity, to protect themselves from unwanted pregnancy and disease, and, least of all, to acknowledge their own sexual desire. Men on the other hand are socialised to 'conquer' to prove their manhood. Men are encouraged to think primarily of sexual performance; women's sexual pleasure is valued usually as proof of male performance. Also,

the proof is sought in the form of fertility, ability to have children, that too, male babies.

Men's and women's mutually reinforcing gender roles have particularly debilitating consequences for reproductive health and contraceptive practice. They place a woman's health at risk when they lead her to unwanted pregnancies and unsafe abortions. They subject her to morbidity, from neglected health, gender-based abuse and violence, harmful practices such as rape and other forced sex, STDs. Given the pressure to start sexual activity early and the social approval of multiple partners, men too are at risk for STDs, and HIV and AIDS, although to a lesser extent than women.

# Facilitation Skills

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The participants will be able to facilitate sessions using participatory methodologies.

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## Session 1: Facilitation and Group Dynamics



90 minutes

### Learning Objectives

The participants will be able to -

- Describe the role of a facilitator and a good gender trainer.
- State how group dynamics can be handled.

### Method

- Brainstorming, group discussion, role-play

### Materials

- Brown paper, Colour pens

### Activity 1 Brainstorm

#### Steps

1. Ask participants to brainstorm on 'Who is a good facilitator?' List responses on the black board.
2. Facilitator asks participants to reflect on 'Who is a good Gender Trainer?'
3. The facilitator concludes by re-iterating what makes a good facilitator (See Facilitator's Note)

#### Facilitator's Note

##### A Good Facilitator

- Is not necessarily a content expert.
- Is an expert in many forms of group process (including inter and intra-group conflict resolution, strategic planning, team building, etc).
- Often helps the group to define and verbalize its own agenda and processes.
- When outcomes are externally prescribed, helps the group develop, implement and 'own' action steps to achieve the outcome.
- Sees facilitation as a process to help achieve specific 'bits' of broad organisational goals.



- An efficient negotiator to evolve commonly accepted norms.
- Growth takes place both inside and outside the class. So facilitator's roles are not superior to those of participants. The facilitator guides the discussion and directs growth.
- A good facilitator is a good communicator.
- Stimulates dialogue and interaction between participants, not just between himself and the participants.

#### **A Good Gender Trainer**

- Is a role model in democratic behaviour and gender sensitive behaviour
- Open and willing to share his own struggles
- Gently challenges gender stereotypical attitudes and behaviour
- Is encouraging and supportive when he sees shifts and changes
- Is able to laugh at himself

#### **Activity 2**

**Group Discussion and role-play.  
Dealing with challenging participants  
(60 mins.)**

#### **Steps**

1. Divide participants into 4 small groups.
2. Ask each group to draw out a situation, which could affect the group negatively, find out factors responsible for that situation and evolve a strategy to handle the situation.

You can give examples like

- a. two participants have completely opposing points of view or
  - b. one participant influences the group negatively by always stating why things cannot be done.
3. After the group discussion ask the group to present the situation and the solution in the form of a role-play.
  4. After presentation of each role-play ask other groups for feed back or alternative solutions for the same problem.

#### **Handout**

- 1.1. Tips to Handle Different Personalities

## Session 2: Principles of Participatory Training



105 minutes

### Learning Objectives

The participants will be able to -

- State principles of participatory training.
- Analyse the first three days of the training programme and evolve a common framework regarding how participatory training should be conducted.

### Methods

- Group discussion, lecture

### Materials

- Chart paper and marker

### Activity 1 Evaluation

#### Steps

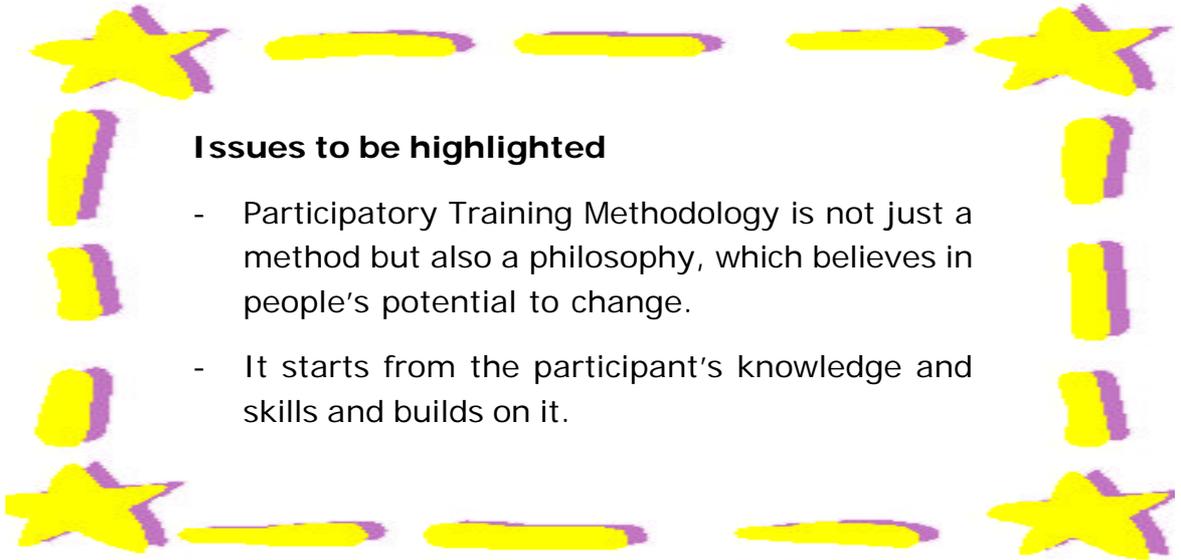
1. Divide participants into four groups.
2. Ask each group to evaluate three sessions from the last three days in terms of
  - Content area – how relevant it was to the learners' context
  - Methodology – how suitable was it for the learning objectives and sustaining the interest of the learners
  - Communication between facilitators and participants and between participants
  - Facilitator's skills

The groups will have to point out what they found suitable and how the session could have been improved. (*Thirty minutes*)

3. Each group makes a presentation of not more than 10 minutes. (*Forty minutes*)

#### Activity 2 Lecturer

1. The facilitator provides a short input about the three different foci of learning – knowledge, attitude and skills, and how methods are deliberately chosen for the different foci e.g., Lecture, reading and presentations for knowledge enhancement; group discussions, film shows, games, role plays for attitude change; demonstration, practice etc. for skill enhancement.
2. Examples are provided from the first three days and facilitator clearly explains what the focus of learning in each session was and how an appropriate method was used. (*Thirty minutes*)



#### Issues to be highlighted

- Participatory Training Methodology is not just a method but also a philosophy, which believes in people's potential to change.
- It starts from the participant's knowledge and skills and builds on it.

#### Handouts

- 2.1. Methods of Training
- 2.2. Importance of Facilitator in Participatory Training

## Session 3: Conducting Practice Sessions



**1 day**

### Learning Objective

- To develop skills in conducting different sessions

### Methods

- Group discussion, lecture

### Materials

- Training Manual. Handouts and other relevant resource material

### Steps

1. Select sessions from the modules on Gender, Equity-Equality, Sexuality, Violence, Health.
2. Divide participants into 6 groups (around 4 per group). Each group selects one session that they will conduct.
3. Instruct the group to prepare for the sessions and clarify roles among themselves. Facilitators will be available to provide any help that may be required.
4. The group will have to do complete preparation to conduct the session including preparing charts, keeping the required material handy and so on. *(Two hours preparation time. This is best done overnight)*
5. The group will then conduct the session according to the instructions provided in the session outline of the manual. Time required will be according to the session that is conducted.
6. Participants other than the group members will be the participants for the session. Facilitators will be observers. The facilitators will make detailed notes of their observations of the session. These notes will highlight the positive aspects of the session (where the principles of participatory training are being followed) as well as those aspects, which can be improved. The facilitators should provide concrete instances to highlight their observations. Use the Observation Checklist (Throughout 3.0)

7. Alternatives should be provided on how the session could have been improved. While feedback is being provided, the group in question should be requested not to provide explanations and excuses as this may hinder their listening process. (*Thirty minutes*)



**Facilitator's Note**

If the preparation is done overnight, four 45 minute sessions can be accommodated. Each group conducts a 45 minute session, gets participants' feedback for 15 minutes and facilitator's feedback for 30 minutes, including discussion time.

**Handout**

1. Observation Checklist for Trainers

## **Handout 1.1: Tips to Handle Different Personalities**

In training or while working with groups the facilitator will be facing different situations or need to handle different types of personalities. The facilitator should learn to handle them tactfully.

Below are some personalities and some tips that may help.

**The Heckler:** Probably insecure, gets satisfaction from needling, being aggressive and argumentative

### **What to do**

- Never get upset
- Find merits, express agreement, move on
- Wait for a mis-statement of fact and then throw it out to the group for correction

**The Griper:** Feels 'hard done by', probably has a pet 'peeve'. Will use you as scapegoat

### **What to do**

- Get him/her to be specific
- Show that the purpose of your presentation is to be positive and constructive
- Use peer pressure

**The Talker / Know all:** An eager beaver / chatterbox, a show off, well informed and anxious to show it

### **What to do**

- Wait till he or she takes a break for breath, thank, refocus and move on
- Slow him/her with tough question
- Jump in and ask for group to comment

**The Whisperers:** Don't understand what's going on, sharing anecdotes triggered by your presentation, bored, mischievous or hypercritical.

### What to do

- Stop talking, wait for them to look up and non-verbally ask for their permission to continue.

**The Silent One:** Timid, insecure, shy, bored, indifferent

### What to do

- Timid - Ask easy questions, boost her / his ego in discussing answers, refer to by name when giving examples, bolster confidence
- Bored - Ask tough questions, refer to by name as some one who 'surely knows that.' Use as helper in exercises.

## **Handout 2.1: Methods of Training**

Different methods are used for participatory training. They are as follows:

### **1. Lecture**

This method is used to give new ideas and information to trainees. The lecture method can be used to either give information or to summarise a session after it is completed. One can use charts, slogans, pictures, posters, and transparencies to supplement lectures. These aids make learning more effective and interesting. If certain important questions are asked, then lectures become a one-way communication rather than a dialogue with the lecturer. Therefore, it is necessary to decide how one can use lectures for optimum results.

#### **Points to remember for good lecture**

- One should be well prepared with the subject and contents of the lecture.
- The lecture should be based on the objectives of the session.
- Introduction should be interesting.
- Observe the given time limit.
- Points in the lecture should be informative.
- The level of the lecture should match with the participants' level of understanding.
- If the lecture is long, try to involve the participants.
- Try to maintain eye contact with the participants by having proper seating arrangements.
- The body language of the trainer should be such that it doesn't detract the participant.
- The seriousness of the topic should be maintained.
- Don't preach the participants.
- The language of the lecture should be simple and lucid.
- The main objective of any lecture is to disseminate information and ideas. Keep that in mind, always.

### **Advantages**

- One can properly give information and ideas through a lecture.
- A good lecture can enthuse and involve the participants in the subject.
- It is easier to give information and views to the uneducated through a lecture.

### **Limitations**

- Only a trainer's views and understanding can reach the others through a lecture.
- Participants are not active recipients during the session.
- It is difficult to evaluate the effect of a lecture on the participants.
- Irresponsible trainers can confuse participants with wrong information.
- Many times the lecture method is more beneficial to trainers than participants, because their work is done once the lecture is delivered, but one is not sure whether the participants have imbibed the information or not.

## **2. Small Group Discussion**

Small group discussions help participants to share their ideas, views, and experiences on the given subject. This helps them to think and participate effectively.

### **Advantages**

- Participants find it easier to discuss in groups. They express themselves in a better way.
- This method increases group participation.
- To assimilate certain things, small group discussion is effective.
- This method also creates a friendly atmosphere.

### **Points to remember**

- Make appropriate groups, e.g., keep participants of same age, or designation, or place, or experience together; though sometimes-mixed groups are also beneficial. Division of groups will mainly depend on the topic and objectives of the group discussion.
- A trainer should participate in all the groups for some time. This will enable him/her to see whether the participants have clearly understood the topic, and whether they have actively taken part in the discussion or not.

- Keep track of the time and remind the group of this so that they can summarise their discussion.
- The trainer should give the group a plan to present the topic so that they can introduce their ideas effectively.
- One person from each group should be selected for the presentation. The group should do the selection of this person.
- Equal opportunity should be given to all the groups for making their presentations.
- If the trainer wants to save time by way of avoiding repetition of certain points, it should be told to the groups.
- The trainer should appreciate in the end the efforts of the participants and conclude by summarising the points.

### **Limitations**

- It is necessary to have a good facilitator in the small group.
- Sometimes more time is required to complete the given subject.
- If the participants do not take the discussions seriously, then this method fails.
- Space is required for all the groups to sit far enough so that they do not disturb each other..

### **3. Case Studies**

The case study method uses the experiences of people, other than the participants, for learning. Case studies are either written down or narrated. The topic for case studies should be suitable for the session.

#### **Objectives of using case studies as method**

- To give participants an exposure to varied experiences.
- To help participants reflect on the experiences provided in the case study, and to compare them with their own experiences.
- To take an objective look at the situation given in the case study, and think of ways in which the participants themselves would have behaved if they were involved.
- This is to help them understand different attitudes of people to a given situation.

- Case studies are a good technique to make people think, evaluate, reflect, and conclude on certain topics.
- Case studies enable participants to get acquainted with different experiences of people, institutions, etc.
- When a situation is analysed in a group, participants get new information, knowledge, and ideas.

### **Methodology of case study**

- Listen to the presentation of or read the given case study.
- Analyse it individually.
- Have a small group discussion based on these individual analyses.
- Identify main issues from this discussion.
- Conclude

The trainer has to ask questions, help participants think, explain, and correlate case study experiences with participants' experiences.

### **Advantages of case study**

- We can think of various ways of solving a particular problem and decide on the best way to do it.
- It creates greater awareness about a given topic.
- Case studies help to analyse and plan accordingly.
- New ideas, and information get aired.
- If a participant has similar experiences like that of the case study, then it gives him/her more strength to solve the problems.

### **Limitations**

- Participants tend to get too emotional about the experiences in the case study, and not much analysis gets done objectively.
- Sometimes discussion of topics not related to the objectives takes place, and the main topic remains unanalysed.
- It takes a lot of time to find the right case study, and the time to prepare for a proper presentation.

#### **4. Role Play**

Role play is a good method of learning in which participants can depict their real-life experiences. It helps to demonstrate different problems faced by people and the situation can be acted out. After the role play, the audience can discuss and evaluate the problem.

##### **Characteristics of a role play**

- Role play generates enthusiasm.
- It helps participants to think sensitively about each other's problems, experiences, and emotions.
- It helps to promote understanding of human nature and relationships, and think about them objectively.
- Role play can help to bring out suppressed feelings and ideas, and after evaluating them, new conclusions can be arrived at.
- Role play helps to understand a situation and the reasons behind that situation.
- Evaluation and feedbacks help to change the behaviour and ideas of a group.

##### **How to use role play**

- Make the objective of the role play very clear.
- Ask participants to volunteer and participate in the role play. Explain to them about the roles they would be enacting, and to the observers what they need to observe.
- Give enough time to prepare and present the role play.
- After the role play, ask each one on what they felt about the play.
- Ask the actors and the observers to give feedback, and discuss these with reference to the objectives.
- Summarise all the points that have evolved out of the discussion.
- Sometimes participants get carried away while portraying the emotions in the role play, e.g., crying, shouting, etc. Help them to come back to normal.

##### **Important instructions**

- Discussion after a role play is very important, therefore, explain to the participants the objectives, and the subject of the role play carefully.

- Give certain directives for the discussion.
- One can ask the following questions to generate an interesting discussion:
  1. What did you see?
  2. What did you observe in this particular scene?
  3. What were the emotions or feelings of these people in the role play?
  4. Did you experience any emotion or feeling while watching the play? If yes, why? And what was it?
  5. Will you be able to do the same role in a different way? How?
- Either the trainer himself can enact the role play, or give time to the participants to prepare for it.
- The facilitator should take care not to hurt any feelings with negative feedback about acting skills etc. However, the facilitator should tactfully bring up points for discussion.

### **Subject of a role play**

Sometimes facilitator (trainer) will have to explain the roles in detail with respect to certain situations, feelings, actions, and attitudes. The things that should at least be explained to participants are:

- Where is this particular event taking place?
- Which are the roles?
- What is going to happen?
- Reasons behind a particular role, etc.

### **Advantages of role play**

- This is a very easy and cost-effective method.
- It helps us to concentrate on a particular situation, and provides ways to face it.
- In a limited time, one can arrive at various solutions to a problem.
- In this group training method, everyone comes together to think and arrive at a conclusion.
- It does not need any particular resource or preparation.

### **Limitations of a role play**

- If participants don't take role play seriously, then it loses its educational value and becomes just fun.
- Participants can get carried away by the emotions or feelings being portrayed in the role play.
- Sometimes, the role play fails in its objective as a training technique when it turns into a play in which acting and actions gain more importance.
- Discussion after a role play is important. However, if due to time constraints it doesn't take place, then the full benefit of this training method does not accrue to the participants, and it remains a job half done.

### **5. Brainstorm**

Brainstorming is a technique of training in which lots of ideas are generated. This group method can be used for small or big groups. Participants should know about this technique. In addition, they should know that they are free to express their views and ideas. An objective of this method is to get the maximum number of ideas and points from the group.

The trainer should start as if he knows nothing about the subject and ask participants to express their views and ideas. Ensure good participation from the group to get the best out of them.

#### **How to use this method**

- Ask a question or give a statement to which participants will answer, e.g., women's health. What do they know about it?
- Ask every participant to give his views or ideas in writing, or ask them to read out their jottings.
- Write down all the ideas and views that emerge during the play/discussion. Don't reject anything.
- Again ask the group to brainstorm.
- After this, keep aside those points that are not so relevant to the subject or are not clear.
- Solicits the help of participants for clarification and consolidation.
- Make a final summary.

## 6. GAMES

### Introduction Games

In participatory teaching methods, it is necessary that participants feel comfortable to express themselves in a group. Introduction games help to break the initial inhibitions of the participants. These games help them to get to know each other in the group, and establish a playful and relaxed atmosphere. Games on hobbies and interests, or games on memorising names are of great help in this regard.

### Energizers

These games also help in infusing energy into the group. Learning often involves sitting, thinking, talking, and very little physical activity. Physical exercise helps to drive away lethargy that sets in after long hours of talking and listening. It also stimulates the participants and energises the atmosphere. It also helps to drive away tensions that may have built up during intensive emotional exchanges.

### Attention expanders

When participants find it difficult to concentrate on a particular activity, or all that is said in a session, and need a break, attention expanders can be used. Sometimes energisers can be used as attention expanders and vice versa. Attention expanders involve little physical activity and a minimal disruption of group meetings. Games like Captain, Captain be Quick, or even Shavasana can be used as attention expanders.

## 7. Songs

Songs are one way of bringing back enthusiasm into the group and release pent up energy. Different kinds of songs are used for training. Songs should be used effectively to make the training interesting and effective.

### Group songs

- Songs should be written and circulated to every one or written on the blackboard.
- Participants who know the tune of the song can take the lead, and others can follow them.
- Once the group learns the tune, everyone can sing together.
- Select songs with simple words, catchy tunes and manageable pitch.

- Team-building songs, songs from movements and campaigns with messages of hope and happiness increase motivation among participants.

### **Prayers**

- Prayer songs should be sung at the beginning and the end of the day.
- Let the group decide what prayer song they would like to sing.
- Prayer song should have universal appeal, and include people of all religions.
- Prayer songs with message of love, acceptance, and forgiveness can be comforting as well as harmony promoting.

### **Popular film songs**

These are the best energisers for sleepy, bored participants and do not require any preparation. Group members usually initiate such songs, and all join in instantly. Antakshari can also be played for greater participation.

### **8. Use Of Video Films**

Video films can be used for giving useful information or for demonstrating facts and figures. For example, if health workers are to be told about oral rehydration then the film will be a good method.

- Films can be used to create greater awareness and sensitivity on a particular subject.
- Films can be used to get reactions on certain problems or situations.

### **Things to remember**

- Films should be in accordance with the subject.
- The trainer should himself see the film before it is shown, and should be clear about the objectives and time limit.
- The trainer should be familiar with the operations of the video player.
- After the film, the trainer should discuss it with the participants, and should see whether the message of the film has reached them.

- Sometimes a film should be stopped in-between, and a discussion should take place.
- Before the start of the film, the trainer should explain to the participants the points of discussion and seek feedbacks after the film is over; this will immensely help the participants.

### **Merits of video film**

- An effective, entertaining media.
- Subject can be lucidly explained with its help.
- Participants learn to observe and evaluate a film based on points given by the trainer.
- Film generates enthusiasm in participants and is a good alternative method of training.

### **Limitations of a video film**

- If the quality of a film is not good or the reception poor, then it is difficult to view the film properly.
- Technical problems can also lead to poor reception, and thus objective of showing a film is not achieved.

**Source:** *Handout prepared by WCHP for Training of Trainers; IN Training Manual for Auxiliary Nurse Midwives for Communication and Research in Women and Health 1997.*

## **Handout 2.2: Importance of Facilitator in Participatory Training**

- A facilitator should be familiar with the subject.
- Notes given should be easy to understand.
- Time, venue, and dates of the training schedule should be fixed by consulting the participants.
- Sitting arrangement should be circular.
- The facilitator should explain the objectives of the session and enable participants to talk.
- The facilitator should not have a know-all attitude, and assume that participants know nothing.
- S/He should be open to ideas and learn.
- First, the facilitator should allow the group to discuss and talk about the subject. S/He should then intervene and give her/his opinion.
- Keep the discussions interesting until the end.

### **Facilitator/Trainer Should**

- Create a conducive environment.
- Start the training programme properly and in the end, conclude it.
- Introduce each topic and its objectives. .
- Give space to all. Listen to each participant.
- Use different methods of training.
- Make use of audio-visuals.
- Pay attention to each participant and her/his growth.
- Remember the name of each participant and call her/ him by her/his name.
- Try to build a rapport with them during lunch and tea breaks.
- Help them to build confidence.
- If the discussion is diverted, intervene and bring it on the right track.

### **Handout 3.1: Observation Checklist for Trainers**

Observation sheets to be filled by external observers.

**Topic:** \_\_\_\_\_ **Trainer:** \_\_\_\_\_ **Observer:** \_\_\_\_\_

**No. of trainees:** M / F \_\_\_\_\_ **Name of the training:** \_\_\_\_\_

**1 a). Did the trainer make use of any participatory method? If yes, which methods?**

- Brainstorming
- Small group discussion and presentation
- Group discussion
- Role play
- Exercises
- Case studies
- Short lecture
- Long lecture
- Any other method \_\_\_\_\_

**1 b). What training aids were used?**

- Transparencies
- Slides
- Video / picture
- Flip charts
- Blackboard
- Newsprint
- Handout
- Cards

**2. Did the trainer do the following things to seek participation from the trainees?**

- a) Looked at everyone in the room while talking?
- b) Only looked at a particular subgroup or individuals (first benches or females or participants of the same sex as himself or herself) in the class.

- c) Before giving out any information, tried to find out what the trainees knew about the topic.
- d) Tried to find out the experiences / thoughts / opinions of the participants.
- e) Asked them to share their experiences related to the topic.
- f) Asked the participants whether they had any questions or needed any clarifications.
- g) Asked questions to the trainees.
- h) Gave opportunity to participants to share disagreements and contrary view points.
- i) Listened patiently to the disagreements, or to the questions and doubts raised by the trainees.
- j) Encouraged discussion. Tried to answer their queries, clarified their doubts.
- k) Appreciated and stimulated participation or contribution from individuals, or from the groups during group presentation.
- l) Did any other thing to encourage participation? Specify.

**3) How was the participation from the trainees? Mark the following items:**

- a) How many trainees asked for clarification?
- b) How many trainees asked questions?
- c) How many trainees shared experiences?
- d) Did any trainee challenge the ideas presented?
- e) Did any trainee talk about application of the learning, and / or of the problems in the field?

**4) How did the trainer handle group dynamics ? Did he / she attempt to do the following**

- a) Encourage the quiet members to share their views or actively participate in the discussions.
- b) Ask the more talkative or dominating members to give others a chance to speak.
- c) Were any subgroup formed? Yes/No  
If yes, were the subgroups asked to participate in the group activity?

d) Was there any participant or group fooling around or making fun of others?

Yes / No

If yes, was the participant /group asked to participate constructively.

e) Were there participants exerting a negative influence on the group? Or disturbing the session? Yes / No

If yes, did the trainer address these participants and checked them form doing so?

f) Any other problem:

**5) Did the trainer conclude by summarizing the main point of the session?**

## ANNEXURE I

### Workshop Design 1

#### An Orientation to Rights, Gender, Sexuality, Violence and Health

Duration: 4 days, 4 sessions each day

##### Day 1

Session 1            Introductions  
                          Expectations and Fears  
                          Objectives of Workshop  
                          Design of Workshop

Session 2            Power Walk

Session 3            Equality and Equity

Session 4            Sex and Gender

##### Day 2

Session 1            Gender as a System

Session 2            Privileges and Restrictions

Session 3            Gendering of Male and Female Sexuality

Session 4            Concept of Sexuality

##### Day 3

Session 1            Acceptable and Unacceptable Sexuality

Session 2            Either 'Body and Sexuality' or 'My Own Sexuality'

Session 3            Violence as a Gender Issue

Session 4            'Gender, Power and Violence on Women' or  
                          'Masculinity and Violence'

##### Day 4

Session 1            Right to Health Care

Session 2            Men's Health Issues

Session 3            Gender, Reproductive and Sexual Health

Session 4            Planning for Changes

## **ANNEXURE II**

### **Workshop Design 2**

#### **A Rights based approach to Gender, Health and Sexuality**

Duration: 4 days, 4 sessions upto 7 hours each day

##### **Day 1**

- |           |                               |
|-----------|-------------------------------|
| Session 1 | Introductions                 |
| Session 2 | Power Walk                    |
| Session 3 | Equality and Equity           |
| Session 4 | Discrimination and Minorities |

##### **Day 2**

- |           |                                        |
|-----------|----------------------------------------|
| Session 1 | Human Rights                           |
| Session 2 | Sex and Gender                         |
| Session 3 | Gender as a System                     |
| Session 4 | Privileges and Restrictions            |
| Session 5 | Gendering of Male and Female Sexuality |

##### **Day 3**

- |           |                                       |
|-----------|---------------------------------------|
| Session 1 | Concept of Sexuality                  |
| Session 2 | Acceptable and Unacceptable Sexuality |
| Session 3 | Sexual Rights                         |
| Session 4 | Violence as a Gender Issue            |

##### **Day 4**

- |           |                                             |
|-----------|---------------------------------------------|
| Session 1 | 'Gender, Power and Violence on Women'       |
| Session 2 | Right to Health Care                        |
| Session 3 | Applying the above to our personal and work |
| Session 4 | Evaluation                                  |

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