Sakhi Saheli

Promoting Gender Equity and Empowering Young Women

A Training Manual

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The Sakhi Saheli Training Manual is an adaptation of the 'Program M Training Manual' originally developed by Instituto Promundo, ECOS, Instituto PAPAI and World Education in Brazil and Salud y Genero in Mexico, and 'Emerging Leadership – A Training Module for Community Women Leaders' developed by CORO for Literacy in Mumbai . The adaptation of Sakhi Saheli was implemented, evaluated, compiled and produced by CORO for Literacy in Mumbai and Horizons/Population Council in New Delhi.

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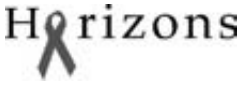

CORO (Committee of Resource Organizations) For Literacy is a non-profit organization registered in 1990 for the propagation of adult literacy in Mumbai slums. CORO is registered under the Societies' Registration Act (1860) and also under the Bombay Public Trust Act (1950). Transformation of CORO from an initiative in literacy learning to a grassroots youth and women's organization is an unfolding of empowering processes for community youth and women. Engaging grassroots women and men in combating gender based violence has been CORO's unique demonstrative proposition.

From 1997–2008, the **Horizons Program** conducted global operations research to strengthen HIV prevention, care, and treatment programs. Implemented by the Population Council, in collaboration with the International Center for Research on Women, International HIV/AIDS Alliance, PATH, Tulane University, Family Health International and Johns Hopkins University, Horizons was funded by the President's Emergency Plan for AIDS Relief through the U.S. Agency for International Development, under the terms of HRN-A-000-97-00012-00. The opinions expressed herein are those of the Horizons Program and CORO and do not necessarily reflect the views of USAID or the United States Government.

The **Population Council**, an international, nonprofit, nongovernmental organization, seeks to improve the well-being and reproductive health of current and future generations around the world and to help achieve a humane, equitable and sustainable balance between people and resources. The Council conducts biomedical, social science and public health research, and helps build research capacities in developing countries.

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Foreword

Gender inequity and inequality, widespread in Indian society, are recognized as important determinants of sexual and reproductive health problems, including HIV, among women and girls. Efforts to address this deep-rooted problem by transforming gender norms and gender roles have been few and have focused mainly on working with men and boys such as Program H in Brazil (by Instituto Promundo and partners) and Yaari Dosti in India (implemented by Horizons/Population Council and partners). These experiences have demonstrated that it is possible to change gender attitudes and beliefs and risk-taking behaviors. However, examples of such transformative approaches with women and girls are lacking. It is, therefore, important to design, implement and evaluate community-based, gender transformative interventions to reach girls and women.

Sakhi Saheli: Promoting Gender Equity and Empowering Young Women – a Training Manual has been developed by CORO for Literacy and Horizons/Population Council with support from Instituto Promundo. The Manual is an important resource for those who work with young females to prevent HIV infection and sexual and reproductive health problems. This Manual has been adapted from a program entitled Program M (working with young women) that was developed in Brazil by Instituto Promundo and partners and from the Leadership Training Program for Women developed by CORO for Literacy in Mumbai. It was prepared through a two-year long participatory process that involved young women as leaders in the design and implementation of program activities that were subsequently validated through community-based research undertaken in urban slum communities of India.

This Manual aims to promote critical reflection among young women to recognize and understand how gender normative attitudes and behaviors affect their everyday lives and can result in increasing their vulnerability to HIV and other reproductive health problems. This training initiative provides a space to young women and girls to question and challenge existing inequitable gender norms; promote positive constructs of gender and identity; improve their understanding about their body, their feelings and sexuality; and promote sexual and reproductive health. In this Manual, HIV prevention is addressed within the larger framework of gender construct and relationships.

Activities discussed in the Manual are organized around five key themes: (1) gender and identity; (2) sexuality, reproductive health and rights; (3) violence; (4) motherhood and care-giving; and (5) preventing and living with HIV and AIDS. The Manual includes practical exercises that were developed through group educational programs conducted by young women leaders to engage their peers in critically examining and thinking about these issues.

I congratulate all those involved in developing the Manual. It provides an important resource for those engaged in programs that aim to provide comprehensive gender-based responses to HIV prevention. I encourage all users in government and non-government organizations to adapt the Manual for their particular settings, using local context-specific characterization.

Saroj Pachauri
Regional Director
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Acknowledgement

The Sakhi Saheli Training Manual aims to promote critical reflection among young women to understand and challenge gender inequitable norms in an effort to reduce their vulnerabilities to HIV and sexual and reproductive health problems. It is an important tool for young women, facilitators and trainers and other program implementers. This Manual has been compiled from Program M (working with young women) that was developed in Brazil by Instituto Promundo and partners. Activities were also adapted from *Emerging Leadership – A Training Module for Community Women Leaders* developed by CORO for Literacy in Mumbai and *Yaari Dosti –Young Men Redefine Masculinity – A Training Manual* developed by Population Council.

After months of rigorous research, this Manual was adapted and produced by CORO for Literacy and Horizons/Population Council with support from Instituto Promundo and its partners. Those who contributed directly to writing and production of the Sakhi Saheli Manual in India are:

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Most importantly, the team acknowledges the contributions made by the peer leaders and the young women, enrolled in the program who were instrumental in providing insights and critical inputs for adapting and making the manual relevant for use with and by young people. All this would not have been possible without financial support provided by USAID and the MacArthur Foundation.

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Introduction

Worldwide, some 7,000 girls and women become infected with HIV every day. Globally just under half of all adults living with HIV are now female. In most regions, women and girls make up an increasing proportion of the population living with HIV and rates of female infection continue to rise (Global Coalition on Women and AIDS). In India, of the estimated 2.5 million adults living with HIV and AIDS, women account for 39.3 per cent or 1 million of these infections (NACO, 2007). Some studies have suggested that 85 per cent of women in India were infected through heterosexual sex, and around 90 per cent said that they had had only one sexual partner, usually their spouse (Solomon et al., 2005). Many new infections occur within marriage or long-term relationships as a result of partners who may have other sexual partners (Glynn et al., 2001, Kelly et al., 2003).

Women's heightened vulnerability to HIV is influenced by the major inequalities between women and men in all aspects of living – from employment opportunities and availability of education, to power inequalities within relationships. Gender norms, defined as the societal messages that dictate and determine appropriate or expected behaviors for males and females have encouraged men to have multiple partners, while women are expected to abstain or be faithful. There is also a culture of silence around sexual and reproductive health. Within relationships gender inequities are manifested in males having greater power than females and this can lead to risky sexual behaviors as well as sexual coercion and physical violence. Existing social structures also limit women's access to information and health services. All these factors contribute to circumstances under which there is increased risk of contracting HIV and sexually transmitted infections (STI) and having unwanted pregnancies. Therefore, addressing gender norms is increasingly recognized as a key strategy to prevent the spread of HIV infection, particularly among young people (Weiss et al., 2000; Barker, 2000).

Many organizations that work with youth on improving their sexual and reproductive health (SRH) and promoting HIV prevention are now incorporating a gender perspective into sex education, service delivery and provider training programs (FHI Quartely Health Bulletin Network, 1997). Some innovative programs have worked to promote positive norms for boys and men to reduce gender-related inequities, improve partner communication, and reduce HIV/STI risk. Program H (H for Hombres or Homens which means Man in Spanish and Portuguese respectively), developed by Instituto Promundo and partners in Brazil and Yaari Dosti (in Hindi means bonding among men) in India, adapted from Program H by Horizons/Population Council, CORO for Literacy and other partners are some examples of such efforts. Both these programs were evaluated using the Gender Equitable Men Scale (GEM Scale) to assess changes in young men's norms about gender roles and behavioral indicators (Pulerwitz and Barker, 2007). In both these programs after the intervention young men demonstrated a shift towards egalitarian attitudes, lowered symptoms of STIs and improvement in condom use with stable partners (Pulerwitz et al., 2006, Verma et al., 2006, Verma et al., 2007).

Building on these successful experiences with young men, Instituto Promundo and its partners developed Program M (M for Mujeres and Mulheres which means Woman in Spanish and Portuguese respectively), an initiative to promote young women's empowerment and health. It includes educational and campaign strategies to engage young women in critical reflections on socialization and on how rigid ideas of what it means to be women and men affect women's life choices, health, and sexuality. This program is currently being evaluated. At the same time in India, CORO for Literacy and

Why are HIV infection rates in young women escalating world-wide, particularly in high prevalence countries? The reasons are numerous and based in biological, social and economic realities.

- From a biological perspective, women are more susceptible than men to infection from HIV in any given heterosexual encounter, due to the greater area of mucous membrane exposed during sex in women than in men; the greater quantity of fluids transferred from men to women; the higher viral content in male sexual fluids; and the micro-tears that can occur in vaginal (or rectal) tissue from sexual penetration. In young women there is a higher risk of HIV transmission as an immature female genital tract is more likely to tear during sexual activity. The presence of untreated sexually transmitted infections (STIs) enhances the risk of transmission. In women, many STIs are left untreated because they are often asymptomatic or because young women lack knowledge and access to sexual health services.
- Social and economic factors compound the biological factors and increase young women's vulnerability to infection. For example:
  - Power differentials and differences in social norms regarding girls and women affect young women's ability to control or negotiate power in sexual situations, including marriage, thus making them vulnerable to gender-based violence and coerced sex.
  - Girls and young women are expected to know little about sex and sexuality, but this lack of knowledge puts them at risk for HIV infection. Indeed, surveys have shown that fewer girls than boys, aged 15–19, have basic knowledge about how to protect themselves from HIV/AIDS.
  - Women constitute the majority of the world's poorest. Their lack of access to life-skills-based education, economic resources and opportunities render them vulnerable to infection.
  - Women have poor access to health services as a result of lower priority given to their health and their lack of decision-making powers within the family. Also, women usually have poor mobility, which inhibits access to information and services.

Adapted from UNICEF. Girls, HIV and AIDS and Education, http://www.unicef.org/lifeskills

Horizons/Population Council with support from Instituto Promundo adapted and piloted Program M educational activities with girls and young women aged 16 to 24 years in low income communities of Mumbai. The intervention was named Sakhi Saheli (in Hindi means friendship and bonding between women) by the young women peer leaders from the communities who were engaged in research, adaptation and implementation of the group educational activities in Mumbai. A rigorous evaluation study was undertaken to assess the acceptability and effectiveness of the Sakhi Saheli intervention. The rest of this section provides information about the adaptation and implementation of the work with young women, details about the manual and its use in the Indian setting.

People are born male or female but learn to be girls and boys who grow into women and men. This learned behavior determines our gender roles. Sex refers to those characteristics which are biologically determined. Gender is used to describe characteristics of women and men that are socially constructed.

Gender norm – societal messages that dictate and determine appropriate or expected behaviors for males and females.

Gender role – social conformity with expectations for either of the two main sexes.

Gender equality – 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 – fairness and justice in the distribution of benefits and responsibilities between women and men. The concept recognizes that women and men have different needs and power and that these differences should be identified and addressed in a manner that rectifies the imbalance between the sexes.

Gender discrimination – 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.

Source: Gender and Health Collaborative Curriculum Project (www.genderandhealth.ca/)

The Sakhi Saheli Program – Adaptation and Implementation

The Sakhi Saheli program was adapted from Instituto Promundo's Program M by CORO and Horizons/ Population Council as part of a larger research study aimed at reducing HIV risk among young men and women by addressing gender norms. In earlier phases of the study, the Yaari Dosti program with young men was piloted and evaluated leading to the work with young women in the last phase by piloting the Sakhi Saheli program. At the start of the Sakhi Saheli program, CORO and Horizons undertook qualitative research to explore young women's construction and expression of femininity and masculinity in two urban slum communities in Mumbai. A team of peer leaders from CORO was intensively trained in data collection methods to undertake social mapping, in-depth interviews and group discussions with girls and women aged 16–24 years and key informants such as parents, community elders and teachers. The peer leaders were engaged in interpreting and analysing research findings, under the guidance of the researchers.

Based on the research findings, the Program M group educational activities and manual were adapted for implementation in the Indian context. A week-long workshop, followed by two months of community consultations informed the adaptation of group educational exercises for implementation in selected communities. The team peer leaders modified and changed story lines, characters, examples and exercise formats provided in the Program M manual. These modifications were based on the formative research findings, and adapted from *Emerging Leadership – A Training Module for Community Women Leaders* (Khandekar, 2004) and *Yaari Dosti – Young Men Redefine Masculinity: A Training Manual* (Population Council, 2006). The main themes covered in the exercises were gender, sexuality, reproductive health and contraception, violence, STI/HIV risk and prevention.

Prior to implementing the educational activities in the community, the team of nine selected peer leaders were trained over a period of two weeks in the use of the Sakhi Saheli manual. This practical training strengthened their knowledge and facilitation skills. At the same time, the peer leaders were engaged in recruiting young women from the communities to participate in the intervention. Following their training, the peer leaders conducted group formation activities to form about 22 groups of about 350 young women who were willing to participate in the Sakhi Saheli program. Separate groups were formed for married and unmarried young women. Before the conduct of the group educational activities, all the selected young women participated in the baseline survey to assess their gender-related attitudes and practices before the intervention. The training started with an introduction exercise and was followed by two- to three-hour sessions once a week, led by peer leaders, for a duration of six months.

The Sakhi Saheli Training Manual

The manual has five sections and in each there are a series of activities, lasting for about two hours and planned for use with groups of young women. In total, there are 25 group educational activities that are based on participatory methods of learning with extensive use of role plays, games and interactive exercises that engaged young women in discussion, debate and critical thinking. Through these educational activities, we seek to promote critical reflection on the social construction of gender that promotes inequality and women's vulnerabilities and to create support for challenging these norms so as to enhance the agency that women have in adopting risk reduction practices.

The five main sections of the manual are:

1. Gender and Identity
2. Sexuality, Reproductive Health and Rights
3. Violence
4. Motherhood and Caregiving
5. Preventing and Living with HIV/AIDS.

The first section on Gender has seven activities. This section starts with the welcome and ground rules activities where participants are introduced to each other, the Sakhi Saheli program and are involved in setting ground rules for the conduct and their participation in the educational activities. Other activities in this section aim to increase awareness and understanding about gender and its manifestation in everyday lives of women and encourages participants to question the gender divisions that exist in society. It also aims to stimulate thinking about gender equity and equality and how women can participate in achieving a 'positive' self-image and identity.

The second section on Sexuality, Reproductive Health and Rights has seven activities that provide age-appropriate information to improve understanding about the human body and its functioning, as well as encourage young women to explore and discuss their feelings and

emotions. It also provides an opportunity to learn about contraception and family planning methods and discusses women's rights so as to ensure women are aware of how to participate in protecting and promoting their reproductive and sexual health.

The third section on Violence has five activities that focus on enhancing women's understanding of the reasons, types and forms of and consequences of violence perpetrated against women in various situations and settings such as home, community and workplace. The dynamics of power and control in intimate relationships is also explored and how women can challenge and address the violence they and others face around them is also discussed.

The fourth section includes two activities on Motherhood and Caregiving that promote reflection on societal perspectives and expectations from women as mothers, the multiple responsibilities shouldered by women and the role of men in sharing childcare and domestic responsibilities.

The fifth and last section on Preventing and Living with HIV and AIDS includes four activities that aim to address myths, misconceptions and stigma associated with HIV and AIDS. It also encourages thinking about women's roles and opportunities in promoting and adopting risk reduction practices.

For each activity, questions have been provided to facilitate discussion during and at the end of the activity. In addition, in some of the activities we have included a section that has questions that participants asked during the session. The peer leaders felt it imporatant to include these questions in the manual to reflect the voices from the community. It is also meant to serve as a guide to facilitators to be mindful of the fact that there may be additional questions raised by the participants that have to be addressed in addition to the questions listed in the 'questions for discussion' section. In the manual we have also inserted four comic books in Hindi that were developed and used in the Yaari Dosti program aimed at changing young men's gender-related attitudes and promoting safe behaviors. The four comic books provided an opportunity to stimulate discussions with young men on issues of gender norms and roles, violence, coercion and intimate relationships. The titles of the four comics are written as questions to encourage participants to reflect and think of alternate situations. The titles, when translated in English (from Hindi) are:

'Who is a real man?'

'Is there friendship and respect in intimate relationships?'

'When a girl says no does she mean yes?'

'Why condoms?'

Although these comic books were not used in the Sakhi Saheli training program, the peer leaders felt that they should be included in the manual as they could also be used with young women.

Note for facilitators

- Experience in using these materials has shown that it is preferable to use the activities as a complete set and not in an isolated way.
- It is useful, whenever possible, to have two facilitators present.
- A suitable space for working with the young women should be used, allowing the activities to be carried out without any restriction of movement.
- One should try and produce a free and respectful environment, where there are no judgments or criticisms of the attitudes, language or behavior of the young men.
- Situations of conflict may occur. It is up to the facilitators to intervene, seeking to establish a consensus and respect for different opinions. The work should endeavor to go as deep as possible, moving beyond the standard 'politically correct discourse'.
- It should be remembered that physical contact with young women is not always easy. Activities that require physical contact can and should be presented with the choice of participating or not, respecting each person's limits.
- The discussion points suggested in the activities presented do not necessarily have to be used at the end of the activities, but can be used while it is being executed, as the facilitator thinks fit.

Assessing the Success of Sakhi Saheli

Process evaluation of the Sakhi Saheli intervention indicates that the majority of young women participated in all the activities. Also, most were greatly interested in the activities, as it was their first opportunity to discuss these issues with other women in the community. The participants found sessions that encouraged contemplation about gender attitudes and roles, expression of sexuality and understanding and challenging violence and HIV-related stigma very engaging and thought-provoking. Often sessions led to long and heated discussions that were resolved by the group themselves by the end of the session or during the next session.

To assess young women's attitudes towards gender norms, pre-test and post-test intervention responses were measured using a 21-item Gender Equitable Scale for Women (GESW Scale; alpha value = .90) that was developed based on formative research findings and review of items from Program M evaluation tool. After the intervention, a significant proportion of young women shifted away from inequitable attitudes to more equitable gender attitudes. For example, the proportion of women who said that 'A woman should tolerate violence to keep her family together' declined from 38% during the pre-test to 18% during the post-test. Similarly, the proportion of young women who believed that 'Only the mother is responsible for changing nappy and clothes for their child(ren)' declined from 68% to 13%.

All 21 items were combined into a total GESW score and to categorize respondents as 'least equitable', 'moderately equitable' and 'highly equitable'. Once again, results showed that there was a significant positive shift towards equitable gender attitudes with more young women having scores in the 'highly equitable' category after the intervention (26% at baseline as compared to 70% at endline in the highly equitable category).

Also, improvements were indicated in young women's protective behaviors. After the intervention, more young women reported communicating with their partners about safe sex (43% at baseline vs 58% at endline) as well as using condoms with their partners at last sex (15% at baseline vs 50% at endline). In addition, at endline, more women reported seeking treatment for STI symptoms (14% at baseline vs 24% at endline), seeking ante-natal care (ANC) for pregnancy (89% at baseline vs 100% at endline) and that their husband accompanied them for ANC visits (22% at baseline vs 90% at endline). (Mahendra et al., 2008)

These findings have important implications for program implementers and policy makers concerned about gender inequity and HIV prevention among young women. It has shown that such an intervention with young women is feasible and acceptable and can foster support for gender equitable norms and empower them to reduce their vulnerabilities to HIV and SRH problems. However, to sustain these changes, it is important to engage women and men together in gender equity interventions.

Based on the experiences generated from the implementation of the Yaari Dosti and Sakhi Saheli programs, CORO, International Centre for Research on Women (ICRW) and Instituto Promundo are currently involved in scaling up and adapting these educational interventions for implementation in school settings with boys and girls aged 12–16 years in multiple settings in India.

Where and how to work with young women?

This manual can be used by peer educators, community and health educators, teachers and/or other professionals or volunteers who want to work, or are already working, with young women aged 16 to 24 years. We realize that such an age range is wide with varied experiences. However, we are not suggesting this to be the only way to work with 16 to 24 year-old women.

These activities can and should be used in various circumstances – in school, sporting groups, youth clubs, juvenile correction centers, community groups, etc. They can also be used with groups of young women in a waiting room of a clinic or health center. In other words, what it needs is a private space, available time and willing facilitators.

Bearing in mind that the young women are generally still in a growing stage, it is recommended that some type of snack be offered and physical and/or movement activities be included.

Women Facilitators?

Who should facilitate the group activities with young women? Should only women be facilitators? The experience of the collaborating organizations is that in some settings young women appreciate the opportunity to work with and interact with a female facilitator who can listen to them in a thoughtful way. However, our collective experience suggests that the qualities of the facilitator – the ability of a facilitator, man or woman, to engage a group, to listen to them, to inspire them – are far more important than the sex of the facilitator. We have also found it useful to have facilitators work in pairs, and sometimes male-female pairs, which has the important benefit of showing the young women ways that men and women can engage as equals and with respect.

Using the Sakhi Saheli Manual

With some adaptations, some of these activities can also be used with mixed groups of young women and men. We want this manual to be used and adapted by other agencies and groups working with young people in various settings. This manual may also be reprinted or translated into other languages on requesting permission from Population Council. Reproduction of this material is permitted, provided the source is cited.

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Gender and Identity

Section 1

Activity 1.1

Welcome and Ground Rules

WELCOME

Purpose: To welcome the participants to the start of the Sakhi Saheli group education sessions by introducing the participants to each other and collectively detailing the objectives of the educational program

Recommended time: One hour

Materials required: Paper chits with phrases, marker or pens, bowl or small cardboard box

Planning notes

Below are some important points to keep in mind while facilitating this session:

- During the Sakhi Saheli program try and facilitate a rapport with the participants and among the participants so that they feel they are a team.
- It is very important that you don't feel and let others feel that you are here to impart knowledge to participants while they are there to receive it as a passive audience.
- Explain to the participants that they have a very important role to play in this program.
- Try and build the participant's self-confidence as well as their confidence in you as the facilitator.
- Pay attention to the views and opinions of the participants.
- Try and ensure that the group works amicably together and each individual gets an opportunity to participate in this program.

Procedure

1. Ask the participants to sit in a circle and welcome them to the Sakhi Saheli program by explaining the objectives and structure of the program.
2. Explain to the participants that all (including you) are of the same age group and come from similar backgrounds.
3. Inform them that for the successful conduct of the program it is important that all participants express and discuss their views and opinions openly.
4. Collectively decide on a convenient time and day to meet once every week for the group educational activities. Also, discuss if the participants would like to meet with each other more often than once a week. Suggest that they

should go ahead and organize their small meetings as per their convenience.

5. To introduce participants to each other, various interesting methods and games can be used. For example:
   - If there are about 30 participants in the group, select 15 phrases that can be split into two; such as 'a stitch in time saves nine' and 'birds of a feather flock together'.
   - Split each phrase in two parts and write one part on one chit and the other part on another chit. Such as, on one chit write 'a stitch in time ...' and on the other one write '… saves nine'. This way, there will be 30 chits for the 15 phrases.
   - Fold these chits of paper and put them in a bowl or box and ask each of the participants to pick up one of the chits.
   - Then, ask the participants to read out their chit and try and find the person who has the chit with the remaining part of the phrase written on their chit. This way there will be 15 pairs of participants.
   - Give each pair 10 minutes to talk to each other and learn their partner's name, education status, occupation, marital status, hobbies and likes and dislikes.
   - After the 10 minutes ask each participant to introduce their partner to the large group. This way each person will be introduced by their partner.

GROUND RULES

Purpose: To collectively develop and follow the ground rules to foster and encourage respect for each other and improve communication among the group so that participants can share their views without any hesitation in front of the group

Recommended time: One hour

Materials required: Chart paper, tape, marker, copies of consent form (Resource Sheet 1.1A)

Planning notes

Below are some examples of ground rules that are generally useful in promoting respectful discussion:

- Listen carefully to what others say.
- Do not interrupt when someone is speaking.
- What is discussed during group sessions should not be talked about outside the group.
- Clarify any questions or doubts as soon as you can.
- Be punctual.
- Respect differing opinions.
- Do not laugh or make fun of other participants' comments or experiences.
- Switch off mobile phones.

Procedure

1. Ask the participants to sit in a circle and inform them that the purpose of the activity is to collectively develop a list of ground rules for discussion within the group so that the group's time together is productive and respectful and each participant feels comfortable to express her doubts, curiosities, opinions, and points of view.
2. Ask the group to suggest ground rules they feel are important.
3. Have the group discuss and vote on these ground rules. Those that the majority of the participants support should be written up on the large sheets of paper hanging on the wall.
4. Invite all the participants to sign the ground rules.
5. Explain to the group that these ground rules were decided democratically and, therefore, we will follow these in the following sessions.
6. Point out that the focus of the workshops is to promote critical reflection of different gender norms, attitudes, and behaviors and to provide a space where participants can reflect on what choices are best for them in relation to the topics that will be addressed.
7. Following this, ask the participants if they are willing to participate in the Sakhi Saheli Program and if so, request them to sign the informed consent form given in Resource Sheet 1.1A.

Tip: Revisit these ground rules as necessary through the various activities, particularly before the discussion of anticipated problematic topics.

Resource Sheet 1.1A

Consent form

My name is _____

and I am the daughter of _____.

(If married) My husband's name is _____.

I live in _____.

I am participating in the Sakhi Saheli Program voluntarily and as per my wish.

Contact ID _____

Signature _____

Activity 1.2

Persons and Things[1]

Purpose: To increase understanding about the existence and manifestation of power and rights in a relationship and reflect on how we communicate about and demonstrate power in relationships

Recommended time: Two hours

Materials required: None

Planning notes

- In our society/culture, there are many different types of relationships in which one person might have more power over another person. These may be determined by sex, social class, caste, age, position etc.
- There are also other types of power relationships in our lives and communities. Think of relationships between youths and adults, students and teachers, employees and bosses. Sometimes the power imbalances in these relationships can lead one person to treat another person like a 'thing' and the other person may feel oppressed, or treated like an 'object' and how in some of their other relationships they, in turn, might treat others like 'objects'.
- It is important to connect this discussion with gender relationships and power imbalance between men and women and how they treat each other in society or in a family.
- It is important as a facilitator to emphasize the role of power in relationships and in our lives.
- Also discuss that people who use and misuse power often may not even respect themselves, are generally dissatisfied with themselves, and often feel they have to exercise power over others to feel that they are in control.

Procedure

1. Tell the participants that the name of this activity is: ***Persons and Things*** and that participants will be divided into three groups – one group to be the 'things', another to be 'persons' and a third to be 'observers'.
2. Choose participants at random and assign them to one of the three groups. Try and ensure that each side should have the same number of participants.
3. Ask the participants to follow the directions given in the following Table 1.2.1.

[1] This activity was reproduced and adapted from the publication *Guia para capacitadores ycapacitadoras en Salud Reproductiva*. New York: IPPF. 1998.

Table 1.2.1

Things	*Persons*	*Observer*
You **cannot** think	You **can** think	You will just observe everything that happens
You have no feelings	You can take decisions	
You cannot make decisions	You have sexual desires	You will **not** say anything
You do not have sexual desires	You have feelings	
You have to do what the 'persons' tell you to do. If you want to move or do something, you have to ask the 'person' for permission	You can tell the objects what to do	

4. Ask the group of 'persons' to select any one participant from the group of 'things' and tell them they can order them to do any kind of activity. The participant from 'things' will have to follow whatever the 'person' tells them to do.
5. Give the group 20–30 minutes for the 'things' to carry out the designated roles (in the room itself).
6. Finally, ask the participants to go back to their groups in the room and use the questions below to facilitate a discussion.

Discussion Questions

- What was your experience of participating in this activity?
- For the 'things', how did your 'person' treat you? What did you feel? Did you feel powerless? Why or why not?
- For the 'persons', how did you treat your 'things'? How did it feel to treat someone as an object? Did they feel powerful and in control? Why or why not?
- For the 'observers', how did you feel not doing anything?
- Why did the 'things' obey the instructions given by the 'persons'?
- Were there 'things' or 'persons' who resisted the exercise and did not want to follow or control the other? Why?
- In our daily life, do others treat us like 'things'? Who? Why?
- Do we treat others like 'things'? Who? Why?
- What are the consequences of a relationship where one person might treat another person like an 'object'?
- How does society endorse and encourage such power relationships?
- How can this activity help us think about and perhaps make changes in our own relationships?

Questions by Participants

- Why is is that women and girls are usually portrayed as 'things'?
- Why is that restrictions and control are always imposed on girls?
- Even when we have information, why do we (women) tolerate such restrictions?
- When someone treats us an object how should we repond?
- As an observer, should I not get involved in other people's problems?
- When our elders shout at us and tell us what to do, isn't that for our good?

Closing

Throughout many of the activities in this manual we will discuss the unequal power balances between men and women in intimate relationships and the serious repercussions this can have for the risk of STIs, HIV and unplanned pregnancy. For example, a woman often does not have the power to say if, when, and how sex takes place, including whether a condom is used,

because of longstanding beliefs that men should be active in sexual matters and women should be passive. In other cases, a woman who is dependent on a male partner for financial support might feel that she does not have the power to say no to sex.

However, it is important to remember that power in and of itself is not always bad. Power means strength and it is how we use this strength that makes the difference. The activities in this manual are focused on promoting young women's power to understand and assert their rights in their lives and relationships, as well as promote positive changes in their communities and societies.

The following list describes different kinds of power that can be used in different ways:

POWER OVER: Implies having control over someone or a situation in a negative way, generally associated with the use of repression, force, corruption, discrimination and/or abuse. This type of power takes something from someone else and then uses it to dominate and impede others from gaining access and winning it.

POWER WITH: Having power based in collective strength – having power with other people or groups, finding a common territory among different interests and constructing a common goal that benefits all in the relationship. This type of power joins the talents and knowledge of various individuals and is based in support, solidarity, and collaboration.

POWER FOR: This type of power refers to the ability to conform and influence ones own life. It refers to having resources, ideas, knowledge, tools, money, and the ability to convince oneself and others to do something. With a large group of people with this kind of power, we form 'power with'.

INTERNAL POWER: relates to the ability of self-evaluation and knowing oneself. It refers to the ability of a person to imagine a better life for him or herself and having hope, the sensation that s/he can change the world, and the feeling that s/he has rights, that is having self-confidence and the feeling that they are valued because of who they are.

In conclusion, women are people and people have the right to make decisions about their body, life, health, sexuality, work, and social participation. We should not allow women, or anyone, to be treated as objects.

Activity 1.3

What is Gender? (Part I)[1]

Purpose: To understand the differences between sex and gender and the effect that gender socialization has on the lives of men and women in society

Recommended time: Two hours

Materials required: Chalkboard or large pieces of paper and tape, markers

Planning notes

- Sex, gender and sexual orientation are different concepts. Usually, people do not understand the differences among these. Thus it is important for the facilitator to help participants become aware of these differences through this activity.

  Sex is biological – that is, we are born with male or female reproductive organs and hormones. It refers to the natural physical differences in men and women's bodies. These differences are necessary for reproduction but these should not give rise to differential treatment of men and women in society.

  However, society has attributed certain attitudes and behaviors to individuals and this social/cultural construct is **Gender**. Gender is how we are socialized – that is, how attitudes, behavior and expectations are formed based on what society associates with being a woman or being a man. Such as, men are expected to be 'strong', 'brave', 'breadwinners', etc. and women are expected to be 'homely', 'simple' and 'domesticated', etc. Some of these traits are seen to be 'masculine' and 'feminine' on the basis of which men and women are judged by society. These characteristics can be learned from family members, friends, cultural and religious institutions, and the workplace.

  Sexual orientation is the feeling of being able to relate romantically or sexually with or toward someone of the opposite sex (heterosexual), the same sex (homosexual) or with or toward persons of both sexes (bisexual). Independent of ones sexual orientation, every individual is influenced by social expectations based on their sex.

- During this activity, it is also important for the facilitator to emphasize that gender and sex are not presented as rigid or dichotomous identities. The facilitator might want to discuss traits and characteristics of 'feminine men', 'masculine women' and transgender and transsexual people and how, as per society, they do not fit within the traditional gender and sex categories. (Transgender people do not identify with the gender to which they were assigned at birth, such as an individual who was born female but identifies as male. Transsexual people are those who choose to medically transition to the gender that feels right for them.)

[1] Adapted from IPAS manual 'Gender or Sex: Who cares'

Procedure

1. Draw two columns on the chalkboard/paper. In the first column write 'woman' and in the second column write 'man'.
3. Ask the participants to make a list of things that come into their mind when they hear or see the word 'woman'. Write these in the first column while they are being said.
4. During this exercise, the participants may mention positive or negative attributes and these should be listed out as stated. Also, participants may mention both social and biological characteristics. List out all that is being mentioned by the participants without any discussion.
5. Repeat the same activity for the column 'man' and list the characteristics mentioned.
6. Now, review some of the characteristics that were listed in the columns and repeat or mark the characteristics listed in both the columns.
7. Then exchange the titles of the columns putting 'woman' in the place of 'man' and vice versa. Ask the participants if the characteristics mentioned for women could be attributed to men and vice versa.
8. Ask the participants to identify characteristics that participants consider to be given 'by nature' and those given 'by society'. Mark these using two different colours (for nature and society) or write N and S.
9. Use the questions below to facilitate a discussion about which characteristics the participants do not think can be attributed to both men and women, and why. Explain that those characteristics that cannot be attributed to both men and women are considered sex characteristics and those that can be attributed to both men and women are gender characteristics. However, as discussed above, it is important that these sex and gender categories are not presented as rigid.

Discussion Questions

- What does it mean to be a woman? Who is a 'real woman' and who is an 'ideal woman'?
- What does it mean to be a man? Who is a 'real man' and who is an 'ideal man'?
- Do you think boys and girls are raised the same way? Why or why not?
- What is a woman's role in an intimate relationship? What is a man's role? How do they deal with their emotions – in the same way or differently?
- What characteristics attributed to women and men are valued as positive or negative by our society?
- How do these differences and inequalities in being a woman or a man affect our daily lives? How do these differences affect our relationship with family and partners?
- What would it be like for a woman to assume gender characteristics traditionally associated with men? Would it be hard or easy? How would it be for men to assume gender characteristics traditionally assigned to women?
- What are the influences that affect our perceptions and behaviors about being a woman or a man? Our family? Our friends?
- What effects do you think media (television, magazines, radio, etc.) has on our perceptions regarding the meaning of being a man or woman?
- How do you think society perceives women and men who have same sex (lesbian and gay) relationships – i.e. a woman loves a woman and a man loves a man? Why? What are your views about this?
- How can we, in our own lives, challenge some of the negative expectations of how men should act? How can we challenge some of the negative expectations of how women should act?

Questions by Participants

- Is beauty attributed by nature or by society?
- A small boy does not have moustaches or beard, then how is this a biological characteristic?
- Can women ever be equal to men?
- Isn't a woman weaker than a man?
- Is it not possible that to run a house there should be one person in charge, as is seen in a sports team where there is one captain who leads the players to achieve a common goal?
- Do men get more angry as compared to women?
- Do men have more sex drive than women?
- Do women have more capacity than men to tolerate grief and pain?

Activity 1.4

What is Gender? (Part II)

Purpose

To build on earlier understanding of gender, critically reflect on how traditional gender roles are played out in everyday lives of men and women and question the gender divisions which exist in different types of work

Recommended time: Two hours

Materials required: Large sheets of paper, pens or pencils, highlighter or colour marker, poster board and marker or chalkboard and chalk

Planning notes

- To understand the construct of gender and the impact it has on our everyday lives is very important. It is important to understand how gender influences our lives in order to bring about any change in prescribed roles and norms.
- During this activity, the facilitator must keep in mind that change begins slowly and on a small scale and that these small steps are also to be lauded.
- While the activity is ongoing, it might happen that some of the participants may feel constrained by their gender norms and may feel they are weak and incapable of change. The facilitator needs to be considerate of these constraints and with great care and patience remove these misconceptions and make them understand that such feelings are a reflection of the gender-defined roles and norms.
- This activity is split into three parts. For part I of this activity use a large sheet of paper. Mark out two columns – 'work', 'who'. Then under the 'work' column, list out chores and work done at home such as cooking, cleaning, sweeping, washing, childcare, shopping for vegetables, shopping for household goods, etc. (An alternative to this is – during the activity ask the participants to list out chores at home and write them on the paper as they speak.)
- For part II of the activity – use the same sheet of paper as in part I and highlight the chores/work that can be done both at home as well as outside as a source of income.
- For part III of this activity, bring the signed consent forms that the participants had turned in during the first session.

Procedure – Part 1

1. Paste the prepared sheet with 'work' and 'who does' on the wall so that all participants can see it. (Table 1.4.1)
2. Read out each chore listed and ask the participants who usually does this at home – male relatives, female relatives or both.
3. Based on the consensus of the group mark 'male', 'female' or 'both male and female' in front of each of the type of work listed.
4. Engage the participants in a discussion about the gender division of work, using the discussion questions.

Discussion Questions – Part I

- Are there certain types of work which are more commonly done by men? Are there certain types of work which are more commonly done by women? What are the reasons for these differences?
- At home what decisions are made by women and what decisions are made by men?
- Who usually decides which type of work should be done by whom within the home and outside the home?
- Are these divisions in roles okay? If yes, why? If no, why not?
- Do you think it is possible to change these gender differences in work and decision making? How?

Procedure – Part II

1. After completing the discussion for Part I of this activity, go back to the list that was created with the types of work done by men and those done by women.
2. Go through each item and ask participants whether this type of work can be done outside as a source of income as well – such as cooking can be done outside the home to earn an income by being employed as a cook or a chef, etc.
3. Once you have identified the chores that can be also undertaken as an occupation, mark them using a highlighter or write them on another sheet of paper. Paste this sheet of paper on the wall with the list of work written on one

Table 1.4.1

Type of work	*Who does this work at home*		
	Man	*Woman*	*Both*
1. Cooking			
2. Washing clothes			
3. Washing dishes			
4. Shopping for vegetables			
5. Filling water			
6. Earning money			
7. Caring for the sick at home			
8. Dropping children to school			
9. Fix marriage of children at home			
10. School admission of children • Who takes the decision • Who goes to admit them in school			
11. Taking children out of school • Who takes the decisions • Who goes to the school to take the children out			
12. Sweeping and cleaning			
13. Watching TV in the evening			
14. Drinking alcohol			

side. Mark two more columns: 'who does this work at home' and 'who does this work outside as an occupation'. For example, see Table 1.4.2.

4. Go through the list and ask the participants to list out who usually does these chores/activities at home – man or woman. Write the group consensus against the activity/work in column two.
5. Then ask the participants who usually does this same work/activity outside the home as an occupation/source of income – man or woman. Once again, in column three write in the response that has the group consensus.
6. Engage the participants in a discussion using the questions below.

Discussion Questions – Part II

- Are there certain types of work that are done by women at home and by men outside the home as an occupation? What do you think are the reasons for these differences?
- Are there some tasks that are not considered work – such as when women take care of children at home and their household? Why or why not?
- Do you believe that there are certain types of work that women are not able do? Why? What are these types of work?
- Do you believe that there are certain types of work that men are not able do? Why? What are these types of work?
- What is the role of family in shaping norms of what is work for men and what is work for women?
- Nowadays, more and more women are working outside the home and earning an income. So, is it okay for the man to work at home and share the responsibility of household chores? Do you think this happens? Why or why not?

Procedure – Part III

1. For this activity, use the signed consent forms that the participants had given in after attending the first session. (Resource Sheet 1.1 A)
2. Review the consent forms to see what the participants had filled out in the section 'daughter of…'.
3. Engage the participants in a discussion using the questions below.

Discussion Questions – Part III

- Usually when we are asked to fill out such forms, whose name are we asked to write when we are asked 'daughter or son of…'? Why do we usually write in the father's name and not the mother's name?
- Is it possible for us to add both our parent's family name to our name? Why or why not?
- If a woman is married she is asked to fill in 'wife of…' But a married man is never asked to fill in 'husband of…'. Rather, he fills in 'son of…'. What do you feel about such differences? Do you think it is possible to bring about a change in these kind of procedures? How?
- Usually, a woman's identity across the life stages is always defined by a man in her life – when she is unmarried it is defined by her father, after her marriage by her husband and then after her husband's death by her son. Why do you think this is so? Why do you think a woman's own identity is lost?

Table 1.4.2

Type of occupation	*Who does this at home (man or woman)*	*Who does this as an occupation outside the home (man or woman)*
1. Stitching (tailoring) 2. Cooking 3. Sweeping 4. Serving food in hotel/restaurant 5. Washing (laundry) 6. Teaching children (tutor)		

रिश्तों में दोस्ती होती है?


सहयाद्री नगर, रखमा का घर, पडोस मे नये पडोसी दिनेश और गीता रहने आये है
क्या तुम उस नये पडोसी से मिले हो?


नही तो... क्यों? क्या खास बात है उनमें?


उसका शोहर... रोज सुबह उठकर पानी भरता है
पानी भरता है... कैसा मर्द है?


हां, और कपड़े भी धोता है!


देखो देखो... अब वो बच्चे को लेकर स्कूल जा रहा है
अरे ये तो नामर्द है


इसे सब औरतों के काम करने मे क्या मजा आता है?


उसी शाम रघू की उसके नये पड़ोसी दिनेश से नुक्कड पर मुलाकात हुई...
क्यों दिनेश जी कहाँ से आ रहे हो?


यही बाजार से, थोड़ी सब्जी... थोड़ा घर का सामान ला रहा हूँ


क्यों? भाभी मायके गई है, या फिर बिमार है?
नही वो बच्चों को पढा रही है... कल शाम घर आ जाओ... तुम्हें मेरी हाथ की चाय पिलाता हूं
चाय... तुम्हारे हाथ की?
चलो, यही सही, जरूर आयेंगे !
दूसरे दिन रघू दिनेश के घर आता है, और देखता है कि दिनेश घर का कोई काम कर रहा है
अरे रघु जी... अकेले ही आये... हम आपकी राह देख रहे थे...
अजि सुनती हो रघू जी आये है
बैठीए, मैं यह काम पुरा करता हुं और फिर बैठ के बाते करेंगे
रघू सोंच में पडता है...
घर की जिम्मेदारी निभाने वाला... बच्चों की देखभाल करने वाला... घर के कामकाज में हाथ बटॉने वाला... क्या असली मर्द है?
आप क्या सोचते है?
असली मर्द वही जो रिशते को प्यार और जिम्मेदारी से निभाए
बच्चों का खयाल रखना रिशते में जिम्मेदारी का हिस्सा है। बच्चो को भी उनके पिता के प्यार की जरूरत होती है


और ऐसा भी होता है!
सहयाद्री नगर, रघू, रखमा का घर...
घर के काम मे हाथ बटाने वाला क्या मर्द है? घर की जिम्मेदारी निभाने वाला क्या मर्द है...
चलो आज थोड़ा घर का भी काम कर के देख लेते है...
शाम को रखमा जब घर आती है...
अरे ये घर किसने साफ किया?
वो सामने पेड़ पर एक चुड़ैल रहती है... वो आयी थी
तूम बाहर से थक के आयी हो... तो थोड़ी चाय पी लो
अच्छा?
वो... क्या चाय तुमने बनाई है?
नही... वही चुड़ैल बनाके गई
बड़ी दोस्ती कर ली चुड़ैल से
क्या बात है... बड़े खुश हो
कभी-कभी थोड़ा घर का काम करके अच्छा लगता है
सोचा तुम्हे थोड़ा आराम करवा दू

आराम देगें... तो क्या ऐसा अक्सर होगा?

यह भी क्या पुछने वाली बात हुई?

तुम्हारा खयाल रखना क्या मेरी जिम्मेदारी नहीं?

कभी कभी लगता है... तुम मेरे पती नही हो

क्या?

तुम मेरे दोस्त हो... अच्छे और सच्चे...

गर्भावस्था में पुरुष की जिम्मेदारी और समझदारी की बहुत जरूरत होती है। इससे औरत को सुविधा होती है और रिशते में प्यार बढ़ता है।

बेटा या बेटी दोनों इनसान हैं और दोनों के साथ ही मां बाप की बराबर जिम्मेदारी होती है।

सोच सही मर्द वही!

YARI-DOSTI Project: CORO For Literacy; VSKM; Population Council/Horizons; Instituto PROMUNDO; Durex & Macarthur Foundation

Game Alternative

Hand out a sheet of paper and pen to each participant. Ask each participant to create a list of all the different types of work done by different individuals in their family, including themselves. Ask the participants to think about the types of work done by male relatives in comparison to the types of work done by female relatives. Have each participant read aloud a few examples from her list, specifying whether the activity is male, female, or for either gender. On the board, write the different types of work mentioned, creating a list of those done by men, a list of those done by women, and a list of those that can be performed by either sex.

Non-writing alternative: Rather than have each participant make a written list, divide the participants into pairs and ask them to discuss the different types of work done by different individuals in their family, including themselves.

Closing

Gender and gender differential treatment has an impact on our lives. Our views, opinions, actions are all determined and influenced by these gender differences. These differentials are harmful for both men and women. But the harmful impact on women is more and clearly evident in actions such as discrimination, female feticide, less opportunity for education, violence against women, etc. Thus it is important to become aware of and understand these differences in order for us to bring about change in our society.

Activity 1.5

Labeling[1]

Purpose: To recognize how personal characteristics and traits are transformed into labels and how they impact on an individual's self esteem and potential

Recommended time: Two hours

Materials required: Card paper, sketch pen, safety pin, marker, board

Planning notes

- In this session, the facilitator should try and use those labels that are commonly used in the community to refer to men and women.
- At the end of the session, the facilitator should explain to the participants that after the sessions they should not continue to poke fun or ridicule each other using the labels they were assigned during the activity.
- Write up the labels on small cards or paper that can be pinned or pasted on the participant's back. Examples of labels commonly used to address women and men in the community include – 'simple', 'fast or loose', 'homely', 'whore', 'item', 'lesbian', 'rowdy', 'pansy', 'romeo', 'roadside hero', etc. You can prepare more than one card with the same label.
- The facilitator should also participate in the activity as a participant.

Procedure

1. Ask the participants to stand and pair-up with the person sitting on their right (or left).
2. Hand each participant the folded card/paper chit on which a 'label' is written and tell them not to show it to their partner.
3. Then ask each participant to pin the chit on their partner's back so that they don't know what is written on the label but all the other participants can see it.
4. When all the participants have a label pinned on their back ask the participants to walk around the room so that they get to read each other's labels and then behave with each participant according to the label/word stuck on her back but without telling her that label/word.
5. After 15–20 minutes of this activity ask each participant to sit down and guess the label that has been pinned on their back by taking clues from the behavior of fellow participants.
6. Ask the participants to share with the group how they felt as a result of the reactions and behavior of other participants towards them 'based on their label'. Discuss this in detail.
7. Then, using the questions below, guide the discussion.

[1] Adapted from *Yaari Dosti: Young men redefine masculinity – A training manual.* Population Council 2006. New Delhi.

Discussion Questions

- Do you think this activity is related to our everyday lives, and how or how not?
- What other examples of labels do you know that are used commonly for women and men in our society or community?
- Are labels usually used to signify negative or positive traits? Give examples of some positive and negative labels.
- What do you think are the pros and cons of labeling people?
- How do labels affect relationships between people?
- How do we encourage the use of labels in our everyday lives?
- Are labels usually used for men or women or both?
- Do you think that there is any link or relationship between labels and gender construction? What and why? (For example – is there any relationship between gender construction and use of labels such as 'loose' or 'homely' for women?)

Questions by Participants

- Labels are given by people/society. Can we stop this practice? And how?
- Sometimes we enjoy giving labels to some people, so why should we stop?

Closing

At the end of the session, reiterate how labels and stereotypes originate and how they affect people in their personal and social lives. Emphasize the importance of 'unlearning' some of the ways that we interact with others so that we are not being judgmental and using labels to stigmatize or discriminate against people because of their class, caste, race, skin color, sexual orientation and other characteristics. It can also be pointed out that such actions may also be perceived as violence against a person.

Tip: When conducting the session on violence, refer to this activity and its link with violence.

Activity 1.6

Who am I? What do I want to do?

Purpose: To reflect on how women construct their identities across their lifespan, focusing on the influence of their family, friends and media and, the importance of developing a positive sense of who they are

Recommended time: Two hours

Materials required: Wall board, marker pen, paper and pens

Planning notes

- In this activity, the facilitator should focus on making the participants aware of their qualities which will help in increasing their self-confidence.
- During the discussion, it should be emphasized and noted that women are generally so occupied with the housework and family that they don't even get a chance to think about themselves. Because of this they don't often express their feelings, desires, likings, etc.
- Encourage all participants to speak and make sure not to force your own opinion on any of them.
- It is possible that the participants will not open up in the beginning. The facilitator may start the discussion with her own experiences.

Procedure

1. Ask the participants to sit in a big circle. Tell them to close their eyes and take deep breaths.
2. Ask the participants the following questions and tell them to think about these without opening their eyes:
   - What do I think about myself and how would I describe myself?
   - What do I like doing the most? And what is it that I like to do the least?
   - What can I do best? Can I tell others about it?
   - How do I feel about my body? What do I like the most about my body? What do I like the least about my body?
3. Give participants 20 minutes to think about these questions. (Write the questions on the board or chart paper so that the participants can refer to them when thinking about their responses) and write their answers on paper (if the audience is low-literate, you can ask them to discuss these points in the large group or draw a picture that represents them).
4. Invite the participants to share their write-up (or drawing) with the group.
5. After each woman has had an opportunity to share her thoughts, ask them to close their eyes again and to think about the following questions:
   - How would I like to be 3 years from now?
   - What would I like to be doing with my life 3 years from now?

- Will I be studying or working?
- Will I be married or have a boyfriend? What about children?
- Where would I like to see myself about 15 years from now?

6. Give them 10 minutes to think. Ask the participants to share their thoughts and opinions and discuss about how they construct their identities and the influence of others on how they see themselves.

Discussion Questions

- Was it easy for you to describe who you are? Why or why not?
- Do you tend to recognize all that you are – strengths, weaknesses and potential?
- In what way do you feel you are similar to and different from other participants?
- Is it usually easy for women/girls to think about themselves?
- Do we, as women, get time to think about ourselves? If yes, how and when? If no, why not?
- Being a woman, are we able to realize our talents and capabilities?
- Do we get a chance to express our likes, dislikes and desires?
- Do we think about our body? If yes, what do we think? If no, why not?
- Is it easy for girls/women to think about their future? If yes, then why? If no, then why not? Usually, who decides what a woman's future will be?
- To what extent do our thoughts of our future include our own likes, dislikes and personal choices?
- How do other women, family, friends and others influence who we are and how we perceive ourselves?
- What do you think is the role of the media in portraying women? Are these women realistic? Why or why not? How do these representations influence how you see yourself and other women?
- Why is it important to have a positive sense of self? How does the way you feel about yourself affect your relationships with others – your family, friends, husband or boyfriend, children, etc.?
- What do you need to do to achieve the life you envison for yourself?
- What have you learned during this activity? How can this help you make changes in your life and relationships?

Questions by Participants

- When our family members think and decide good things for us, then why should we think about ourselves?
- Why should we dream when they cannot get fulfilled?
- Is it easy for us as women to do/get what we want?
- Should we think about our body? Are women allowed to think like this?

Activity 1.7

Mental Tension

Purpose: To understand factors that influence women's mental health and how women can cope and deal with their tension and stress

Recommended time: Two hours

Materials required: Marker, board, chart paper

Planning notes

- Referring to the sessions/activities done so far, explain the meaning of health to the participants. Tell them that achieving good health includes maintaining a balance between physical and mental health.
- Some experts state that physical health and mental health are two sides of the same coin.
- In the International Conference on Population and Development Program of Action in 1994, the definition of Sexual and Reproductive Health in Article 7.2 included the line 'reproductive health is a state of complete physical, mental and social well being…'.

Procedure

1. At the start of the activity ask participants to brainstorm/list ways in which mental tension is manifested among women; e.g. headaches, crying, depression, sadness, anger, etc. Write these points on a chart paper/board so that participants can read them during the session.
2. Then divide the participants in two groups and ask each group to discuss the reasons why women have mental tension and stress.
3. Also ask them to discuss how mental tension affects the woman and her family.
4. Ask the participants to list these points on a chart paper.
5. Give the participants 30 minutes for this activity and then ask them to present their group deliberations to the large group.
6. After hearing out the two groups, ask them to assemble in their group again for the next activity.
7. Ask one group to develop a story in which a woman who is suffering from mental stress expresses herself or acts in a manner that may harm her or her family. The other group should prepare a story in which a woman handles her stress in a responsible manner and copes with it well.
8. Give 20 minutes to develop/write the story and 10 minutes to each group to present it.

9. Have a discussion on the following points after the presentation.

Discussion Questions

- Are these stories realistic? Do you know of anyone in your community who is affected by mental stress and tension?
- What are the reasons/situations that cause stress in women's lives?
- Are there different reasons/situations that cause stress in the lives of men?
- What are consequences of stress on the woman and her family?
- How do women usually react when they are stressed? Why?
- How do men usually react when they are stressed? Why?
- What do women do to relieve their stress? What about men? Are there any differences among men and women in their coping strategies?
- Do women access any services for coping with mental tension?
- What kind of assistance should be offered/ provided to women to deal with mental tension?
- What is the role of family in relieving stress?
- Is there any relation between stress and substance abuse? How and why?
- Is it justified to hurt someone when you are stressed?

Sexuality, Reproductive Health and Rights

Section 2

Activity 2.1

Reproductive Body

Purpose: To increase awareness and knowledge about the female and male reproductive bodies as well as increase awareness about the need for self-care

Recommended time: Two hours

Materials required: A small bag or envelope with paper chits with names of the male and female internal and external sexual organs and their description, figures of the male and female reproductive system

Planning notes

- The majority of young women do not know much about their bodies, and are often hesitant to ask anyone or devote time to learning about their reproductive body. This lack of knowledge about their own bodies and its functioning often has adverse effects on their hygiene and health.
- For this activity ensure that the young women have a private environment in which they can discuss about their bodies.
- Prior to the session, make copies of Resource Sheets 2.1B, 2.1C, 2.1D with the sketches of the male and female reproductive/genital organs that do not have any labels on them.
- Prepare cards/chits with the names of the body parts to be labeled on the sketches such as ovary, fallopian tube, uterus, cervix, penis, testes, scrotum, etc. (see diagrams for preparing the chits). On the same paper write the description of each of these words as presented in the Resource Sheet 2.1A. Place the chits of paper in three envelopes/bags as per the reproductive system they represent – whether female internal or external reproductive system or male reproductive system.

Procedure

1. Bring the photocopy of the three sketches (without labels) given in the Resource Sheets 2.1B, 2.1C, 2.1D – Female Reproductive System: External Genitalia, Female Reproductive System: Internal Organs and the Male Reproductive System. These sketches should not have any marking or labels on them. Also bring along the three envelopes that contain the chits or cards listing and describing the various body parts corresponding to the three diagrams.
2. Divide the participants into three groups.
3. Give each group one of the diagrams/sketches of the reproductive system. Along with the sketch also give each group the envelope with sets of pieces of paper with the corresponding names and descriptions for the diagram given with them. For example, give one group a copy of the diagram and envelope that includes names and descriptions of the Female

Reproductive System – Internal Organs. Give the other group a copy of the diagram of the External Genitalia of the Female Reproductive System and corresponding chits and to the third group the diagram of the Male Reproductive System and corresponding chits.

4. Explain to each group that they will have to read out the words and descriptions they have received and should try and label the different parts on the diagram they have received.
5. Allow the group 20–30 minutes to discuss and label the drawings.
6. Ask the groups to present their drawings and explain the labels. As each group presents its drawings, invite the participants to ask questions and make corrections, if required.
7. Guide the discussion using the following questions.

Discussion Questions

- What were the most difficult genital organs to identify? Why?
- Do you think it is important for women to know the name and function of the internal and external female genital organs? Why or why not?
- Do you think it is important for women to know about the names and functions of the male reproductive system? Why or why not?
- Do most women know about these things? Why or why not? What about men?
- How should a woman take care of her genital organs? And a man?
- Is there any difference between a healthy body and a beautiful body? What and why?
- Is it important for women to take care of their bodies? Why and how?
- Is there any relation between physical and mental health? What and why?
- Do young women generally have information about these topics? Why or why not?
- What can be done to provide young women information about these topics?
- At what age should girls and boys learn about their reproductive body and its functions? Why? Who should discuss these issues with them? Why?

Closing

Explain to the group how having limited knowledge of their own body can have adverse consequences on their health, such as in increasing their risk of contracting STIs, HIV and AIDS and various types of infections and diseases which affect the female reproductive organs. Explain the function of each organ of the male and female reproductive system, including the physical diversity, that is to say, there are different shapes and sizes of penis, vagina and breasts, etc. Discuss that the different types and sizes of these body parts do not determine sexual pleasure. Explain the fact that taking care of the reproductive system and health is a key factor in safeguarding quality of life.

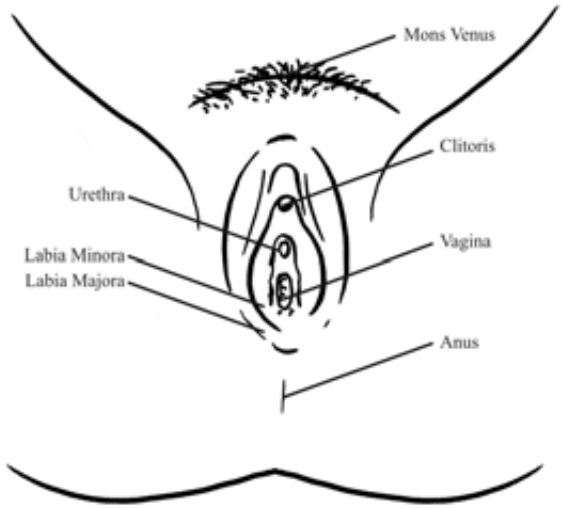
Resource Sheet 2.1A

Most species have two sexes – male and female. Each sex has its own reproductive system that are different in shape and structure, but both are specifically designed to produce, nourish and transport either the egg or the sperm. In the human reproductive process, two kinds of sex cells or gametes are involved. The male gamete, or sperm, and the female gamete, the egg or ovum, meet in the woman's reproductive system to create a new individual. Both the male and female reproductive systems are essenitial for reproduction.

Female Reproductive System

The female reproductive system is located entirely in the pelvis and has external and internal organs. It enables a woman to produce eggs (ova), have sexual intercourse, provide for fertilization of the egg, protect and nourish the fertilized egg until it is fully developed and give birth.

External Sexual Organs



Mons Veneris or Mons Venus: The rounded protuberance located on the pelvic bone called the pubis. In an adult woman, it is covered with hair which protects the region.

Labia majora (outer lips): A pair of skin flaps called the labia (which means lips) surround the vaginal opening. Covered with sparse hair, it is the most external part of the vulva. They commence at the Mons Veneris and run to the perineum.

Labia minora (inner lips): A pair of skin folds located within the labia majora, with no hair. They can be seen when the labia majora are parted with the fingers. They are very sensitive and increase in size during excitation.

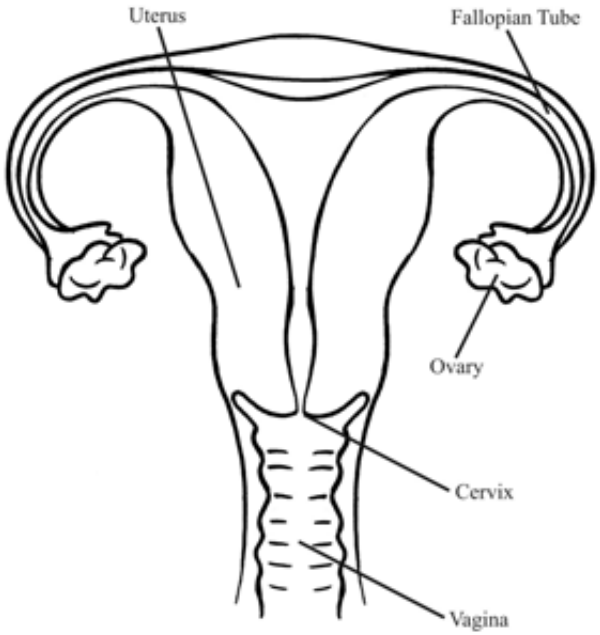
Clitoris: A small rounded sensory organ, it is located towards the front of the vulva where the folds of the labia join. This small organ is made up of the same type of tissues as the head of the male's penis and is extremely sensitive to stimulus and important for the sexual pleasure of a woman.

Opening of the urethra: Between the labia are openings to the urethra, the canal that carries urine from the bladder to outside the body.

Opening of the vagina: Located between the labia is the elongated opening where discharge, menstrual blood and the baby come out.

Both the urethral opening and vaginal opening form the area known as the **vestibule**. Altogether, the external genital organs of the female are called **the vulva**.

Internal Sexual Organs



Vagina: The muscular, hollow tube that extends from the vaginal opening or at the vulva and runs to the cervix. Inside, it is made of tissue similar to the inside part of the mouth, with various folds that allow it to stretch during sexual intercourse or to allow passage at child

birth. Some women feel pleasure during penetration of the penis in the vagina, others less; for most women, stimulation of the clitoris provides greater pleasure than stimulation of the vagina. The vagina's muscular walls are lined with mucous membranes, which keep it protected and moist. The vagina serves three purposes: (i) it is where the penis is inserted during sexual intercourse, (ii) it is the pathway that a baby travels out of a woman's body during childbirth, and (iii) it provides the route for the menstrual blood to leave the body from the uterus.

Hymen: The hymen is a thin sheet with one or more holes that partially covers the opening of the vagina. Hymen is different from person to person. Most women find their hymen has stretched or torn after their first sexual experience and the hymen may bleed a little.

Cervix (means neck): The lower part of the uterus that extends into the vagina. The cervix has strong, thick walls. It has a very small opening (no wider than a straw) where the menstrual fluids pass and where the spermatozoa enter. In a normal delivery, this opening increases or dilates to allow the passage of the infant.

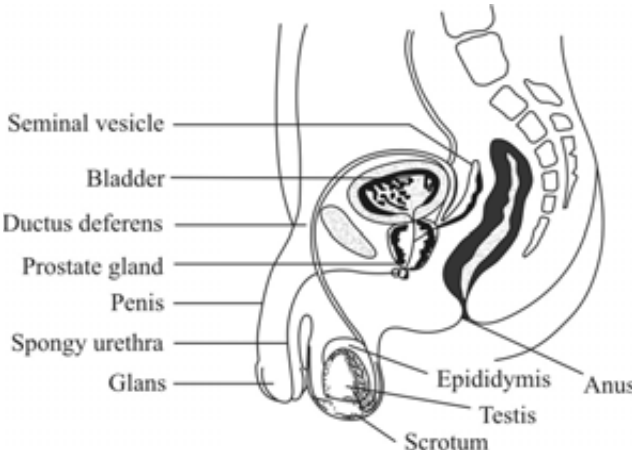
Uterus: This is a small, upside down pear-shaped organ where the fetus develops during pregnancy. When a woman is not pregnant, her uterus is the size of a fist (about 3 inches long and 2 inches wide).

Body of the uterus: The main part of the uterus, which increases in size during pregnancy and returns to normal size after the birth, consists of two external layers, a membrane called the peritoneum and a muscular tissue called the myometrium. The mucus membrane that lines the uterus is called the endometrium, which loosens and sloughs off during menstruation and is renewed monthly.

Fallopian tubes: On the upper corners of the uterus, there are two tubes that connect the uterus to the ovaries. Where they join the ovary, they open out like a flower. Through the tubes, the ova or egg cells pass to the uterus.

Ovaries: These are two oval shaped organs, the size of a large grape, located on the upper right and left of the uterus, attached to it by a nerve ligament and by layers of skin. From birth, the ovaries contain about 500,000 ova. There, the ova are stored and develop and are released into the fallopian tubes in the process called ovulation. They also produce the female hormones.

Male Reproductive System



The male reproductive organs or genitals are situated both inside and outside the pelvis.

External Sexual Organs

Penis: A member with a urinary and reproductive function. It is a very sensitive organ. Its size varies from man to man. Most of the time the penis remains soft and flaccid, but when the tissue of the corpus spongiosum fills up with blood during sexual excitation, it increases in volume and becomes hard, a process which is called an erection. In the sexual act, when highly stimulated, it releases a liquid called sperm or semen which contains spermatozoa, and this is known as ejaculation. The penis is made up of two parts: the shaft and the glans. The **shaft** is the main part of the penis and the **glans** is the tip or the head of the penis. The skin is very soft and sensitive. At the end of the glans is a small slit or opening, which is where semen and urine exit the body through the urethra.

Prepuce or foreskin: All boys are born with a foreskin, a fold of skin at the end of the penis covering the glans. When the penis becomes erect, the prepuce is pulled back, leaving the glans (or the 'head' of the penis) uncovered. When this does not occur, the condition is called phimosis, which can cause pain during sexual intercourse and hamper personal hygiene. Phimosis is easily corrected through surgical intervention using a local anesthetic. In some cultures or countries, or in some families, the foreskin of boys is removed in a procedure called circumcision.

Scrotum: A type of pouch behind the penis which has various layers, the external one being a fine skin covered with hair with a darker coloring than the rest of the body. Its appearance varies according to the state of contraction or relaxation of the musculature. In cold, for example, it becomes more contracted and wrinkled and in heat it becomes smoother and elongated. The scrotum contains the testicles.

Internal Sexual Organs

Testes or Testicles: When a young man reaches sexual maturity, the two **testicles** or **testes** produce and store millions of tiny sperm cells. The testicles are oval-shaped and grow to be about 2 inches (5 cm) in length and 1 inch (3 cm) in diameter. The testicles are also part of the endocrine system because they produce hormones, including **testosterone** that is responsible for male secondary characteristics, such as skin tone, facial hair, tone of voice and muscles. They have the form of two eggs and to feel them one only has to palpate the scrotum pouch.

Epididymis: A canal connected to the testicles. The spermatozoa are produced in the testicles and are stored in the epididymis until they mature and are expelled at the moment of ejaculation.

Deferent Ducts (Vas Deferens): Two very fine ducts of the testes which carry the spermatozoa to the prostate gland.

Prostate gland: This produces some of the parts of semen. It surrounds the ejaculatory ducts at the base of the urethra.

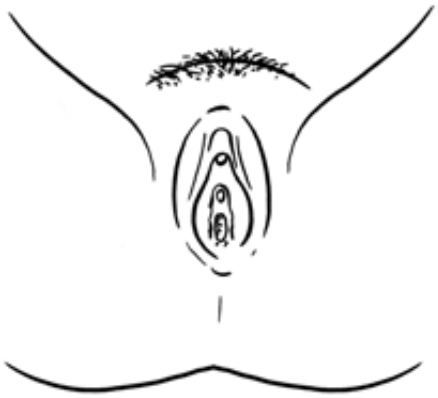
Seminal vesicles: These are two sack-like structures attached to the vas deferens on the side of the bladder.

The seminal vesicles and prostate gland produce a whitish fluid called **seminal fluid**, which mixes with sperm to form semen when a male is sexually stimulated.

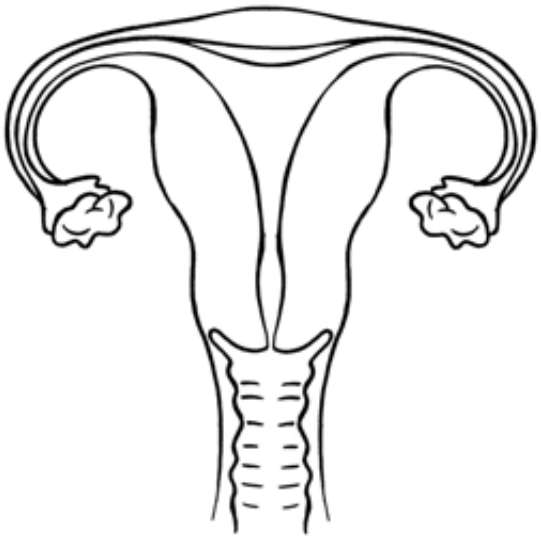
Urethra: A canal used both for urination and for ejaculation. It is about 8 inches (20 cm) long and is divided into three parts: the prostatic urethra, which passes through the prostrate gland; the membranous urethra, which passes through the pelvic diaphragm; and the third part which traverses the corpus spongiosum of the penis.

Ejaculatory Duct: Formed by the junction of the deferent duct and the seminal vesicle. It is short and straight and almost the whole trajectory is located at the side of the prostrate, terminating at the urethra. In the ejaculatory duct, fluids from the seminal vesicle and the deferent duct mix together and flow into the prostatic urethra.

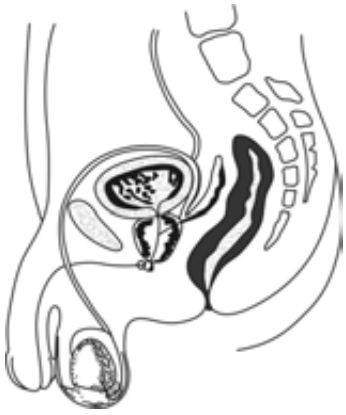
Resource Sheet



Resource Sheet 2.1B



Resource Sheet 2.1C



Resource Sheet 2.1D

Activity 2.2

Menstruation Cycle

Purpose: To inform the participants about the functioning of the woman's reproductive body, in particular the menstruation cycle and discuss the importance of personal hygiene and care of the body

Recommended time: Two hours

Materials required: Case sheets with 'Story of Paro and her friends – Part I and II',[1] the Menstruation Cycle Kit or illustration, chart paper, marker and board

Planning notes

- Make copies of Part I and Part II of Paro's stories given in the case sheets to hand out to the two groups to prepare for the role play.
- If the Menstruation Cycle Kit is not available, draw the cycle diagram on a chart paper or make copies of the illustration in this section (see Resource Sheet 2.2A).
- Participants might not be comfortable talking during this activity/session and so the facilitator should make it a point to involve each participant in the discussion. Start from your own experiences.
- Don't give any answer that you are not sure of.
- Be patient if the participants feel shy during this session and are not ready to talk openly.

Procedure

1. Ask the participants to sit in a circle.
2. Ask the participants what they know about menstruation and where they received their information.
3. Ask them to list some of the societal perceptions and taboos about menstruation prevalent in our society.
4. After the listing exercise, ask the participants to form two groups. Ensure that both groups have a similar number of members.
5. Give one group Part I of Paro's story and give the other group Part II of Paro's story. Explain to the group members that they should read the story and then select some members to act out the story in front of the entire group.
6. Give each group about 30 minutes to read the story and have the selected 'actors' rehearse their part before coming back to perform in the large group. The participants can use the copy of the story handout to read out their lines during the enactment of the story.

1. Adapted from 'Paro' developed by Thoughtshop Foundation, Kolkata, in association with CINI, West Bengal and adapted for Care India projects in Madhya Pradesh and Uttar Pradesh.

7. After the enactment of Paro's Story-I, ask participants if the story seems realistic to them. What did they like and dislike about the story. Then encourage them to ask questions and clarify any misgivings or concerns they may have about menstruation. If required, show the menstruation cycle kit/illustration in Resource Sheet 2.2A to explain the menstruation cycle to the participants.
8. Ask the second group to enact their story. After the enactment of Paro's Story-II, ask participants if the story seems realistic to them. What did they like and dislike about the story? Then show them the chart in Resource Sheet 2.2B to discuss the changing consistency of the white discharge. Engage the participants in a discussion about personal hygiene and maintaining good health following the story.
9. At the end, use the questions below to discuss the stories and content in greater detail.

Discussion Questions

- Should women be prohibited from doing certain things when they are having their menstruation cycle? Why or why not?
- Where do societal taboos around menstruation stem from? Do you think this has anything to do with gender and sexuality? What and why?
- What are the common problems women experience during menstruation? (for example access to clean cloth or sanitary napkins, privacy to change and clean, pain, discomfort etc.)
- Are there any days in the menstruation cycle when a woman is more likely to conceive? Why do you think so? Is it important for young women to have this information?
- Does the consistency of the white discharge change during the menstrual cycle? Why is it important to know about this?
- When do you think young women should see a health provider for menstrual problems?
- In our community, what (or how much) do you think young women know about these issues? When do they come to know of this – before or after the start of their first menstruation cycle? How do they usually come to know?
- Do you think there is an appropriate age for girls to learn about their body and how to care for it? What age? Why?
- Do you think it is important for women to maintain personal hygiene? Why and how?
- From where should young women access information on these issues? Who do you think should provide this information to them? What do you see as the role of the parents in information sharing? Why?

Questions by Participants

- Why do women have stomachache and backache during menstruation?
- Can women participate in religious activities during menstruation?
- Why do women get pimples on their face during menstruation?
- Is it possible/advisable to have sexual intercourse during menstruation?
- In the case of missed period, is it possible that the woman is pregnant?

Case Sheet

Story – Paro and her friends

Background: Paro is 12 years old and lives in a slum community in the city. The usually cheerful Paro who stays busy with her studies, playing with friends and helping her parents at home has not been feeling well the past few days. Sometimes she seems happy and then sometimes seems disturbed and lost. She senses that the elders in her family and neighborhood respond to her in a manner different from the way they used to earlier. She also feels that her body is undergoing some changes – her breasts pain and seem to be growing, there is hair growth in her underarms and in her genital area. Her friends are also experiencing such physical changes and this often becomes a topic of their discussions.

Story – Part I

[Setting – Paro's house]

Paro's mother – For the next three days you will not go out of the house to play with your friends Jaya, Yasmin and Rupa. Also, do not enter the kitchen. If you come into the kitchen it will get polluted and I will have to wash it thoroughly.

Paro – If I enter the kitchen why will it get dirty?

Paro's mother – It is because you are having your monthly periods (menstruating).

Paro – But, why do you say so? A few days ago in school our teacher told us that menstruation or having monthly periods is a very normal thing for women. There is nothing bad about it and you should not worry about it. I will talk to her again when I go to school tomorrow.

Paro's mother– Oh, your teacher doesn't know anything.

[The next day in school after their classes are over, Paro and her friends Yasmin, Rupa and Jaya walk up to their teacher – Ms Anita – and ask her if they can talk to her.]

Paro – Ms Anita, if it is okay, can we ask you some questions that have been in our mind for some time?

Ms Anita – Hello Paro, Rupa and Yasmin – of course you can ask me anything.

Paro – Ms Anita, we wanted to know why is it that menstruation happens to women? And is it normal?

Ms Anita – As I had mentioned to the class the other day, for women menstruation is a normal thing. It is an indication of growing up or maturing of a girl and an important aspect of her life. The onset of menstruation indicates the young girl's first step towards becoming a woman. Thus, girls should feel happy when they start having their menstrual periods.

Rupa – Paro's mother told her that periods are dirty and we should not enter the kitchen, should not go out and play, etc.

Ms Anita – In fact, people say all these things, but let me tell you when you have your menstrual period you do not need to change your daily schedule/activities at all. It is not 'dirty' or 'impure' to have menstruation. You do not need to stay away from friends during this time. There does not need to be any change in what you eat or drink – you can eat sour food and cold food. Also, you can have a bath, wash your hair when you have your periods – there is no problem if you do so. Actually, having a bath is good and hygienic.

Paro – Why does my lower abdomen pain when I have my periods?

Ms Anita – There is no need to worry if you have pain in your abdomen. Since the egg is not fertilized (the women is not pregnant) the uterus sheds the lining it had prepared for the fertilized egg. It does this by contracting and expanding and this muscular contraction and expansion sometimes causes pain.

Yasmin – Ms Anita, but I don't understand one thing. Paro is 12 years old and so am I. She has started her periods but why haven't I started having them as yet?

Ms Anita – Oh, there is nothing to worry about this. All girls don't start their menstrual periods at the same age. It is not necessary – some girls start early and some a little later. For some girls, they may even have to wait till the age of 16 years to start their menstruation. This should not be a cause for any concern as it does not mean that there will be any lack in her physical development.

But, if the menstrual period has not started till the age of 16 years, then the young women and her parents should consult a health worker or doctor for advice.

Paro – Why is it that my periods are not always regular – sometimes they come early, sometimes later and sometimes for less days?

Ms Anita – Usually, in the first year when girls start menstruating, the periods may not be regular. This is because, at the start, menstruation is a new thing for the body. It takes some time for the body to set the rhythm or coordinate with this aspect of development. But if this irregularity continues for long there may be other reasons such as obesity, weakness, anemia (usually caused by deficiency of iron in our body and results in low hemoglobin in the blood), other diseases such as tuberculosis, or any other long illness. Sometimes, due to mental tension and stress also girls may have irregular menstruation. But for sexually active girls there may be another reason for missing her monthly period – she may be pregnant.

Rupa – Ms Anita, I want to know why the blood flow becomes less during the period?

Ms Anita – In some girls the blood flow is less as compared to others. Don't think this means that the 'dirty' blood is not going out of the body – it is not 'dirty'. Also, it is normal for girls to have bleeding for about 2–7 days.

At the same time, some girls also may have heavy bleeding. This may be because there may be an imbalance in the hormones in her body. It may also be due to some problem in the uterus. If you notice any such irregularity and feel concerned about it you must go and consult a health worker.

Paro – Oh, it's getting late and I must get back home. Thank you Ms Anita for all this information. I feel so much better now and will try and explain this to my mother.

Case Sheet

Story – Paro and her friends

Story – Part II

[The next day in school Paro, Rupa and Yasmin are discussing with their friends about all that they learned from Ms Anita. They then decide that they still need to ask Ms Anita some more questions and plan to meet her again after their classes are over. Jaya also decides to join them as she also wants to ask some questions.]

Paro – Good afternoon Ms Anita. If you are not too busy we would like to ask you some more questions about what you told us yesterday.

Ms Anita – Of course, I have the time for you all. Come, let's sit down and talk.

Yasmin – Yesterday you explained to us about why we have menstruation and how it is a normal thing. I want to know what do girls do when they have bleeding so as not to get their clothes soiled or stained?

Ms Anita – It is very important for girls to maintain their personal hygiene, and more so during menstruation. Girls may use homemade or commercially available products. They can use pieces of cotton cloth that can be made from old and soft but clean cloth folded in layers as a pad to absorb the blood. This folded cloth can be placed inside the woman's undergarments or can be tied around with a homemade belt that can be wrapped around the waist. When the pad is soaked with blood, then you should change it and use another pad that may have been made in the same way. The used folded cloth pad can be reused after it has been washed thoroughly and dried in the sun. For the next menstrual cycle, girls can keep these clean strips in a packet and put them away carefully for use when they need them.

Nowadays, some girls also use readymade sanitary napkins that can be bought from the market. These are disposable. So, when the napkin is soaked with blood it should be changed and the used one should be thrown away. To throw the napkin, fold the napkin and put it in a piece of old paper that can be folded up and then throw it in a dustbin.

Rupa – How often should menstrual pads be changed?

Ms Anita – Each girl decides for herself what is comfortable. Menstrual cloths or pads should be changed at least 3–5 times a day, but more frequent changes may be necessary. Also, the girl should try and wash her genital area at least once a day. This practice, along with changing menstrual cloths or pads before they are completely soaked with blood can help avoid problems such as genital itching and burning during urination.

Paro – Jaya would also like to ask you something but she is feeling shy.

Ms Anita – Oh, don't feel shy. Ask me anything you want to know otherwise how will you learn. Girls should not feel embarrassed to learn about their bodies. They should have all the information about the changes in their bodies otherwise how will they care for themselves?

Jaya – Ms Anita, I wanted to know about the white discharge that comes out of the vagina. What is it and why does this happen?

Ms Anita – The way our mouth, nose, ears and eyes are moist and have mucous, in the same way in our vagina a white liquid/fluid is prepared that protects the woman's genitalia from infections. It is also known as white discharge. This white discharge is a natural product to keep our internal genitalia clean and hygienic and is not an indication of a disease. In some girls there may be less white fluid discharge and in some it may be more.

This white fluid is discharged from the vagina during some of the days of the 28-day menstrual cycle. Also, the consistency of this fluid changes during the cycle – sometimes this discharge is sticky, sometimes thin and sometimes thick.

Usually, this discharge is clean and milky white in appearance. The discharge does not smell nor does it cause any pain or itching sensation. But, if the colour of this discharge changes, there is itching in the vaginal opening, the discharge is smelly and there is pain in the back or abdomen, then it might be indicative of an infection in the reproductive tract.

Paro – But why does the colour change?

Ms Anita – Some of the reasons may be infection, disease, mental tension, lack of nutrition, imbalance in the hormones etc. If you notice any change in the colour and smell of your white discharge then you should consult a health worker or doctor, and not a quack.

Rupa – So, how do we ensure that this does not happen to us?

Ms Anita – All of you yourselves can take care of your health and hygiene so that your reproductive organs do not get any infection or disease. Some of the things you can do are:

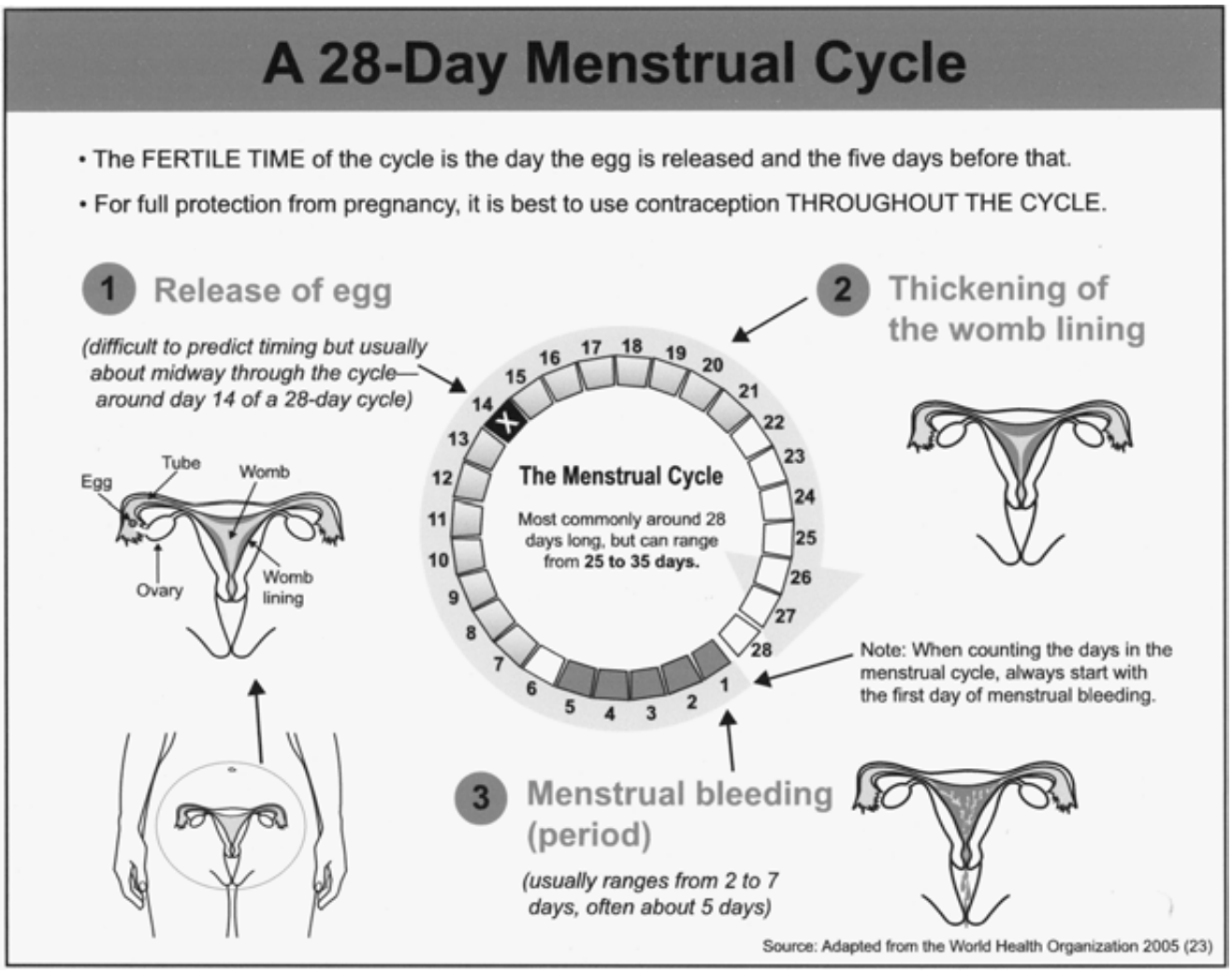
- bathe regularly;
- make sure you clean your genital area with soap and water;
- after passing urine and feces make sure you wash yourself from the front to the back; and
- do not use any other person's used towel or undergarments.

Yasmin – Thank you Ms Anita for sharing all this information with us. We will make sure that we take good care of ourselves. Okay, girls, let's go home otherwise everyone at home will wonder what took us so long at school.

Ms Anita – You are most welcome. Do not hesitate to come and ask me any questions you may have about your body, feelings and hygiene. Bye-bye.

[The girls thanked Ms Anita and walked away discussing animatedly amongst themselves.]

Resource Sheet 2.2A



Resource Sheet 2.2B

Days of the Cycle	*Type of Discharge*	*The Egg's Journey*
Days 1–5 of the cycle	Menstrual bleeding	The unfertilized egg leaves the body with blood and uterine lining.
Days 6–7 of the cycle	Dry, no vaginal discharge	Ovary receives signal to prepare an egg.
Days 8–9 of the cycle	Thick white discharge	Uterine lining being prepared to receive the egg. Ovary preparing egg for release. (If unprotected sexual intercourse at this time, sperm may travel and wait for egg in tube and may result in pregnancy.)
Days 10–16 of the cycle	White discharge becomes sticky and thin in consistency	Egg is released and travels to the tube. At this time if there is unprotected sexual intercourse and egg meets a sperm it may result in pregnancy. Then the next menstrual cycle will happen only after childbirth.
Day 17 onwards till the start of the next menstrual cycle	White discharge becomes thick again	If couple have unprotected sexual intercourse at this time there is no likelihood of pregnancy.

Source: Nirantar. 2001. Swasthya ki khoj mein. Swasthya Shiksha No. 3. Delhi: Nirantar.

Resource Sheet 2.2C

Menstrual Cycle

The menstrual cycle is controlled by the female sex hormones. The entire cycle, from the beginning of one period to the beginning of the next takes about 28 days for most women and girls (can range between 24–35 days). The cycle starts on the first day of the monthly bleeding. During this period, blood and tissues that have built up on the inner lining of the uterus flow out of the vagina. This can last from 2–7 days. The last day of the menstrual cycle is the day before the next monthly bleeding starts. For example, if bleeding started on January 1, that is the first day of the menstrual cycle, if the menstrual cycle is 28 days long, the next monthly bleeding would start on January 29.

After menstruation, the girl's body starts releasing hormones that signal the uterus to get ready to receive a new egg. At about the same time hormones prepare an egg to be released from the ovary. A woman's egg is released once a month, usually about midway between two menstrual periods. The release of the egg from the ovary is called ovulation. It then travels down the fallopian tube where it stays for 24–48 hours and then travels to the uterus. Although the exact timing is difficult to predict, women with 28-day cycles are most likely to be fertile between days 8 and 15 of each cycle. This means that if a couple is not using family planning methods, vaginal intercourse can lead to pregnancy when it takes place during these days (or five days before the egg is released). The egg and sperm can reach the fallopian tube at the same time and an egg may be fertilized. The lining of the uterus thickens and becomes rich in blood and nutrients. The fertilized egg would then attach itself to this lining which provides a nourishing environment for the developing embryo.

If the egg is not fertilized by a sperm during this time, it will begin to dissolve. Most of the time the egg is not fertilized. This means that the uterus no longer needs the extra blood and tissue lining. A change in hormone level signals the blood vessels that nourish the lining to constrict and temporarily cut off the blood supply. This change in blood supply causes the lining to shed. The lining, blood and dissolved egg leave the body through the vagina as the next menstrual cycle begins. This is called menstruation and is also referred to as periods/menses/monthly period.

Activity 2.3

My Body

Purpose: To encourage women to think about their body and specific body parts and to make them realize the importance of looking after their body

Recommended time: Two hours

Materials required: Plain paper, pencil

Planning notes

- Do this activity in a closed room.
- Before starting the activity, it may be important to do an ice-breaker session (like songs, jokes) to create a comfortable environment so that participants can take part in the discussion without any inhibition.
- Men and women have their own set of thoughts about their respective bodies. Both men and women give more importance to their outer appearance, e.g. face, hair, clothing and body structure.
- Very often we ignore our reproductive organs, and don't think and care about them much. Because of this we may expose ourselves to infections and diseases.

Procedure

1. Ask the participants to sit in a circle.
2. Ask them to close their eyes and breathe deeply and relax.
3. Explain to the participants that you are going to name different body parts and they should either touch the body part or visualize that part in their mind.
4. Emphasize to the participants that it is important they keep their eyes closed during this activity and they should only do what they feel comfortable doing.
5. Slowly and softly name the following body parts one by one and give some time to participants to point them out:
   - Head, Forehead, Eyebrow, Eyelid, Nose, Cheek, Lips, Chin, Ears, Neck, Chest, Stomach, Hands, Fingers, Waist, Genitals, Hips, Buttocks, Legs, Knee, Feet, Toes.
6. Be sure to use those terms for the parts that are commonly used and known in the context that you are working.
7. During the activity, observe participants' reactions and expressions.

8. After the activity, tell participants to breathe slowly and to gradually open their eyes.
9. Guide the discussion using the points given below.

Discussion Questions

- How do you feel after doing this activity?
- Do you feel anything different about your body? What?
- How do women usually feel about their body?
- Do women like to look at themselves in the mirror? When? Why?
- Why do you think it is important for women to feel comfortable about their body?
- What sort of relationship do women have with their body? Why? Do you think this may have an effect on their sexual relations?
- Do women masturbate or is it something that only men do? How is masturbation perceived in the community and society in which we live?
- Is there a way to tell when a woman is sexually excited? What about a man?
- What excites a woman sexually? What excites men sexually?
- Do men and women get excited in the same way? What is different?
- How does a woman know when she is sexually excited?
- In a relationship, who usually takes the initiative for sex – man or woman? Why? Can a woman also take the initiative? Why or why not? Do you think this happens? Why or why not? How do you think the man will react to the woman making this move?

Resource Sheet 2.3 A

Understanding your body and how it works is an important part of sexual health. Women who understand their bodies can make better choices about the sexual activities that they enjoy. They can also choose to become pregnant or they can choose to avoid it. Being knowledgeable about sexually transmitted infections can help women protect themselves and their partners from disease. Sexual health also involves being comfortable with yourself and your sexual desires. It means having healthy relationships with others. Sexual health can also mean learning to identify and leave violent or abusive relationships and learning to cope with the after-effects of such relationships.

Learning about a woman's sexual responses may also make you more comfortable with your body. If you understand what happens to your body when you are sexually excited, you may be able to improve your sexual experiences.

Every part of the human body can produce pleasure when touched but, generally speaking, people have certain areas that are more sensitive to caressing than others. These are called erogenous zones (breasts, anus, vulva, clitoris, vagina, penis, mouth, ears, neck, etc.). They vary from person to person, thus, only by talking with your partners will you know what pleases your partner (be they male or female) most.

If you understand what happens to your body when you are sexually excited, you may be able to improve your sexual experiences. Masturbation refers to touching ones own genitals for sexual pleasure. It is a normal behavior that most people do at some point in their lives (both male and female) – although some never do. It is normal if a person does, and it is normal if a person chooses not to masturbate. Masturbation, even frequent masturbation cannot harm a person physically or psychologically, unless it replaces normal, daily functioning (for example, if someone were to stop going to work just to stay home and masturbate). Masturbation can teach people how their bodies respond to sexual stimulation – and they can share this information with a partner to enhance their sexual relationships.

A woman's sexual responses change throughout her lifecycle. In part, this is due to her changing levels of experience and self-knowledge, but there are also physical changes as her body matures. Pregnancy and childbirth may have an impact on a woman's sexual responses. Dealing with the physical and emotional changes associated with menopause is also an important part of a woman's sexual health.

Source: Women's Health Matters

Activity 2.4

Bodies, Emotions and Sexuality

Purpose: To improve awareness and understanding of how gender norms influence men and women to express their emotions, sexuality and various experiences

Time required: Two hours

Materials required: Chalkboard/whiteboard, chalk and marker, case sheets of Savitri and Uma's stories

Planning notes

- Before facilitating this activity in the group, the facilitator should read this exercise carefully and if possible, conduct this activity alone so that during the group session you can answer all queries.
- Try and gauge the emotion and sensitivity of the participants.
- Encourage all the participants to actively take part in all the exercises, but if someone seems uncomfortable do not force them.
- At the end of the session, discuss the importance of affection in a sexual relationship. Stress the need to practice safe sex, always using a condom.
- Emphasize to the participants that other men and women have sexual desires and needs similar to their own, and the importance of understanding the needs and desires of their partner (whether male or female).

Procedure – Part I

1. Divide the participants into two groups.
2. Ask all the participants to stand up and start walking around the room quietly. Ask them to pay attention to their body. In between, ask them to walk fast and then after some time tell them to slow down.
3. Tell all the participants that while walking they should try to look in the eyes of the person walking towards them.
4. After about 5 minutes of this activity ask the participants to line up into their two groups and ask the groups to stand facing each other.
5. Inform participants of one group that they will have to play the role of women and the participants in the other group that they will have to play the role of men.
6. Now tell the participants that you are going to say some words and the groups should listen carefully and then enact the word (without saying anything) in the role that they are playing out (man or woman).
7. Before saying the first word ask all the participants to close their eyes.
8. Then one by one call out these words and let the participants enact them (with their eyes closed) before calling out the next word:

- Beauty, Strength, Anger, Athletic, Sexuality, Power.

9. When the participants enact one word, ask them to open their eyes and observe the similarities and differences between the two groups – one group portraying women and the other men.
10. Do the same exercise for each word. At the end, ask the groups to sit down facing each other and engage them in a discussion using the following questions.

Discussion Questions – Part I

- In the women's group, which was the easiest and most difficult word to enact? Why?
- In the men's group, which was the easiest and most difficult word to enact? Why?
- For which words did you find men and women enacting similar roles?
- For which words did you find men and women enacting differently?
- What do you think are the reasons for these differences in the way women and men enact their feelings etc.?
- How do these similarities and differences relate to the way women and men are raised?
- How do these similarities and differences influence the intimate relationships between women and men?

Procedure – Part II

1. After this, read out Savitri and Uma's stories (in the given case sheets).
2. Engage the participants in a discussion using the questions following the stories.

Discussion Questions – Part II

- Do these stories seem realistic?
- Which story did you find closer to your life reality? Why?
- In these stories, in the sexual relationship between men and women do you see any respect for each other? Do they care for each other's feelings and emotions? What do you think they should have done differently?
- How important is love and respect in a sexual relationship?
- Has society established different norms for male and female sexuality? Do you feel this is okay?
- Do women have sexual desires and feelings? Are they different from men's desires? How do women express their sexual desires?
- Do women discuss their sexual desires and pleasure with their partner? Why or why not?
- How important is it for women to have sexual pleasure in their relationship? How do we know when a woman has attained/achieved sexual pleasure (or an orgasm)? And a man?
- Does a woman have the right to say 'no' to a man if she doesn't want to engage in a sexual relationship or experience? Why or why not? What would happen in such a situation?
- Does society accept it if a married man has relationships with other women? How do you think society will react if a married woman was to have relations with another man?
- What is the relationship between men's alcohol use, sexual expression and violence against women?
- Can a woman feel sexual desire for another woman? What about a man for another man? How does society perceive them? Why? What do you think? How can society become more accepting of sexual diversities?

Questions by Participants

- Can I, as a woman, talk about my sexual desires and feelings?
- Why are women not allowed to play sports in the community?
- If I refuse my husband sex, he will either doubt me (he will think I am having an affair with another man) or he will go to another woman. How do I deal with this?

Closing

Men and women have different ways and means to express their emotions and feelings. These differences are influenced by societal norms and gender constructs. Due to this, women have to curb their sexual desires and feelings and usually their sexual rights are not recognized. Women also have the right to express their sexual desires as well as have the right to say 'No' if she doesn't want a sexual advance or to engage in sexual activity with her husband or lover or partner.

Case Sheet

Savitri's Story

My name is Savitri. Seeing you all talking about your feelings here even I felt like speaking up but I feel scared because women are not supposed to be talking like this. But, I have mustered enough courage to tell you what is in my heart.

Like some of you, even I got married at an early age. Our world was like that of a king and queen. We had three children and raised them well. My husband used to love me and care for me very deeply. He never beat me, used to give me money when I needed it. If you look at it, I didn't have any problems. You might think that my happiness seems to be what is bothering me. But, in the past few days it seems that my husband has lost interest in me. Now he doesn't talk to me lovingly any more, nor does he sit close to me any more. It seems that he does not love me any more. But my heart is still attached to him. I still feel that he should keep loving me and talking to me. But, nothing of this sort happens. I just keep hoping and wishing for this. I don't even like eating food now. I just don't feel like doing anything. If I say anything else, I feel scared that you may misunderstand me. I have heard that he is having an affair with another woman. I feel very bad. Maybe by talking about this with you all my mind and heart may feel less burdened. Now you tell me what should I do? Don't I have any feelings and desires? What should I do about my mind and heart? What about my body and my needs?

Uma's Story

My name is Uma. My husband is absolutely crazy. Why do I say crazy? Sometimes he loves me a lot and then sometimes he kicks me away – both with equal passion. When what will get into his head is difficult to tell. When he loves me, I feel like I am the queen and he my king. Then he just keeps loving me. Then he also takes very good care of me. Once he got a daily wage job for 8 days. When he got his pay he went and bought a very expensive blouse for me and told me that it is the 'new style'. At times like this when he cares for me, I feel a lot of love for him.

But after he drinks alcohol his head spins totally. Then he doesn't see or hear anything and starts fighting over the smallest issue. He also beats me then. If I try to calm him down and explain the situation to him lovingly, he shouts at me saying 'Don't touch!' Then I feel very angry. My neighbors hear this and laugh at us. I feel very embarrassed and ashamed.

When he again feels loving towards me then in his special manner he asks me 'is it party-time now' (his code for sex). Although I like it when he asks me this, sometimes in anger I refuse and tell him 'No' and he goes away quietly.

Resource Sheet 2.4 A

Sexuality is a part of every woman's life. All of our bodies have the potential to feel physical excitement and pleasure. Some women choose never to be sexually active, but most women explore their sexual desires in some way, at some point in their lives. Having the freedom to choose how to express yourself sexually (or how not to) is an important part of a woman's sexual health.

The human body is much more than its biological functions. Unlike most male animals, who become sexually aroused merely by the smell of a female when they are in heat, human male excitation depends on social and psychological factors that are closely interlinked, which influence each other and which depend on each other. For a woman, sexual desire does not depend on being in her fertile period. How does human sexual desire work?

There are four stages to human sexual desire:
Desire,
Excitation,
Orgasm, and
Relaxation.

- **Sexual desire** is when one feels like having sex. It occurs through the activation of the brain when confronted with a sexually exciting stimulus. It should be remembered that a certain stimulus can be exciting in a certain culture and not in another. For example, a certain standard of beauty can arouse sexual desire in one place and not in another. Anxiety, depression, the feeling of danger and fear of rejection can affect a person's sexual desire. On the other hand, when a person feels relaxed, secure and has intimacy with his or her partner, this greatly facilitates the desire to have sexual relations.
- **Sexual excitation** is involuntary, that is to say, it occurs independently of a person's will. What man has not had the embarrassment of having an erection at the wrong moment? We know that a man is excited because his penis becomes hard and his testicles rise or feel tighter. We know a woman is sexually excited when her vagina becomes wet and her clitoris swells and becomes harder. Physiologically, the excitation results from the increased flow of blood into certain tissues (such as the penis, the vagina, the breasts) and from the muscular tension of the whole body during sexual activity. During this phase, respiratory movements and heartbeat increase. More important than knowing all this, however, is knowing that caressing and touching between partners is important in this stage. In the case of most men, all it takes is an erotic image for him to have an erection; for a woman to become excited requires more time, and more caressing and kissing.
- **Orgasm** is the stage of greatest sexual intensity and is difficult to describe objectively because the feeling of pleasure is personal – so much so that descriptions of orgasm are just as varied as people themselves. Orgasm is the powerful, pleasurable release of sexual arousal and tension. During orgasm, most individuals feel that the body builds up enormous muscular tension and then suddenly relaxes, accompanied by an intense feeling of pleasure. Furthermore, not all orgasms are the same. As the orgasm depends on sexual excitation, the same person can have orgasms of different intensities at different times. It is during the male orgasm that ejaculation occurs, that is, sperm is ejected through the urethra. Generally speaking, women will experience different muscle contractions throughout the pelvic and genital region, as well as in other parts of the body. Their heart rate and breathing will increase. Some women will experience a single orgasm, and some will have more than one during a particular sex act.
- **Relaxation** is the stage when the man relaxes and needs some time to get excited again. In young men this period is short (around 20 to 30 minutes); in adults, particularly those over 50, it can take longer. Women do not need this interval, which explains why they can have more than one orgasm during sexual intercourse, or multiple orgasms.

Activity 2.5

Pregnancy – Yes or No?

Purpose: To discuss the role and responsibility of men and women to avoid unwanted pregnancy and to inform the participants of available contraceptives

Recommended time: Two hours

Materials required: Board, marker, samples of contraceptives and copies of stories

Planning notes

- Before starting this activity, the facilitator should keep in mind that her knowledge and understanding of events related to this topic will be helpful for her in making the participants understand the same (such as unwanted pregnancy resulting out of love affair, rape or any other reason).

Procedure

1. Narrate Kamla's and Champa's stories to the group or give them copies of the same to read (case sheets).
2. Divide the participants in two groups.
3. Give around 15–20 minutes to the participants to discuss one of the stories in their group.
4. Ask the participants to discuss if it is possible to have a different ending to this story.
5. After the discussion, ask the participants to decide on one possible alternative ending to the story and ask the group to enact the same.
6. Ask the participants whether they have heard about emergency contraceptive pills and explain to them if they are not aware of it.
7. Tell the participants to go back into their groups and think of the situation if Kamla and Champa get pregnant. Give them 10–15 minutes to think and then again have a discussion.

Discussion Questions

- Are these stories realistic? Why or why not?
- Do unmarried girls discuss about pregnancy with their parents? Why or why not? Then whom do they talk to about these issues?
- What should be the role and responsibility of a man and woman in avoiding unwanted pregnancy?
- If during sexual intercourse a couple does not use a contraceptive method then what can they do to prevent an unwanted pregnancy?
- A girl may think that she could be pregnant. What thoughts can come to her mind in this situation? How can an unwanted/unplanned pregnancy change her life? What options/ solutions does she have?
- A boy may think that by having sex with his partner, she may become pregnant. What thoughts come to his mind in this situation? How

can an unwanted/unplanned pregnancy change his life? What options/solutions has he?
- Should information about preventing unwanted pregnancies be shared with girls and women in your community? If yes, why and how it should be done? If no, why not?
- In these stories discuss about violence in sexual relationships. What do girls do in such situations? What should they do?

Questions by Participants

- How many days after menstruation is it possible to become pregnant by having unsafe sex?
- Is it possible to become pregnant even after using a condom?
- Is the use of Copper T or tablets harmful for the body?
- When should we start using Copper T, tablets or injection?
- What is meant by medical termination of pregnancy (MTP)?
- What are the opinions regarding MTP?
- Is ending a pregnancy an easy decision for married women? Why?

Case Sheet

Kamla's Story

Kamla is a very intelligent and friendly girl. Even in school she always used to come first, but because of poverty she was forced to leave the school in the 7th standard. She also used to do all the housework. She sang very well and so everyone in her locality knew her. She used to sing at every programme that was organized in her locality. Kamla was in love with a boy called Raju who lived in her neighbourhood. They used to meet each other secretly. Raju used to caress her and Kamla loved it.

One day Raju and Kamla went for an outing. Raju took her to his friend's place. There was no one in the house. Raju took Kamla in his arms and started caressing her. Kamla was happy. Then Raju moved a step ahead. He wanted to have sex with her. Kamla also liked it but she was scared also. But Kamla couldn't resist.

They didn't use a condom while having sex. Both of them were very excited and so overlooked the importance and need of using a condom. Now Kamla keeps on wondering whether she will become pregnant.

Champa's Story

Champa cleans utensils in one of the bungalows in the neighboring colony. In the same bungalow she also does the chores of house cleaning and washing clothes. Generally she is alone in the house. The bungalow's owner has a 19-year old son Mangesh. He is always joking and chatting with Champa. All day long he is busy with his work and friends. One day he came back home early. There was nobody at home except Champa. Mangesh took Champa in his arms and started kissing her. Champa kept on resisting but he didn't listen to her. Then he had sex with Champa. Champa got nervous and wondered who she should tell this to? Who would believe her? Will she get pregnant?

Activity 2.6

Contraception

Purpose: To provide information on contraceptive methods and discuss male involvement in contraceptive use, as well as criteria for choosing a suitable contraceptive method

Recommended time: Two hours

Materials required: Samples of contraceptives and/or drawings of methods; paper; pencil and pens; Resource Sheet

Planning notes

- If possible, bring samples of each of the methods to the session. In the discussion about each of the methods, discuss both technical advantages and disadvantages, as well as cultural and personal beliefs about each method.

Procedure

1. Divide the participants into 6 teams. Distribute the samples of methods and other specific information about each method to each of the teams:
   Group 1: Hormonal Methods
   Group 2: Intrauterine Device (IUD)
   Group 3: Barrier Methods
   Group 4: Rhythm Methods
   Group 5: Tubal Ligation and Vasectomy.
   Group 6: Emergency Contraception (morning after pill)
2. Ask each group to try to answer the following questions about the methods they have received:
   - How does this method prevent pregnancy? How is it used?
   - What are the myths and facts about this method?
   - What are its advantages?
   - What are its disadvantages?
   - What is the group's opinion about this method?
3. When they have finished, distribute the Resource Sheet to each of the groups for them to clarify any doubts and obtain additional information about the methods.
4. Ask them to use their creativity to prepare a presentation about their method. They can dramatize it, produce posters, a comic strip, a TV commercial, etc.
5. Each group should then present their method.
6. Engage participants in a discussion using the questions below.

Discussion Questions

- Who has to think about contraception, the man or the woman? Why?
- Who has to talk about it, the man or the woman? Why?
- How do you imagine this conversation would go?
- What are the most recommended contraceptive methods for adolescents?
- How should the couple choose the contraceptive method they are to use?
- What are the main precautions that should be used with the condom?
- What is the only method that prevents pregnancy and protects against sexually transmissible infections and AIDS?
- If you forget to use a condom, or if the condom breaks, what can you do?

Closing

- Depending on the young women's need for additional information, discuss further each of the contraceptive methods and clear up any remaining doubts.
- Be sure to discuss the aspects related to female fertility and male fertility. This subject is important because it is known that women, particularly young women, often lack information about fertility. Men are potentially always fertile, while women have a specific ovulation cycle.
- Discuss the difficulties that the participants identify in the use of some of these contraceptive methods and explore how they might negotiate contraceptive use with a partner. In addition, it is also necessary to discuss with the young women issues of access to services and to contraceptives. Explore the difficulties of access that they are faced with; if they know about health services and if there are obstacles and difficulties in using them.
- It may also be useful to consider the theme of privacy, and the right of an adolescent to use health services and seek contraceptives without being afraid that his/her parents will be notified.
- Finally, emphasize that contraception is a responsibility that should be shared. If neither of the partners want sexual intercourse to result in pregnancy, it is essential that both take precautions so that this does not happen.

Emergency Contraceptive Pills (ECP)

Emergency Contraceptive Pills (ECP) are hormonal contraceptive pills that help women prevent unwanted pregnancy from unprotected sexual intercourse if used within 72 hours. The pill should be taken within 72 hours after unprotected sexual intercourse or in the case of condom breakage. In the two-pill method, the second dose should be taken 12 hours after the consumption of the first pill.

Important Note: This method should not be seen as an alternative to contraception and should not be used routinely to avoid pregnancy but only in emergency situations. ECP are not abortion pills and cannot dislodge an implanted fetus from the uterus.

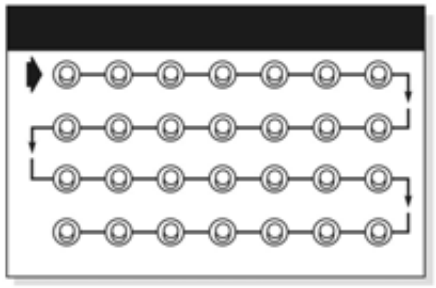
Source: Population Council

Resource Sheet 2.6A: Contraception type[1]

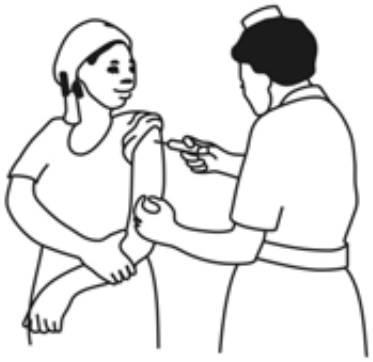
	Periodic	Mechanical	Barrier	Chemical	Hormonal	Surgical
Contraceptive method	These are practices that depend basically on the behavior of the man or woman and on observation of the body.	A small plastic and copper device with a nylon thread at the tip which is placed inside the uterus.	Methods that form a barrier, preventing the contact of spermatozoa with the ovum.	Substances which, when placed in the vagina, kill or immobilize the spermatozoa.	Pills or injections made with synthetic hormones.	This is not exactly a contraceptive method, but a surgery that is performed on the man or woman with the purpose of preventing conception permanently. Female sterilization is better know as tubal ligation; male sterilization is known as vasectomy.
Type	Rhythm Method, Cervical Mucus, Temperature, Coitus Interruptus (Withdrawal).	IUD (Intrauterine Device).	Diaphragm, Male and Female Condoms.	Cream, Jellies, Ova and Foam.	Pill, Injections.	Vasectomy, Tubal Ligation.
Function	To stop fecundation through sexual abstinence in the presumed fertile period. Should only be used in combination with condom/ diaphragm.	Impedes access of the spermatozoa to the ovum. Requires medical checkup every 6 months.	Impedes contact of the spermatozoa with the ovum.	Spermicide, which kills or immobilizes the spermatozoa, should be used in combination with the condom/ diaphragm.	Prevent ovulation. Used with medical guidance.	Vasectomy: interrupts the flow of spermatozoa in ejaculation. Tubal Ligation: prevents contact of the ovum with the spermatozoa.
Benifit	Permits greater awareness of the body itself.	An efficient and comfortable method for most women.	The condom, male and female, protects against the risks of STIs/HIV/ AIDS. Condoms require no medical prescription or exams and are generally easy to acquire. Male condom use enables the man to participate actively in contraception.	Efficient when used with the condom or diaphragm.	When correctly used, birth control pills are one of the most effective contraceptive methods.	Efficiency is very high.
Precautions	Does not protect against STIs/ HIV and AIDS.	Increases the flow and duration of menstruation. Not recommended for women who have not had children. Does not protect against STIs/ HIV and AIDS.	The diaphragm does not protect against STIs/ HIV.	The isolated use of the spermicide has a high incidence of failure and also does not prevent STIs/HIV.	Requires discipline to take the pill every day at the same time. Women who smoke, have high blood pressure or varicose veins should not use this method. If used alone, do not protect against STIs/HIV.	A definitive method with little chance of being reversed. Do not protect against STIs/HIV.

[1] *Source:* Petta. C.A. and Faundes, *A. Métodos Anticoncepcionais*. São Paulo: 1998. Editora Contexto.

Resource Sheet 2.6B: Methods of Contraception

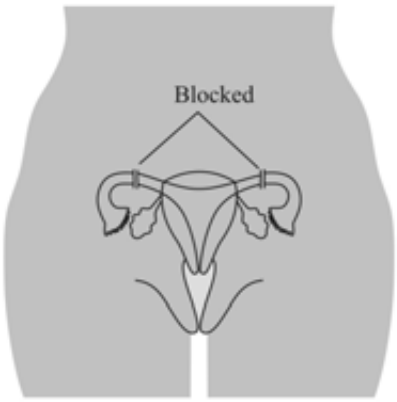


Oral pills

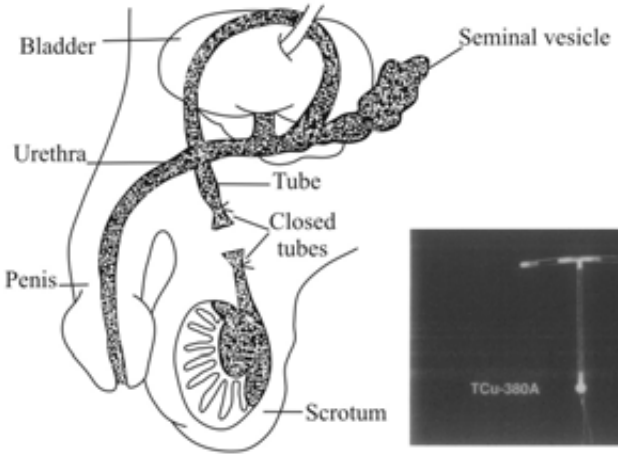


Injection method

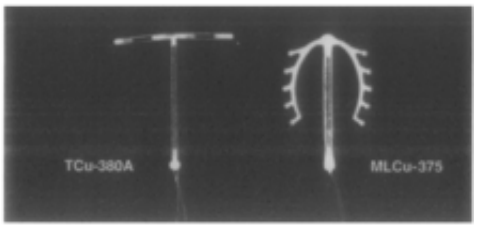
Norplant



Female sterilization

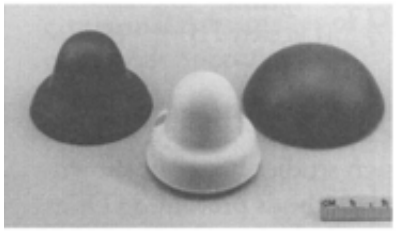


Male Sterilization

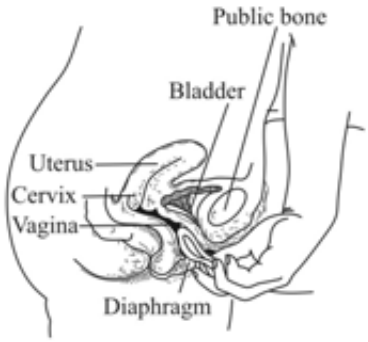


IUD

Female condom



Diaphragm



Inserting Diaphragm

Spermicides

Activity 2.7

Sexual and Reproductive Rights

Purpose: To understand what is meant by Sexual and Reproductive Rights, their importance in the lives of women and men and how to make use of these rights

Recommended time: Two hours

Materials required: Pen, pencil, flipchart, list of rights as given in Resource Sheet 2.7A

Planning notes

- In this session/activity, discuss about the rights in simple language. Write down the rights that we talk about during this session on paper and paste it on the wall so that they provide ready reference for the next session.
- Make and keep with you paper slips with the different rights written on them before starting the activity/session. (See Resource Sheet 2.7A.)
- Generally, when we talk about rights, we tend to discuss about basic human rights and overlook women's rights, especially sexual and reproductive rights.
- Through this session try to make participants realize that it is important to discuss and be aware of these rights.

Procedure

1. Divide the participants in 3 to 4 groups. Tell each group to think of and discuss situations in which they were not able to exercise their rights or a situation when they wanted to speak about something but they were not given a chance.
2. With the help of this activity, discuss about the basic rights – right to education, marriage, food, shelter, etc.
3. On a flip chart, make a table of sexual and reproductive rights and have 3 columns for each right – 'very acceptable', 'less acceptable' and, 'not acceptable'.
4. Divide the participants into smaller groups and distribute the slips.
5. Tell each group that the slips given to them mention some sexual and reproductive rights. Ask them to have a discussion on these rights and their status in the society. They should mention – 'acceptable', 'less acceptable' or 'not acceptable' in front of each statement.
6. Give 20 minutes to each group to do this work.
7. Ask the groups to say what they have discussed regarding the status of these rights in society. Write down their answers in the corresponding columns already made on the flip chart. Ask each group to explain the reasons for their answer.
8. Guide participants to discuss rights using the questions listed below.

Discussion Questions

- Of all the sexual and reproductive rights of women, which is the one that is most difficult for them to exercise and why?
- Do girls and women have equal rights?
- Do men and women have equal sexual and reproductive rights?
- With respect to women, which sexual and reproductive right is most difficult for them to exercise and why?
- With respect to men, which sexual and reproductive right is most difficult for them to exercise and why?
- What do men do to safeguard their sexual and reproductive rights?
- What do women do to safeguard their rights? What should they do?
- What did you learn from this activity/session? Will it be useful in bringing any positive change in your personal life? How?

Questions by Participants

- Rights are there, but then who is aware of these? Who will tell us?
- We now know because you have told us. But how to exercise these rights?
- Do we get rights according to our religion?
- If someone is taking away our right then what should we do? Who will help us?

Rights to reproductive and sexual health include the right to life, liberty and the security of the person; the right to health care and information; and the right to non-discrimination in the allocation of resources to health services and in their availability and accessibility. Of central importance are the rights to autonomy and privacy in making sexual and reproductive decisions, as well as the rights to informed consent and confidentiality in relation to health services.

Source: Dr. Carmel Shalev, Expert Member, CEDAW (Convention on the Elimination of All Forms of Discrimination Against Women), March 18, 1998.

Resource Sheet 2.7A

S.no.	*Sexual and Reproductive Rights*	*Very Acceptable*	*Less Acceptable*	*Not Acceptable*
1	Right to make decisions about ones sexual life and be free from torture, violence and exploitation			
2	Right to have pleasure in sex and sexual relations irrespective of sexual orientation (heterosexual, bisexual or homosexual)			
3	Right to be free from all forms of discrimination regardless of sex, gender, sexual orientation, age, societal status, race, religion, or any type of emotional or physical disability			
4	Right to sexual privacy unless it is harming someone else's rights			
5	Right to decide freely and responsibly number, spacing and timing of children			
6	Right to information about family planning methods			
7	Right to access to safe, effective, affordable and acceptable contraceptive methods to control fertility at your will			
8	Right to appropriate health services to enable women to go safely through pregnancy and child birth			
9	Right to marry or not and to establish responsible sexual relations			
10	Right to comprehensive sexuality education			
11	Right to sexual health care for prevention and treatment of all sexual concerns, problems and disorders			

Violence

Section 3

Activity 3.1

Intimate Relationships

Purpose: To reflect on the power dynamics between women and men in their intimate relationships and how gender influences their expectations, interpretation and expression of love

Recommended time: Two hours

Materials required: Wall board, marker pen, chalk, paper

Planning Notes

- In this section a variety of situations have been presented where the participants are asked to determine what is violence and what is not violence. By understanding violence against women and girls, participants will then better understand the links between gender and violence.

Procedure

1. After welcoming the participants to the session, the facilitator should divide the participants into five groups.
2. Ask each group to make a story on one of the following situations:
   - A young couple meet with each other in a secluded place.
   - A young couple go out to roam about with each other by lying to their parents.
   - A young couple have gone out to watch a film.
   - A young couple meet with each other in a garden.
   - A young couple are having a fight with each other.
3. Give each group 20 minutes to make up a story for the situation provided to them.
4. Ask each group to narrate their story one by one, and then have a discussion on the points given below.

Discussion Questions

- Which story did you identify with the most and why?
- What similarities and differences are there in these stories?
- In these various stories, in which relationships or situations did you find positive attributes and in which ones, negative attributes? Why?
- What does a girl or young woman expect from her romantic relationship? What does a boy or young man expect out of the same? Are the expectations similar or different? Why?
- Do women and men have different roles to play in intimate relationships? What and why?
- Some people think that only men should take the initiative in romantic relationships and women should be passive and be willing to do whatever the man asks her to do. Do you agree with this? Why or why not?
- An intimate relationship between a woman and a man is that of equality and respect. What do

you think about this? What is represented in these stories? In a romantic/intimate relationship, how should a woman behave with a man and how should a man behave with the woman?

- What do you think is the main reason why a woman and man in an intimate relationship fight with each other? How does each partner express his/her disagreement with the other? How do they resolve it? Do women and men have different ways of doing so?
- Can the people portrayed in these stories be from different religious and economic backgrounds, different sexual orientations (two women in love with each other or two men in love with each other)? Do these differences and identities have an effect on relationships? How do you think society perceives such relationships?
- Will this discussion today have any influence in bringing about any change in the relationships in your life? Please explain why or why not? If yes, how?

Questions by Participants

- When there is a fight in an intimate relationship, why does the woman have to always back down?
- In love/intimate relationships, why do boys always expect to have a physical relationship with girls?
- Is it necessary for girls to wear make up to attract boys?
- Should girls take a decision in intimate relationships?

Closing

In romantic/intimate relationships, the roles and behavior of men and women are pre-determined. These roles are linked to the preconceived notions of differences on the basis of gender. Generally, in intimate relationships, men are supposed to be active and women passive and so women don't get to express their desires. If these relationships are based on mutual understanding, respect, and equality, then both partners will be happy.

Activity 3.2

What is Violence?

Purpose: To identify different types of violence and discuss the particular types of violence that most commonly occur in families and intimate relationships

Recommended time: Two hours

Materials required: Large sheets of paper, pens or pencils, case sheet, tape, copies of stories

Planning notes

- Before presenting the activities on violence, it might be useful for the facilitator to look for data in his/her community or country concerning different forms of violence, including legal definitions and social supports that exist. While answering participants' questions it might also be useful to present some of this information to them.
- Before the exercise, it may be useful to review the stories/examples that will be handed out for discussion to ensure that they match the ground realities.
- Also, during any discussion about violence, there may be some participants who may feel uncomfortable as they may have experienced violence in their lives. The facilitator should be sensitive to their needs and should try and refer them for any help or support.

Procedure

1. To start off the activity, ask the participants to share with the group what comes to their mind when one says the word 'VIOLENCE' and engage all the participants in a discussion on their thoughts and views about violence. On a large sheet of paper or on a chalkboard, highlight common ideas and key concepts from the various participants.
2. Then, take three large sheets of paper and write on one sheet 'It is Violence', on the other write 'It is not Violence' and on the third one write 'I don't know'. Paste these three sheets of paper on three different walls of the room.
3. Explain to the participants that you will then read out a series of situations/cases and you want them to think about whether the situation described represents violence or not. Once they have decided what the situation represents, they will need to go and stand by the poster on the wall that depicts their viewpoint, i.e., if they think the situation represents violence they should go and stand by the wall that has the paper stuck on it which reads, 'It is Violence', and so on.

4. Once the participants have made their decision, they will be asked to discuss their views about the case with the rest of the participants standing with them in their group. They will be given about 5–7 minutes to discuss each case and then the group will be asked to defend their viewpoint.
5. Also explain to them, that based on the group discussion they may also change their position/ mind and can go and stand under any of the other two sheets of paper.
6. The facilitator can decide to either read out all the cases presented here or select the cases most appropriate to be read out to the group. Alternatively, a participant can also be asked to read out the case. The facilitator may even try and use a different methodology to engage participants in reflecting on the issues of gender-based violence and then open up the discussion using the following questions.
7. The facilitator can also make use of the legislation on domestic violence and sexual abuse in the country. A simple Resource Sheet (3.2A) is also enclosed in this section that can help guide the facilitator's questions and discussions.
8. The facilitator should not try and give his/her opinion or answer the question 'is it violence or not' but rather allow the participants to reflect and share their opinions. It may be that the group may not be able to arrive at a consensus on any of the cases and in such a situation the facilitator should not force the participants to reach a consensus decision.

Discussion Questions

- Are these situations realistic?
- What is gender-based violence?
- What do you think is sexual violence?
- Are there types of violence that are related to a person's gender? What is the most common type of violence practiced against women? Against men?
- Are only men violent, or are women also violent? What is the most common type of violence that women use against others?
- What are the most common types of violence that occur in intimate relationships?
- Does a person, man or woman, ever 'deserve' to be hit or suffer some type of violence?
- Is all violence a crime?
- What are the consequences of violence?
- What can we do to prevent gender-based violence and sexual violence?

Tips for Facilitator

- If someone in the group is in a violent relationship, the facilitator should discuss the issue with other senior staff at the organization and consider referring the young woman to appropriate services.
- Depending on your audience, it can be helpful to draw a 'gender-based violence (GBV)' tree to help participants understand the process of such violence in a more visual way. The tree is drawn with roots, a trunk, and branches. Then, on the roots you write the various causes of GBV, on the trunk you write the types of GBV, and on the branches you write the consequences/after-effects of GBV. For this activity, which discusses types of GBV and consequences, you would only be filling in the trunk and branches of the tree, saving the roots for other activities.

Questions by Participants

- Why is it that most violence is perpetrated against women?
- Men also experience violence that is sometimes perpetrated by women? How can we address this?
- Women who oppose violence are often ridiculed and insulted. Why is this?
- When a woman opposes or challenges violence it often leads to a problem in her house. How do we address this?
- Why is it that women perpetrate violence against women?
- When teachers beat their students, is that also violence?

Case Sheet

Story 1

Rahul liked a girl Sunita in his neighbourhood. On quite a few occasions they came across each other. Once they got a chance to hang around in a lonely place. Both of them started to kiss each other. Rahul persuades Sunita to take off her clothes. Eventually she agrees to it. But Sunita gets upset and now she wants to go back. Rahul tries to convince her that they have come this far and they can still go further and he repeatedly insisted that Sunita has sex with him. He told her that she is looking beautiful and he cares about her. Rahul didn't use any physical coercion. **Is it violence?**

Story 2

Mangesh used to tease girls in the local trains. Whenever girls smiled or laughed, he tried to touch their body. Even then, girls used to laugh and smile over his acts and Mangesh thought that girls like these things. If he teases any girl and she smiles, then **is it violence?**

Story 2

Vishnu was part of a gang, who used to coerce younger boys to have sex. One day Vishnu said to a young boy, Vikash, that if he agreed to have sex with him then he would protect him from older boys. **Is it violence?**

Story 2

Rajesh and Meena are married for two years and they have an enjoyable sex life. Sometimes, Rajesh comes home late and by that time Meena is fast asleep. Rajesh often wakes her up and ask for sex. Many times even if Meena is not willing, she gives in to Rajesh. **Is it violence?**

Resource Sheet 3.2A

Defining Different Forms and Types of Violence

- **Incest:** sexual relations between blood-related persons (such as sex between father and daughter, father and son, mother and son, brother and sister, brother and brother etc.).
- **Sexual abuse:** refers to any type of intimate (sexual) physical contact between an adult and a child.
- **Rape:** the use of physical force or threat in order to obtain sexual relations with penetration (oral, vaginal or anal).
- **Sexual exploitation:** taking advantage of or involving children or adolescents in the sexual satisfaction of adults, including activities such as child prostitution and pornography.
- **Sexual harassment:** is manifested through indecent proposals, obscene words and pressure to have sexual relations, which the other party does not want.
- **Sexual violence:** pressuring or forcing someone to perform sexual acts (can range from kissing to penetrative sex) against their will or making sexual comments that make someone feel humiliated or uncomfortable. It does not matter if there has been prior consenting sexual behavior between the individuals.
- **Emotional violence:** is often the most difficult form of violence to identify. It is manifested through insults, humiliations, threats, lack of affection, etc. The consequences for men and women may be low self-esteem, distrust and emotional insecurity.
- **Physical violence:** is violence which is expressed through punching, kicking, shoving and other acts which can provoke injury, endangering the health of a man or woman.

क्या लड़की के ना में ही हाँ होती है?


यही अपना थियेटर है... जानेमन!
ये तूम कैसी बातें कर रहे हो?
मैं हिरो तू हिरोईन... चल लव सिन करते हैं!
रेश्मा... मैं तुम्हें बहुत प्यार करता हुँ
मैं इसके लिए अभी तैयार नहीं
इसमें क्या गलत है?
तुम समझती क्यों नहीं? मैं तुम्हें अपना प्यार दिखाना चाहता हुँ
मेरा जी घबरा रहा है... मुझे घर जाना है
समझने कि कोशिश करो राहुल मैं भी तुम्हें बहुत प्यार करती हुँ...


लेकिन प्यार का मतलब सिर्फ़ शारीरिक संबंध नहीं होता?
प्यार करती हो ना... तो और क्या चाहिए तुम्हें?
प्यार के साथ कुछ मस्ती भी होनी चाहिए!
नहीं राहुल!
इसके साथ कुछ जिम्मेदारियां भी होती है...
मैं चली
और बात नहीं बनी...
वो मानने के लिए तैयार नहीं थी... ना ना करती रही तो मैं क्या करता
थू: तेरी जिंदगी पर... तु तो कोई काम का न हुआ

सोच सही मर्द वही!

YARI-DOSTI Project: CORO For Literacy; VSKM; Population Council/Horizons; Instituto PROMUNDO; Durex & Macarthur Foundation

Activity 3.3

Understanding the Cycle of Violence[1]

This activity consists of openly talking about the violence that we suffer and perpetrate.

Purpose: To understand the various forms of violence and discuss the consequences of and the relationship between the violence that we suffer and the violence that we use against others

Recommended time: Two hours

Materials required: Flipchart paper, markers, pens/pencils, and five pieces of paper for each participant

Planning notes

- Describing acts of violence – particularly those that occur outside their homes is often easy. Commenting on or talking about violence committed against them inside their homes is a more delicate matter. Talking about violence which they had committed was even harder, usually because they always wanted to justify themselves, blaming the other person for being the aggressor. This activity provided material for two work sessions. Should you feel that the participants do not wish to expose personal details about themselves, consider alternative activities in this manual that require less personal 'disclosure'.
- If any young person reports that she is suffering any type of violence or that she has recently suffered any type of abuse – including sexual abuse or systematic physical abuse at home – the facilitator must refer them to an organization that provides counseling and support for survivors of violence. Before carrying out any task in this manual, the facilitator should consult his own organization to clarify the ethical and legal aspects related to that country concerning violence against young persons under 18.
- If someone starts to cry or gets angry during the session, handle the situation with a calm mind so as not to hurt the person or distress the person further. Encourage participants to engage in discussion, but do not force them. It might happen that during the session, some people may share personal experiences. Do ensure that all participants remember and are mindful of ground rules about not discussing any of these matters outside the group session. Do not impose your opinion on participants.

1. Adaptation of Program H 'Violence clothesline'

Procedure

1. Before the session, tape five pieces of flipchart paper to a wall. On each paper write one of the five categories below:
   - Violence used against me
   - Violence that I use against others
   - Violence that I have witnessed
   - How I feel when I use violence
   - How I feel when violence is used against me
2. At the beginning of the session, explain to the participants that the purpose of this activity is to talk about the violence in our lives and our communities.
3. Give each participant five sheets of paper.
4. Ask the participants to think for a while about the five categories listed in point 1 and then write a short reply for each on the pieces of paper that they have received. They should put one response on each paper, and they should *not* put their names on the paper.
5. Allow about 10 minutes for this task. Explain to them that they should not write much, just a few words or a phrase, and then tape it to the corresponding flipchart paper.
6. After taping their papers to the flipchart, read out loud some responses from each category.
7. Open up the discussion with the following questions.

Discussion Questions

- What is the most common type of violence used against women and girls like us?
- How do we feel about those who are victimized by this type of violence?
- What is the most common type of violence we (women and girls) use against others?
- How do we know if we are really using violence against someone?
- How do we feel when we use violence against others?
- Is there any connection between the violence we use and the violence that is used against us?
- In general, when we are violent or when we suffer violence, do we talk about it? Do we report it? Do we talk about how we feel? If we do not, why not?
- Where do we learn violence?
- What is the link between violence in our families and relationships and other violence that we see in our communities?
- How does the media (music, radio, movies, etc.) portray violence?
- Some people say that violence is like a cycle; that is to say, someone who is a victim of violence is more likely to commit acts of violence later. If this is true, how can we interrupt the cycle of violence?
- Is there any way to measure the severity of violence to say some act is more violent than the other? Is any kind of violence worse than another?

Questions by Participants

- When someone is violent with me and I retaliate with violence as well, then what is the problem?
- It is often very difficult for women to disclose the violence they experience in their homes. How can one address this issue?

Closing

When we talk about violence, we think mainly of physical aggression. It is important to think of other forms of violence besides physical violence. This activity helps us think about how we learn and express violence differently and provides a foundation for thinking about how we can stop the cycle of violence in our lives and communities.

Ask the group what it was like for them to talk about the violence they have experienced. If anyone in the group shows a need for special attention due to an act of violence they have suffered, the facilitator should consider referring the young woman to appropriate services and discuss the issue with other senior staff at their organization.

Activity 3.4

Breaking the Silence

Purpose: To discuss the culture of silence that surrounds violence against women and to reflect on the consequences of this and what individuals can do when they are in an abusive relationship or when they know someone who is in an abusive relationship

Recommended time: Two hours

Materials required: Poster board and markers or chalkboard and chalk

Planning notes

- The facilitator should research existing supports in the community where young women may go for help in the event of an experience with relationship violence. The list should include hospitals, clinics and support groups that deal specifically with the issue of gender-based or domestic violence, recommended social workers/psychologists/etc., and any other available resources. It is recommended that the facilitator create a handout listing these resources to distribute at the end of the activity.

Procedure

1. Divide the participants into two groups. Ask each group to create a role play using one of the following case stories:
   a. A woman is experiencing violence in an intimate relationship or in her family and is not able to tell anyone about her experiences. Ask the group to think about what different situations will she have to face to protect herself from violence.
   b. A woman is experiencing violence in an intimate relationship or in her family and is able to reach out to others for help and support. What are the doubts and concerns she may have in reaching out for help? What challenges do you think she may face in reaching out and seeking support from someone?
   (Alternatively, one role play can explore the perspective of the person who has been contacted by a woman to address her violent situation. What would be the challenges faced by this person in reaching out to someone who is experiencing violence? How would the person provide support without making the situation more difficult for the woman experiencing violence?)
2. Give the groups about 15–20 minutes to develop their stories.
3. Ask the two groups to present their role plays to the entire group and open up a discussion using the questions below.
4. Following the role play presentations and discussion, ask the group to name all of the resources that they are aware of for young women who are in an abusive relationship in their community. You can pose the question: 'If you think your friend is in an abusive relationship and needs help, who, or where would you tell her to turn to for help? As

participants offer names of resources, write them on the board. The facilitator should also mention places where a young woman can go for help and distribute the handout listing these locations.

Discussion Questions

- Are these situations realistic?
- Which of these case scenarios did you relate with more? Why and why not?
- What are the similarities and differences between the two case scenarios?
- When women and girls are in such a violent situation do they usually reach out for help? If yes, why and if not why not?
- Why do you think at times we do not want to speak about the violence in our lives?
- Why would someone remain in an abusive relationship? Are these reasons different for young women and adult women? What is the link between abuse and economic dependence?
- Do you think men who experience violence are also affected by the same culture of silence and face similar circumstances in reaching out for help? If yes, why? If no, why not?
- How would you get to know if a friend or someone you know is suffering from violence? How would you feel when you find out that this person you are close to is suffering from violence? Can you reach out and help/support if you are worried about a friend? How can you support a friend who has suffered from violence or aggression?
- What steps could someone in a violent relationship take to keep herself safe?
- What steps can a friend or someone else take to be helpful to someone who is in a violent relationship?

Questions by Participants

- To keep the family together and maintain peace in the house shouldn't women tolerate violence?
- If I tell someone that my husband beats me and if he leaves me when he learns that I have talked about it to others, then what will happen to me? Who will take care of me?

Tips for Facilitator

The facilitator should pay close attention to the reactions of the participants throughout the activity and whether anyone might need special attention due to the subject matter.

असली मर्द कौन है?


सहयाद्री नगर, रघु रखमा का घर शाम के 7.30 बजे है -
7.30 बज गए, कहां रह गयी साली कभी बोल के नहीं जाती
रघु परेशान होकर रखमा की राह देख रहा है


क्या हुआ? ऐसे क्यों घूर रहे हो?
आने में इतनी देर क्यों हुई?


अजी वो सुमन मेरी पुरानी सहेली वो मिली


पुरानी सहेली की पुराना यार?
सुनती हूं तो कुछ भी ना बको


अच्छा मैं बकता हूँ और जो तू करती है वो?
क्या किया है मैंने तुम्हारे परिवार के वास्ते दिन रात मेहनत करके पाईपाई जुटा रही हूं


पैसे का रोब मुझे मत दिखाना पैसा तो साला कोई भी कमाता है


यह बात तुम्हे सोचनी चाहीए
साली!
मुझे उलटा जवाब देती है?
तेरी तो...
यार रघु यह क्या तमाशा लगा रखा है?


अरे संजू देखो, साली ज़्यादा नाटक करती है
तो तूने भाभी पर हाथ उठाया??
वो जो नहीं उठाता वो नामर्द है!
कौन साला अपनी बीवी पर हाथ नहीं उठाता?
संजू सोच में पड़ता है
क्या जो मर्द अपनी बीवी पर हाथ नहीं उठाता, क्या वो नामर्द है???
आप क्या सोचते है?
हिंसा न ही असली मर्द का लक्षण है, ना हिम्मत का कार्य!
बीबी या अपना साथी, आखिर वह इन्सान हैं, तो जबर्दस्ती क्यों?
गलती हो, न हो मारपीट क्यों?
दोनों में आपसी विश्वास हो तो शक कैसा?

सहयाद्री नगर, रघू संजू के घर आता है...

और ऐसा भी होता है!

सोच सही मर्द वही!

YARI-DOSTI Project: CORO For Literacy; VSKM; Population Council/Horizons;
Instituto PROMUNDO; Durex & Macarthur Foundation

Activity 3.5

Women in the Workplace: Respect and Rights

Purpose: To discuss and understand the problems faced by women in the workplace and opportunities to promote their rights and respect for them

Recommended time: One hour and 30 minutes

Materials required: Board, marker pen

Preparation

- Gender bias is not just limited to home. Today, several women go out to work and even though they earn an income to support the family they still do not get equal treatment at home. There are also several instances in which women do not get treated at par with men at work. For example, women may be paid lower wages than men, may not be promoted to high positions, etc.
- Prior to the session, the facilitator should collect some information about the kind of occupations women are employed in (like what do they do, where do they work, etc.). Also, if possible, review a copy or bring along a copy of legal documents such as Vishakha Guideline, Minimum Wages Regulation, etc., if there is need to discuss legal aspects. Alternatively, an expert can be invited to the session to discuss rights of women at the workplace.
- If someone brings up a personal problem, then discuss that after the activity/session and try and refer or link her to an organization that addresses problems faced by women in their workplace.

Procedure

1. At the start, do a quick brainstorming session with women to discuss the following issues:
   - In our community what are the types of occupations women are engaged in for which they have to go out and work?
   - What are the various types of problems that women face at their workplace?
2. Write the points listed by the participants on chart paper and paste them on the wall for the duration of the session.
3. Divide the participants into two groups.
4. Ask each group to prepare a small skit/play on the experiences of a working woman by using the following questions to develop their story:
   - what kind of work does the woman do?
   - where does she work?
   - what is her work schedule?
   - what support does she get from her family for her work?
   - how does her community perceive her and her work?

- what are the problems she faces at the workplace?

5. Give 30 minutes to prepare the play.
6. Give 10 minutes to each group to enact and present its play.
7. Ask the other group to watch the play carefully.
8. After each play, ask how realistic did they find the play and what would they like to do to change the woman's life.
9. After both the plays have been enacted and participants have finished discussing the plays, engage them in discussion using the questions listed below.

Discussion Questions

- How does the family and society perceive women who work to earn an income? Are there some jobs that are perceived as respectable and some not? Give examples.
- What are the main problems that women face at their workplace? Do you think men also face the same problems?
- What do you think are the reasons that women face such problems at their workplace?
- What forms and types of sexual harassment do women face at work? What are the causes of sexual harassment at work?
- Usually, how do women react or respond to such harassment? Why?
- What do you think should be done by the woman to address her situation?
- What do you think should be done to stop/curb sexual harassment and discrimination against women at the workplace (e.g. government, employers, women's organizations, law enforcement, co-workers etc.)?
- How can you help to promote respect and rights for women at the workplace?

Questions by Participants

- Women face problems when they go out to work. Who should they tell and how?
- What are the benefits of opposing gender bias?
- We have to tolerate wrong acts of our employers to retain our jobs. If we oppose, we will lose our job. How should we handle such a situation?
- Women of our locality generally work at home only. So how will the things that you have said benefit us?

Resource Sheet 3.5A

Sexual Harassment at Workplace

Sexual harassment in workplaces is not an isolated phenomenon, but a manifestation of the larger gender discrimination in society. The Visakha guidelines were laid down by the Supreme Court in 1997.

What is Sexual Harassment

The Visakha guidelines of the Supreme Court define sexual harassment as any unwelcome sexually determined behavior such as:

- Physical contact and advances;
- Demand or request for sexual favors;
- Sexually colored remarks;
- Showing pornography;
- Any other unwelcome physical, verbal or non-verbal conduct of sexual nature.

Who are covered under this?

Women who

- Draw a regular salary;
- Receive an honorarium;
- Do voluntary work in the government, private and unorganized sector.

Remedies

Acts of sexual harassment are covered by:

- IPC Sections 292/294: Obscenity;
- IPC Section 354: Criminal Force or Assault Intended to Outrage Modesty;
- IPC Section 375: Rape;
- IPC Section 509: Word, Gesture or Act Intended to Outrage Modesty;
- Protection of Human Rights Act, 1993;
- Remedies in Visakha vs. State of Rajasthan are in addition to IPC. Visakha requires the employer to give a police complaint where sexual harassment also amounts to an offence.
- It shall be the duty of the employer or any other responsible person in workplaces or other institutions to prevent or detect the commission of acts of sexual harassment by taking all steps required.

Employer's Obligations

It shall be the duty of the employer or other responsible persons in work places to prevent or deter the commission of acts of sexual harassment and to provide for the resolution of acts of sexual harassment by taking all steps required. The employer shall:

- Create awareness;
- Constitute complaints mechanism;
- Initiate disciplinary action against perpetrators;
- Initiate criminal action where required;
- Provide support mechanisms to victims.

Source: Uttaranchal Police Head Quarters. http://www.uttaranchalpolice.com/ncwp/vishakha.htm

Motherhood and Caregiving

Section 4

Activity 4.1

Being a Mother

Purpose: To understand the diverse aspects and experiences of motherhood and discuss societal perspectives and expectations

Recommended time: Two hours

Materials required: Chart paper, pen, marker

Procedure

1. Divide the participants into 2 groups.
2. Explain to the groups that they have to create a story of a mother. Tell them that the only information they have is that the person is a mother; everything else has to be created by them after discussion. They can use the questions below to guide the creation of their 'Mother's story':
   - What is her name and age?
   - Where does she live?
   - Who all live with her? Does she live with her husband?
   - Is she working outside the house? Is she studying?
   - What does she look like?
   - What does she like to do?
   - How many children does she have?
   - Did she plan to have her child/children when she did or did she want to wait for some time?
   - What will she be doing after 5 years? After 20 years?
   - What is her experience of being a mother?
3. Give 15–20 minutes to the groups to make the stories.
4. Ask each group to present their story to the entire group – they can either write it down and read it aloud or they can do a role play and enact it.
5. After the presentation, have a discussion on the points given below.

Discussion Questions

- Are the mothers in the stories realistic? Why or why not?
- Discuss the similarities and differences in both the stories.
- Of all the qualities of the mother that are highlighted in the stories, which are the ones that you liked and why? Which are the ones that you didn't like and why?
- Did the mothers in the stories have their children when they planned and wanted to? Did they discuss with their husbands? Who decided when to have a child?
- In society, what is the role that women play in deciding when they should have a child? Why?

If any married woman is not keen on becoming a mother then is it right to force her into having a child?

- Is it necessary or important for every woman to become a mother? Why and why not?
- Some people say that you are a 'Real Woman' only if you have a child. Why did people say this? What do you think about this? Do people say the same about men who are not able to have children?
- How does society look at the women who don't have children? How does society look at men who are not able to have children?
- Becoming a mother is one thing and 'being' a mother is another aspect of motherhood. What do you think is the role of the man in parenting and caregiving? Do you think men should be involved in parenting?
- Does society have different expectations from a mother and father in parenting and caregiving? Why?
- Has there been any change in societal expectations of motherhood and fatherhood over the past 10–20 years?
- Are the expectations of mothers today similar to expectations in the past? Are they different? How and why?
- How easy is it for a mother to think about herself and her future? Why or why not?
- How can we be more accepting and supportive of women's decisions about motherhood?

Activity 4.2

All at the Same Time Now

Purpose: To discuss and understand the multiple roles and responsibilities that women take and the importance of sharing childcare and responsibilities with men

Recommended time: Two hours

Materials required: Chart paper, pen, Resource Sheet 4.2A

Procedure

Part I

1. Divide the participants into three small groups.
2. Ask one group to leave the room for 5 minutes and make sure they don't come to know of the discussion you are having with the other two groups.
3. Tell the two groups in the room that one group will play the role of 'men and their children' and the other group will play the role of 'women and their children'.
4. Ask the two groups to stand in a line facing each other.
5. Ask the third group to come back into the room and tell them they will play the role of an audience and should observe what roles the two groups are playing and note the similarities and differences between the two groups.
6. Tell the two groups that you will call out different times of the day, like 5 am, 8 am, 3 pm, 5 pm, 10 pm, 6 am on a holiday, holiday afternoon, etc. Both the groups have to silently enact the activities they would be carrying out in their homes as 'women and children' and as 'men and children'.
7. Each group will get 2 minutes after a specific time of the day is called out. In this time they can discuss and decide what would they like to enact.
8. After this activity, ask the audience group to share the similarities and differences they observed with the larger group. Ask them to guess which group was playing the role of women and children and men and children. Ask them to share if this situation acted out is realistic.
9. After a brief discussion about this part of the activity, explain that the group is going to do one more activity to highlight the differences in men's and women's participation in childcare and household responsibilities.

Part II

1. Divide the participants into 4 groups.
2. Give a copy of the Resource Sheet 4.2A to each group.

3. Explain to the participants that each group should discuss and try and respond to all the questions on the Resource Sheet. (If the participants cannot read, the facilitator can read out the questions.)
4. Give 30 minutes for the small group discussions.
5. Ask each group to present their responses to the questions. Write the responses on the chart on the wall. Discuss in detail the answers and the reason why the group arrived at that response.
6. Use the questions below to facilitate a discussion about the roles of women and men in childcare and household responsibilities. Encourage the participants to relate the discussion with the responsibilities of men and women that were highlighted in the last activity.

Discussion Questions

- In general, what are the differences in women's and men's participation in childcare?
- Is it possible for a woman to be a mother, to study and to work? What kind of support and help does she need? And, from whom?
- Are there any responsibilities that are more important than other responsibilities?
- What are the expectations that women have from men in terms of their participation in childcare?
- Are men as capable in looking after children as women? If yes, why? If no, why not?
- What expectations do women have from men in terms of doing household chores?
- Are men as capable of looking after household chores as women? If yes, why? If no, why not?
- Is it important for the woman and man to share the childcare and household work? If yes, why? If no, why not?
- How does sharing of work affect personal relations? What are its benefits?
- How can a woman take out time to care for herself despite all her other responsibilities?
- What have you learned during this session? How can this help you in making changes in your life and relationships?

Questions by Participants

- Children are more attached to the mother, so how can men look after children?
- Men usually stay out most of the time, so how can they take responsibility of household chores?
- The men work if we are not well but will they do it on a daily basis?

Resource Sheet 4.2 A

Question	*Men*	*Women*	*Both*
1. Who spends more time getting an education during the course of their lives?			
2. Who misses/skips work (if both man and woman are engaged in an occupation) more often to take care of sick children or relatives?			
3. In case the marriage fails, who normally gets custody of the children?			
4. Who generally manages the household expenses?			
5. Who usually gets lesser wage/salary in a job?			
6. Who are normally at the top ranks in government or non-government organizations?			
7. Who is generally responsible for children's education?			
8. Who is generally responsible for the day-to-day household chores?			
9. Who takes care of themselves more?			
10. Who usually gets spare time to spend with friends or watch TV?			

Preventing and Living with HIV and AIDS

Section 5

Activity 5.1

What is HIV and AIDS?

Purpose: To increase awareness about HIV and AIDS and to discuss factors that make young women vulnerable to HIV

Recommended time: Two hours

Materials required: Paper slips/cards with questions and answers, chart paper, pen/marker, board and chalk

Planning Notes

- Prior to this session ensure that you have read the resource sheet and have adequate and accurate information about transmission, prevention, diagnosis, treatment and care for HIV and AIDS that you will require to conduct this session.
- If you feel unsure about handling this session alone, you can always team up with an HIV and AIDS expert to facilitate this session.
- Prepare questions on small cards that you will ask the participants during the quiz game. Also, write the answers on the cards so that you can provide a detailed explanation if the participants get the answer wrong.
- Ensure that you use simple language during this session and do not confuse participants with technical/ medical jargon.
- If the participants have not been exposed to any prior session on HIV and AIDS it is likely that some of them may give incorrect or inappropriate replies to most of the questions asked in the quiz game. Do not ridicule or mock their answers. And, ensure that other participants also do not show disrespect to participants who do not know all the answers.
- The time for this session will depend on the background knowledge of the participants about HIV and AIDS. You may have to conduct this session once again to ensure that you have addressed all the doubts and questions of the participants.

Procedure

1. Ask the participants to sit in a circle.
2. Spend 10 minutes to ask them what they have heard about HIV and AIDS.
3. Then inform them you will be facilitating a quiz game on HIV and AIDS and divide them into 4–5 groups (of 4–5 members). If there are more participants, you can divide them into more groups or even have less number of members in each group.
4. On a board make a column for each team, e.g. A, B, C and D.
5. Explain to the participants that you will ask each group a question and they will get 2–3 minutes to discuss the possible answer in their group and respond. If the answer is correct a star will be marked in their team's column on the board. If their answer is incorrect it will be passed to the next group and so on. If none of the teams know the answer then the facilitator will provide the answer and mark a star against her/his name.
6. Before moving on to the next question, ensure you have provided enough time for the participants to discuss and understand the answer to the question asked.
7. Some examples of questions that can be asked for providing basic information about HIV and AIDS:
   - What is the full form of HIV?
   - What is the full form of AIDS?
   - Are HIV and AIDS the same?
   - What are the ways in which a person can get infected with HIV?
   - What are the ways in which a person can not get infected with HIV?
   - What are the body fluids in which HIV virus can live and be transmitted when there is an exchange of these body fluids between two people?
   - Name at least three areas of the body from where the virus can enter the body.
   - What are the main routes of HIV transmission?
   - What are the ways to prevent transmission of HIV infection?
   - What is the connection between STD and HIV?
   - Is there any way a person can learn if she/he is infected with HIV?
   - How long after a possible exposure should a person wait to get tested for HIV?
   - Is there a cure for HIV?
   - Is there any medicine that a person who has AIDS can take to improve her/his quality of life? What is the name of the medicine?
   - Is it possible for a mother to transmit infection to her unborn or newborn child?
   - How effective are condoms in preventing HIV infection?
8. After all the questions have been answered, ask all the participants to clap for the team that has got the maximum stars for answering the questions correctly.
9. If participants have more questions that need clarification, spend another 15–20 minutes doing so.
10. Then ask the participants to do a listing of all the possible situations in which there is a risk of getting infected with HIV/AIDS. Discuss the reasons for this listing and common myths and misconceptions about HIV transmission and prevention.
11. For each of these situations, discuss who do they feel will be more vulnerable – women or men.
12. Guide the discussion on these issues using the following questions.

Discussion Questions

- How can we get rid of misconceptions and customs that increase the risk of getting infected with HIV and AIDS?
- Do you think men or women are more vulnerable to HIV? Why or why not?
- What are the various situations that make women vulnerable to HIV? Why or why not?
- How do you think women can protect themselves from HIV infection?
- Do women generally talk to their partners about HIV? Why or why not?
- How do you think a woman's partner can help reduce the HIV vulnerability of the couple?
- Do you think young women and men should be provided information about ways of protecting themselves from HIV and STDs? Why or why not?

- In what ways can young women and men be provided information on HIV and STDs?
- What kind of support do young women and men need to protect themselves from HIV? Is this kind of support available in the community?
- What have we learned through this session? How will this information help you protect yourself and your partner/s from STI and HIV infection?

Questions by Participants

- Is HIV caused by sex workers? Is it possible that anyone can get infected with it?
- Is it possible to get infected with HIV by receiving someone else's blood?
- Is it possible for the HIV-infected person to get TB?
- Can kissing cause HIV?
- Can mosquito bite cause HIV?
- Can a person infected with HIV have a child?
- Can a person infected with HIV get married?
- How can one find out whether he/she has HIV or not?
- Is HIV and AIDS the same disease or are they different?

Resource Sheet 5.1A

The Story of AIDS

The story of AIDS started at the beginning of the 1980s, when various people in the United States and Europe began to contract a very rare type of skin cancer (Kaposi's sarcoma) or severe pneumonia. What all these people had in common was a very debilitated defense system of the body and most of them died shortly afterward. As the majority of the patients were homosexual it was initially believed that it was a disease that only attacked men who had sex with men (which gave rise to countless stories of persecution, discrimination and prejudice). However, new cases began to appear and not only in the homosexual community. Injectable drug users, men and women who had received blood transfusions, particularly hemophiliacs, also began to present the same symptoms.

In 1982, the name of Acquired Immunodeficiency Syndrome (AIDS) was given to this syndrome of diseases and, in the following year, French scientists identified the virus and called it Human Immunodeficiency Virus (HIV).

Today, even knowing that this disease can be transmitted through sexual relations without the use of a condom and through contact with contaminated blood, many people still have not realized what is necessary to protect themselves. AIDS can affect any person: men and women; children, adolescents and adults; rich and poor; all races; heterosexuals, homosexuals and bisexuals.

What is HIV and AIDS?

H = Human (only found in humans)
I = Immunodeficiency (weakens the immune system)
V = Virus (a type of germ)

and

A = Acquired (to get something that you are not born with)
I = Immune (the body's defense system which provides protection from disease)
D = Deficiency (a defect or weakness, lack of or not enough of something)
S = Syndrome (a collection of disease, getting sick)

HIV and AIDS are *not* the same. HIV is the virus; and AIDS can occur as a result of becoming infected with HIV. HIV destroys a certain kind of blood cell (the CD4+ T cells or the 'helper' cells) which are crucial to the normal function of the immune system and makes it difficult for the body to fight certain infections. These types of infections are known as 'opportunistic' infections because they take the opportunity of a weakened immune system to cause illness. AIDS is a collection of diseases/sickness that results from a weakened immune system. A person can have HIV for a long time before he/she develops AIDS.

How do people become infected with HIV?

HIV lives in four types of body fluids:

- Blood;
- Semen – fluid that a man ejaculates when sexually excited;
- Vaginal fluids – fluid that a woman releases when sexually excited; and
- Breast milk.

All of these fluids have white blood cells, which are the types of cells which HIV attacks or infects. For a person to be infected with HIV, the virus must enter the body. If any of these four fluids (blood, semen, vaginal fluid and breast milk) from an HIV-infected person enters the body of another person, transmission of infection may occur. HIV can enter the body through:

- Lining of the vagina
- Thin skin on the penis
- Lining of the rectum (anus)
- Veins
- Cuts, wounds, or open sores on the skin
- Mouth (through sores or cuts)
- Lining of the esophagus (e.g. in a newborn baby who is breast feeding).

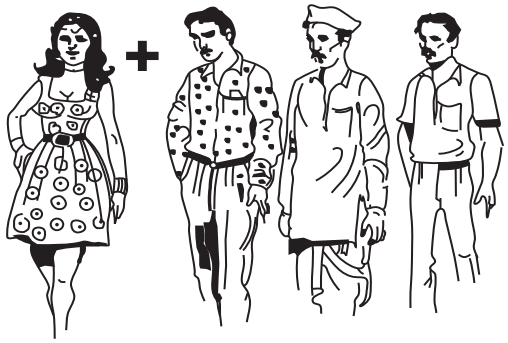
Intact skin is an excellent barrier against HIV and other viruses and bacteria.

How can HIV be transmitted?

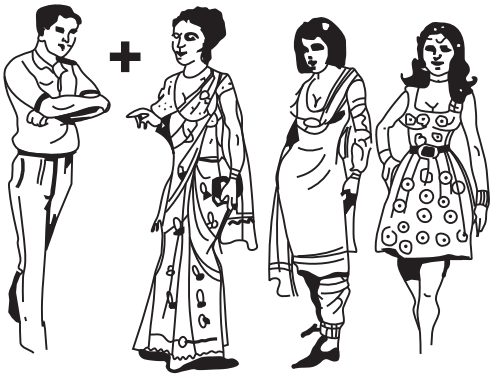
- *By having unprotected penetrative sexual intercourse*

Vaginal, anal, or oral intercourse without a condom with an HIV infected person. The physiology of the female genital tract makes women at least one-and-a-half to four times more likely to become infected than men.

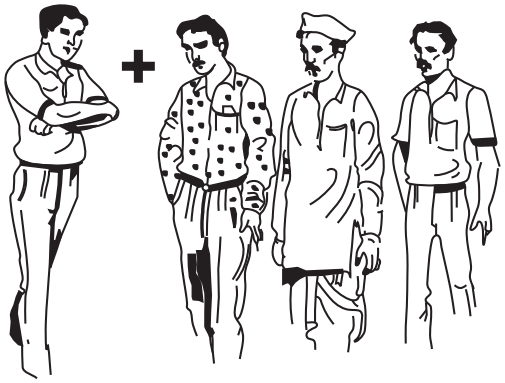
AIDS Spreads by …



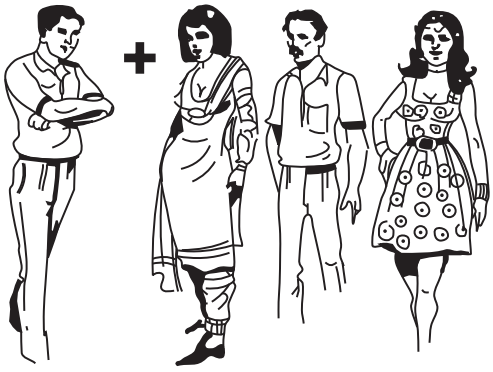
Woman having multiple male sex partners



Man having multiple female sex partners



Man having multiple male sex partners



Man having multiple male and female sex partners

Intravenous drug use

Infected blood transmission

Mother to child

Source: Bhatalwande and Gangakhedkar, *Yovan Ki Dehlij Par*, 2002, (UNICEF)

During **anal sex** the person receiving the semen is at greater risk of getting HIV because the lining of the rectum is thin and may allow the virus to enter the body during anal sex. However, a person who inserts his penis into an infected partner is also at risk because HIV can enter through the urethra (the opening at the tip of the penis) or through small cuts, abrasions, or open sores on the penis. If people choose to have anal sex, they should use a latex condom. Most of the time, condoms work well. However, condoms are more likely to break during anal sex than during vaginal sex. Thus, even with a condom, anal sex can be risky. A person should use a water-based lubricant in addition to the condom to reduce the chances of the condom breaking. **Oral sex** (one person kissing, licking or sucking the sexual areas of another person) does carry some risk of infection. If a person sucks the penis of an infected man, for example, infected fluid could get into the mouth. The virus could then get into the blood if you have bleeding gums or tiny sores somewhere in the mouth. The same is true if infected sexual fluids from a woman get into the mouth of her partner. While no one knows exactly what the degree of risk is, evidence suggests that the risk is less than that of unprotected anal or vaginal sex.

The use of condoms is recommended in all sexual relations.

- *Through blood-to-blood contact*

Transfusions of infected blood and blood products (in places where blood is not tested and infected blood can be donated), donations of semen (for artificial insemination) or organ transplants taken from someone who is HIV infected.

Every blood donor should be encouraged to do a test that detects HIV infection. The packs used for the transfusion must carry a compulsory TESTED stamp.

- *By using contaminated needle/syringe*

Used needles and syringes can transfer the virus from the blood of an infected person to another. The virus can also be transmitted through sharing needles or injection equipment with an injecting drug user who is HIV infected.

Equipment for medical procedures and other activities that involve contact with blood must be routinely sterilised or use disposable needles and syringes.

- *From a mother who is infected to her child (Mother-to-Child Transmission)*

  - When the mother is pregnant with her child;
  - When the baby is born, i.e. during childbirth;
  - When the mother is breastfeeding her child.

A course of antiretroviral drugs given to an infected woman during pregnancy and labor as well as to her newborn baby can greatly reduce the chances of the child becoming infected. A caesarean section is an operation to deliver a baby through its mother's abdominal wall, which reduces the baby's exposure to its mother's body fluids. This procedure lowers the risk of HIV transmission, but is likely to be recommended only if the mother has a high level of HIV in her blood, and if the benefit to her baby outweighs the risk of the intervention.Weighing risks against benefits is also critical when selecting the best feeding option. The World Health Organisation advises mothers with HIV not to breastfeed whenever the use of replacements is acceptable, feasible, affordable, sustainable and safe. However, if safe water is not available then the risk of life-threatening conditions from replacement feeding may be greater than the risk from breastfeeding. An HIV positive mother should be counseled on the risks and benefits of different infant feeding options and should be helped to select the most suitable option for her situation.

What about getting AIDS from body fluids like saliva?

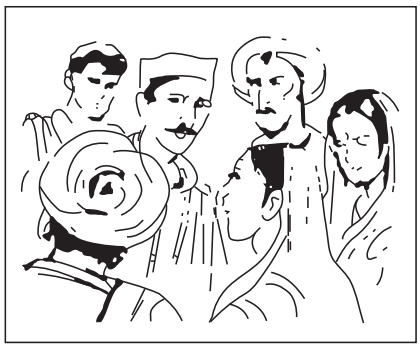
Although small amounts of HIV have been found in body fluids like saliva, faeces, urine and tears, there is no evidence that HIV can spread through these body fluids.

How can I know if I have HIV?

It is possible to learn whether a person has HIV infection even before symptoms of illness appear. With all the medical advances in terms of medication to prevent transmission from pregnant woman to her child during pregnancy, etc. and to improve ones quality of life it is vital to find out your HIV status early. To find out if you are at risk for HIV, ask the following questions:

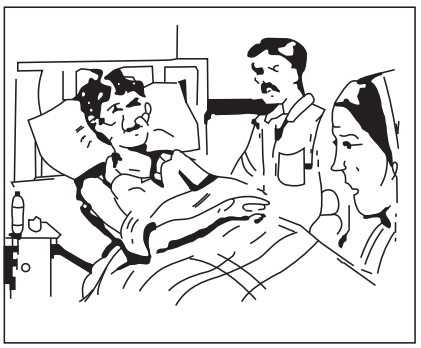
- Have you had unprotected vaginal, oral and/or anal sex?
- Have you shared needles to inject drugs or steroids or to pierce your skin?

AIDS does not spread by …



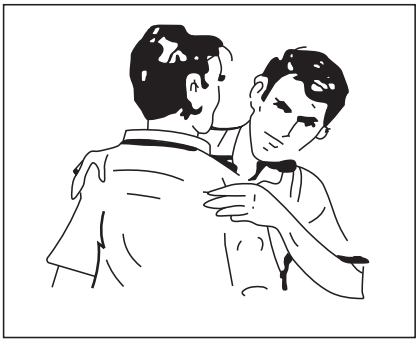
Talking in a group

Eating together

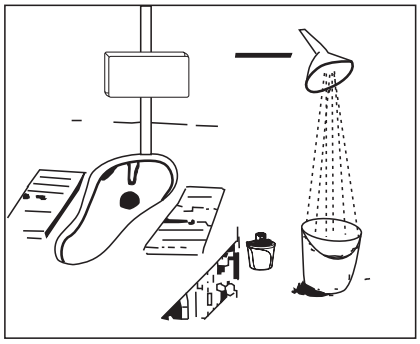


Taking care of HIV infected person

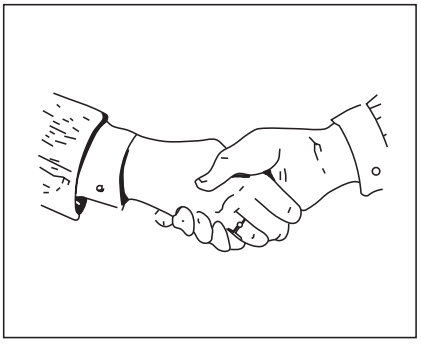
Through tears



Hugging



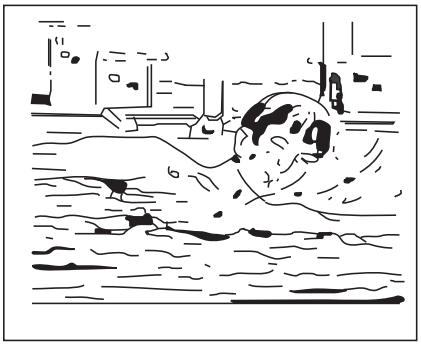
Sharing same toilet



Shaking hands

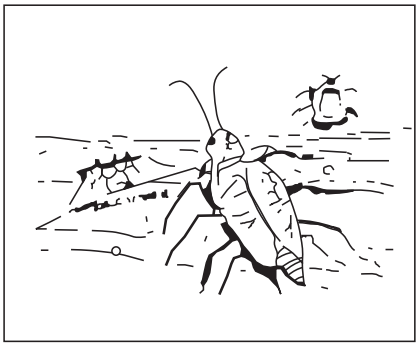
Using public telephone

Travelling together



Swimming in a pond

Coughing



Mosquito/insect bite

Source: Bhatalwande and Gangakhedkar, *Yovan Ki Dehlij Par*, 2002, (UNICEF)

- Have you had a blood transfusion or received blood products?

The counseling that should be provided before and after testing provides a good opportunity to learn more about HIV and discuss your risks and how to avoid infection. A woman who is pregnant or planning a pregnancy may want to consider getting tested as she can receive treatments to help reduce the risk of transmitting infection to her child.

Can I test positive for HIV and still look and feel healthy?

Yes, a person can have HIV and still look and feel healthy. About half of the individuals infected with HIV do not have symptoms of AIDS for about 10 years. Even if the person looks and feels healthy, people who have HIV can spread the virus to others.

How long should I wait before I get tested?

Before being tested, a person is encouraged to wait 3 months from the time they think they may have become infected with HIV. During this time, three months is usually enough time for most individuals to develop antibodies for HIV. Even if a person looks and feels healthy, they can spread the virus to others through sharing needles and syringes or having sex without a latex barrier.

What is Voluntary Counseling and Testing (VCT)?

VCT provides the opportunity for people to know their HIV status with quality counseling support to help them cope with a positive or a negative test result. The majority of adult populations are HIV negative, even in high HIV prevalence settings. Knowing one is HIV negative can serve as a strong motivating factor to remain negative, particularly for those who may otherwise assume it is too late to adopt safer sexual practices. For people who test positive, while VCT services can link them to options for treatment if and where they exist, and to care and support, just as important, it allows for adoption of preventive measures. A classic VCT service package ensures that:

1. Knowledge of status is *voluntary*;
2. *Pre-test counseling* is offered either through one or more sessions with a trained counselor, after which the client may choose to test on the same or different day;
3. *Informed consent* is obtained from the client by a service provider;
4. *HIV test* is performed using approved HIV test kits and testing protocols;
5. *Post-test counseling* (one or more sessions) that includes informing clients of their HIV test results, takes place on the same or different day.

Testing for HIV without pre- and post-test counseling is not recommended.

Is there a connection between HIV and Sexually Transmitted Diseases?

HIV and STDs can impact on each other. The presence of STDs in an HIV-infected person can increase the risk of HIV transmission. This could be through a genital ulcer that may bleed or through increased genital discharge. Also, an HIV negative person who has STD can be at increased risk of becoming infected with HIV. This can happen if the STD causes ulceration or breaks in the skin (syphilis or herpes), or if it stimulates an immune response in the genital area (Chlamydia or gonorrhoea).

Is there a cure for AIDS?

While there is no cure for HIV/AIDS, what have been discovered so far are medicines capable of prolonging and improving the quality of life of persons that have contracted the virus. Antiretroviral therapy (ART) is the treatment for the HIV virus with drugs – it is not a cure. Antiretrovirals (ARVs) attack HIV directly, thereby decreasing the amount of virus in the blood. Below are some important things to know about ART:

- ART helps the body strengthen its immune system and fight off other infections.
- ARVs are taken in combination – usually three different ARVs are taken every day. It is absolutely essential that a person takes every dose of every pill every day exactly as prescribed by their doctor. This is not like other medicine where, if you miss once or twice, it is not so bad. If a person does not take all of the right medicines every day at the right times,

the therapy will not work. When a person takes all of the medicines every day at the right times, we say that there is compliance or adherence.
- Once started, ARVs must be taken for the rest of a person's life.
- ARVs can cause unpleasant side effects, e.g., nausea, anemia, rashes, headaches.
- ART can prevent HIV transmission from mother to child.

When should Antiretoviral Therapy (ART) be initiated?

ART is initiated depending upon the stage of infection. People living with HIV and AIDS with less than 200 CD4 (white blood cells/mm^3) require treatment irrespective of the clinical stage. For a person with 200–350 CD4, ART is offered to symptomatic patients. Among those with CD4 of more than 350, treatment is deferred for asymptomatic persons. If CD4 is between 200–250, the test should be repeated in four weeks and treatment should be considered in asymptomatic patients. Free ARVs (first line treatment) are provided in India. As of June 2007 there were 127 ART centres operating in the country to provide access to treatment to people living with HIV and AIDS.

Is there a vaccine to prevent HIV infection?

Vaccines also have been tested with the aim of protecting people who do not have HIV, but so far there has been no proof of the efficiency of any of them and according to specialists it will still take a few more years to discover an efficient vaccine.

What factors make women more vulnerable to HIV infection?

Women are increasingly bearing the burden of the HIV epidemic. Of the 39 million people worldwide living with HIV, half are women. Several factors account for women's higher risk of infection, including biological, socio-cultural and economic factors. The female genital tract has a greater exposed surface area than the male genital tract; therefore women may be prone to greater risk of infection with every exposure. Further, gender inequalities and sexual violence frequently play a role in women's and girls' ability to practice safe sex. Financial dependence makes it difficult for women to negotiate condom use or refuse sex to their partners even when they may suspect their partner has other sexual partners or may be infected. Monogamy does not always protect women as their partners may not be monogamous. Younger women might be even more biologically vulnerable to HIV infection because they have less mature tissue and are often victims of coercive or forced sex.

Sources: National AIDS Control Organization (NACO). Frequently Asked Questions. www.nacononline.org/fqa.htm
UNFPA. Voluntary Testing and Counseling for HIV Prevention. http://www.unfpa.org/hiv/prevention/hivprev5b.htm
AVERT. HIV Transmission – Frequently Asked Questions. www.avert.org/faq1.htm
www.globalhealthreporting.org

Activity 5.2

Signature Hunt

Purpose: To understand how HIV and other STDs are transmitted and how we can prevent their transmission

Recommended time: One hour

Materials required: Large *Post-its,* cards or paper; pens

Planning notes

- Mark three cards with a '**C**', another three with the message **'Do not participate in the activity**' and one card with an '**H**'. On the remaining cards write the message '**Follow all my instructions**', including those marked with a '**C**' and an '**H**'.
- The facilitator should also participate in the activity.

Procedure

1. Hand out a card to each participant. Ask them to keep the instructions on the card they have received secret and follow the instructions written on their card.
2. Ask them to stand up and choose three people to sign their card.
3. When everybody has collected their signatures ask them to sit down.
4. Ask the person who has the card marked 'H' to remain standing.
5. Ask everyone who has their cards signed by this person, or has signed that person's card, to stand up.
6. Ask everyone who has the signature of these persons to stand up. Continue like this until everyone is standing up, except those who were requested not to participate.
7. Tell the young women to pretend that the person marked with an 'H' is infected with HIV or some STD and that they had sexual relations without any protection with the three persons who signed their cards. Remind them that they are pretending and that the participants are not in fact infected.
8. Ask the group to imagine that the persons who did not take part in the activity, that is to say, those who received the 'do not participate' cards, are persons that have not had sexual relations. Ask them to sit down.
9. Finish off by asking the group to continue pretending and explain to the participants who have the cards marked with a 'C' that they used a condom and, for this reason, run less risk of being infected. These young women can also sit down.

Discussion Questions

- How did person 'H' feel? What was her reaction when she found out she was 'infected'?
- What were the feelings of the young women towards person 'H'?
- How did those persons feel about having signed the card of someone 'infected' by STD or HIV? How did they feel when they realized they have been exposed to HIV infection and may be infected?
- How did those who did not participate in the activity at the start feel? Did this feeling change during the course of the activity? Did they also want to participate when they saw all their friends engaged in the activity? Discuss the role of peer pressure in influencing young people's behaviors and actions.
- How did the rest of the group feel toward those who did not participate?
- How did those who 'used a condom' feel?
- Person 'H' did not know she was infected. How could 'H' have known that she had HIV?

Questions by Participants

- Are Sexually Transmitted Diseases and HIV the same infection?
- Is it necessary to use condoms during every sexual intercourse to prevent risk of infection?
- How will we come to know if our partner has HIV?

Closing

HIV does not happen only to people whom society terms as 'bad people' such as sex workers, injecting drug users, and men who have sex with men. In fact, HIV can infect anyone who engages in unprotected and risky practices such as unsafe sex (sex without condoms), sharing used needles and syringes and blood transfusion with untested blood.

Activity 5.3

Women and Prevention

Purpose: To discuss women's role in prevention of HIV and AIDS and the available solutions

Recommended time: Two hours

Materials required: Chart paper, marker, paper slips cut in the shape of a condom, male and female condoms (if available)

Planning notes

- If available, try and bring a few samples of male and female condoms during this session/activity so that the participants can see what they look and feel like.
- Participants can be a little hesitant to talk about condoms so create a suitable and comfortable environment for discussion right at the beginning.
- Be aware of different types of condoms and use lots of examples in the discussion.

Procedure

1. Ask participants to do a free-listing of 'safe sex'. On a chart paper, write down what the participants list. Have a discussion on safe sex, its meaning and importance. If necessary, review information about how HIV and AIDS and other sexually transmitted diseases spread. (Use Resource Sheet 5.1A.)
2. Divide the participants into three groups and ask them to think of a situation they may know of, have heard of, or imagined in which a woman carries a condom with her. Give 10 minutes for this activity.
3. Ask the groups to share their stories with the larger group.
4. Tell the groups that the story can be positive or negative and the participants will have to identify whether the story is positive or negative.
5. Then ask the groups to work in their small groups again for 20 minutes to prepare a small play on their story. Tell them that in their stories they should also try and incorporate characters who did not agree or opposed the action of the woman who was carrying a condom in her purse. Give them the paper cut-outs of condoms to use as props if needed.
6. After each group presentation, guide the discussion using the questions listed below.

Discussion Questions

- Do you think women can buy a condom or keep a condom with her? Why and why not?
- Do you think they should buy and carry condoms with them? Why or why not?
- When is it important to use a condom?

- Who is expected to initiate the conversation about using the condom – man or woman? And why?
- If a woman asks her partner to use a condom, how do you think she will be perceived by her partner? Why?
- What do you think of a woman who suggests the use of a condom to her partner?
- Is it difficult to talk to a partner about using a condom? Why and why not?
- What factors might inhibit a woman from asking a partner to use a condom?
- What should a woman do if her partner refuses to use a condom?
- What happens in real life – can men and women talk to each other about using a condom? Why and why not?
- Have you ever heard of a female condom? Can a woman remain safe by using it? Why and why not?
- Is it easy for women to talk to their partner about sex and pleasure? Why and why not?
- How can women overcome difficulties in discussing these issues (about sex, condoms and pleasure) with their partners?
- How are prevention and pleasure related to sexual and reproductive rights of women?

Questions by Participants

- If I ask my partner to use a condom then I will be misunderstood. What should I do in such a situation?
- Can there be any problem if the condom remains inside?
- How does one use a female condom? It looks so big and dirty?
- Do condoms cause any harm/side effects?
- Condom is for keeping a gap between children. How will it protect from HIV?
- Only immoral women keep condoms. How can we keep it?

Closing

- Clarify that safer sex includes condom use for vaginal or anal penetration and also involves precautions during oral sex.
- Clarify that statistical data has shown that in stable relationships the use of condoms is often ignored and this behavior increases vulnerability in relation to STIs and HIV.
- Inform the group that currently heterosexual women in stable relationships (married women) are one of the groups with the fastest growing rates of HIV infection. Discuss the difficulty of adopting the condom (the most efficient preventive method against contamination) as part of a couple's intimate routine.
- Comment on the existence of the female-controlled and initiated methods such as female condom as an alternative for prevention and contraception and how to use it correctly. In some countries, the female condom is not available and even where it is, most young women will not be familiar with it. Work with them to explore their ideas about it. Also, discuss about microbiocides as a potential product that aims to place the power of prevention into women's hands when available. (See Resource Sheet 5.3A.)
- Reinforce the importance of negotiation in condom use (male and female) before sexual relations occur.

Resource Sheet 5.3A

Female-controlled methods for HIV prevention

Current HIV prevention methods are male initiated. The female condom is the only female-initiated method that is known to be safe and effective in reducing the risk of pregnancy and the transmission of STD and HIV. The design of the female condom offers more protection to women than the male condom because the outer ring partially covers the external genitalia.

In addition, there are new methods under development such as microbiocides that are substances to reduce transmission of HIV and STIs when applied vaginally. These could be produced in many forms, including gels, creams, films, suppositories, sponge or vaginal ring that releases the active ingredient over time. Although not yet available, scientists are testing many substances to see their effectiveness and safety. Microbiocides are a promising female-controlled method that have been under development for the past 15 years.

Although female-controlled HIV prevention methods cannot address the root cause of women's vulnerabilities, they will provide women with more alternatives to protect themselves from infection.

Female Condom

The female condom is a loose fitting polyurethane sheath (tube-like) about 6.5 inches long with a flexible ring at either end. Polyurethane is a soft, thin, supple plastic which is about 40 times stronger than latex (used to make male condoms). The internal ring is stronger than the outer ring and is used to place and fix the female condom inside the vagina. The inner ring slides in place behind the pubic bone, acting like an anchor for the condom. The outer ring remains outside the vagina and partially covers the area of the labia minora and labia majora of the vagina. The female condom is pre-lubricated.

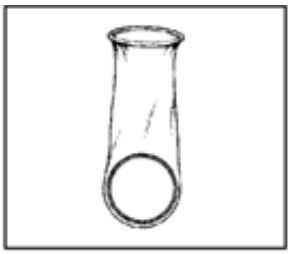
How to use

- Be careful when you open the packet. Note the blue arrow on the top of the packet.
- Find a comfortable position, for example, standing with one foot on a chair or crouching. Then, check that the internal ring is at the end of the condom.
- Take hold of the internal ring, squeezing it in the middle to form an '8'. Introduce the condom by pushing the internal ring along the vaginal canal with the index finger.
- The internal ring should be right over the pubic bone, which the woman can feel by bending her index finger when it is about 5 cm inside the vagina.
- The external ring will remain about 3 cm outside the vagina, when the penis penetrates the vagina. It will expand and the part outside will diminish.
- Two important precautions: the first is to make sure that the penis has entered through the center of the external ring and not by the sides. The other is that the penis does not push the external ring inside the vagina. If either of these cases occurs, stop intercourse and replace with another condom.
- The female condom should be removed after sexual intercourse and before standing up. Squeeze the external ring and twist the condom so that the sperm remains inside. Slowly pull it out and discard.
- The female condom prevents contact between male and female genital secretions, avoiding the transmission of STIs, including HIV. It is lubricated, disposable and can be inserted up to 8 hours before intercourse.

Sources: Julia Mathews and Teresa Harrison. An update on female controlled methods for HIV prevention. *The Southern African Journal of HIV Medicine*. December 2006

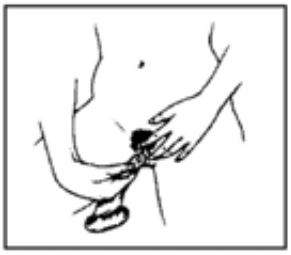
Female Health Company. www.femalehealth.com

Using a Female Condom

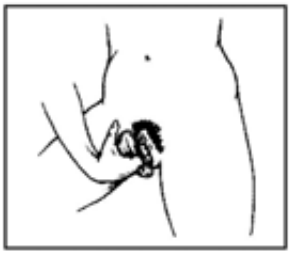


1. Rub condom to spread lubricant.

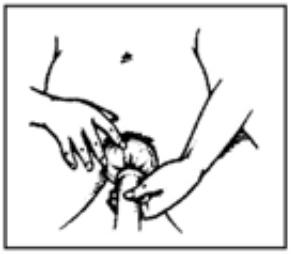
2. HOLD RING
Squeeze Ring.



3. INSERT
Insert as far as it will go.



4. PUSH UP
Condom should not be twisted.



5. DURING SEX
Guide penis inside condom.

6. REMOVAL
Squeeze and twist outer ring, pull out and discard in wastebin.

Source: Female Health Company. www.femalehealth.com

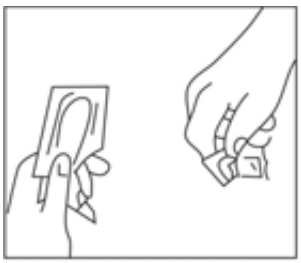
Male Condom

The male condom is made of a thin and resistant type of rubber, which, if worn correctly, rarely bursts.

How to use

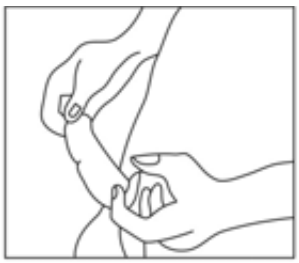
Before opening the pack, check the expiry date, whether the pack has been pierced or torn and if the condom is lubricated.

To put the condom on, it is necessary for the man to be already aroused, with the penis erect. Make sure the condom is the right way round, leaving a little slack at the end to serve as a deposit for the semen. Hold the end to squeeze out the air. Having done this, slide it down to the base. The condom should be removed immediately after ejaculation, with the penis still erect. Hold the end so the seminal fluid does not escape, and dispose off safely.

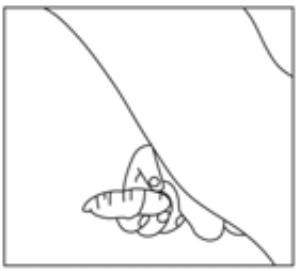


1. Take out the condom from the packet, squeeze the closed end or tip of the condom slightly, between finger and thumb of one hand to expell air.

2. With the other hand put the condom on the tip of the erect penis and unroll down the length by pushing down the rim of the condom.



3. When the rim of the condom is at the base of the penis, penetration can begin.



4. Immediately after ejaculation, withdraw the penis while it is still hard, holding the rim of the condom to prevent it from slipping.

5. Wrap used condom in waste paper before disposing it off safely

कण्डोम क्यों?


एक दिन नितिन और संगिता अकेले में...
आज तुम बड़ी सुंदर दिखती हो


आज बड़े खुश हो – क्या बात है?
कैसा मौका?
पहेली बार जो ऐसा मौका मिला है


तुम्हें प्यार करने का... चलो आज पार्टी करते हैं
ठिक है पहले जाकर कण्डोम ले आओ


क्या है ये कण्डोम? लेकिन हमें इसकी क्या जरूरत?
जरूरत है
लेकिन हमारी तो सगाई हुई है –


अगर बच्चा रहता भी है तो...
तो फिर क्यों? इसके अलावा सिर्फ़ सेक्स–वर्कर के साथ ही कण्डोम का इस्तेमाल होता है
देखो कण्डोम सिर्फ़ कुटुंब नियोजन का साधन नहीं है
मेरे दोस्त कहते हैं – और इसका इस्तेमाल भी करते हैं
तुम्हें किसने कहा?
गलत है वो... कण्डोम का इस्तेमाल हर एक साथी के साथ यौन संबंध में होना चाहिए
क्यों की कण्डोम ही है – सुरक्षा, समझदारी और जिम्मेदारी का प्रतिक
तुम ठिक कहती हो मैं जाकर ले आता हुँ
क्यों?
जब औरत कण्डोम का सुझाव देती है तो वो हम दोनों की सुरक्षा का सुझाव देती है.
हर प्रकार के यौन संबंध में कण्डोम का इस्तेमाल जिम्मेदारी का प्रतिक है.

और ऐसा भी होता है!


नितिन और संजय एक दवाई की दुकान पर
+ दवाईया
भाय साब एक कण्डोम देना
क्यों प्यारे कण्डोम की खरीदारी हो रही है... क्या बात है?
कैसी बात...
तुझे तो कभी सेक्स–वर्कर के पास जाते देखा या सुना नही
तु ठिक कहता है... मुझे सेक्स–वर्कर के पास जाने की जरूरत ही नहीं
क्यों? क्या तुम मर्द नहीं...
मैं और मेरी साथी हम एक दुसरे से बहुत खूश है
तो यह कण्डोम किस के लिए ले जा रहे हो?
हमारे ही लिए

सोच सही मर्द वही!

YARI-DOSTI Project: CORO For Literacy; VSKM; Population Council/Horizons; Instituto PROMUNDO; Durex & Macarthur Foundation

Activity 5.4

Understanding HIV-related Stigma and Discrimination

Purpose: To discuss and reflect on society's perceptions about and behavior towards people living with HIV and AIDS

Recommended time: Two hours

Materials required: Chart paper, pens, tape

Planning notes

- The facilitator should prepare for the session by reading about and understanding stigma and discrimination.
- Since this exercise often generates disagreements amongst the group, the facilitator should stress the following guidelines before commencing the exercise:
  - Everyone should be given an opportunity to speak.
  - There are no absolute right or wrong answers.
  - We need not come to a consensus as we are trying to get different viewpoints.
- As a facilitator you should not force your opinion on the participants.
- Do not force participants to agree or disagree with your point of view.
- At the end of the session, explain if the statements are stigmatizing or not and why, so that it is clear for all participants.

Procedure

1. Take three card papers or chart papers and write 'Agree' on one, 'Partially Agree' on the second and 'Do Not Agree' on the third.
2. Paste the chart papers on three walls of the room.
3. Explain to the participants that you will read out statements one at a time and the participants have to think and decide if they agree or not with the statement.
4. Then ask the participants to go and stand by the chart paper/wall that corresponds with their answer.
5. Tell the participants that they will get 2–3 minutes to discuss their response among their group and share it and explain why they think so to the larger group.

6. Some examples of statements that can be used by the facilitator are (from all these statements below choose the ones that will be relevant to the group):
   - Women with HIV infection should not have children.
   - People with AIDS should be not be fired from their jobs and should be allowed to continue their work.
   - AIDS is mainly a problem of people with immoral behavior.
   - Men who have sex with men indulge in abnormal sexual behavior.
   - People with HIV infection should not be isolated or kept separately to prevent further transmission.
   - I would feel comfortable inviting someone with HIV infection into my house.
   - Sex workers spread AIDS.
   - It is okay for a health provider to disclose an HIV-infected person's status to his or her family without prior information or consent.
   - People who get infected have got only themselves to blame.
   - A person who is HIV-infected should not marry.
   - A person who is HIV-infected has a right to live as part of society like everyone else.
   - One should not let ones children play with children of people living with HIV and AIDS.
   - Utensils and clothes used by people living with HIV and AIDS should be kept separate from those of others in the family.
7. Once all the statements have been discussed, engage participants in a discussion using the following questions.

Discussion Questions

- Do you think people living with HIV and AIDS face these kind of situations that are stigmatizing and discriminatory towards them? Do you know or have heard of anyone who has gone through similar situations? Any examples?
- What do you think would be the impact of stigma on the individual and family? What do you think are the overall consequences of stigma and discrimination?
- How do you think people react to women who are HIV-infected? How do you think they should treat them? Why?
- How do you think people react to men who are HIV-infected? How do you think they should treat them? Why?
- Do you think there are any differences in the way people treat women and men who are HIV-infected? Why?
- What do you think we should do to address the stigma and discrimination targeted at people living with HIV and AIDS? Why or why not? And how?
- How has this session influenced you? What can you do to ensure people in your community do not stigmatize and discriminate against HIV-infected people?

Questions by Participants

- Can one get HIV infection by living with an HIV-infected person?
- Is it necessary to get an HIV test before marriage?
- How does one get to know if someone has been stigmatized or discriminated against because of their HIV status?

Resource Sheet 5.4A[1]

HIV infection is widely stigmatized. Stigma and discrimination are barriers to dealing effectively with the epidemic. They discourage governments from acknowledging or taking timely action against AIDS and can deter individuals from finding out about their HIV status. They also inhibit those who know they are infected from sharing their diagnosis and taking action to protect others and from seeking treatment and care for themselves. Experience teaches that a strong movement of people living with HIV that affords mutual support and a voice at local and national levels is particularly effective in tackling stigma.

Stigma is seen as a quality that discredits an individual in the eyes of others. HIV-related stigma is multilayered that builds upon and reinforces negative connotations through the association of HIV and AIDS with already marginalized behaviors such as sex work, drug use and homosexual and transgender practices. Moreover, human anxieties about germs, sex and death combine together to give rise to the kinds of AIDS-related stigmatization seen all around. Individuals living with HIV are often believed to deserve their HIV-positive status as a result of having done something 'wrong'. Stigma is deep-rooted and plays into, and reinforces social inequalities linked to gender, sexuality, ethnicity and race. Men and women are often not treated in the same way when infected or believed to be infected. In many instances women are blamed for the infection even when the source of her infection is her husband. Infected women are also less likely to be accepted in communities. Similarly, blame is attributed to sex workers, homosexuals, transgendered people and injecting drug users that builds on long-standing stigmatization related to assumptions about their lifestyles and sexual practices.

Stigma affects both those infected or suspected of being infected by HIV and those affected by AIDS by association such as orphans or children and families of people living with HIV.

When stigma is acted upon, the result is **discrimination**. Discrimination consists of actions or omissions that are derived from stigma and directed towards those who are stigmatized. AIDS-related discrimination may occur at many levels. There is discrimination in family and community settings and in institutional settings such as in hospitals, workplace, educational institutions, prisons and social welfare settings. Some examples of discrimination in the various settings are given here.

A. In hospitals (some behaviors are indirect, hidden and subtle)

- Refusal by hospitals/doctors to give treatment for HIV/AIDS-related illness;
- Refusing to admit in the hospital for care/ treatment;
- Delay in treatment (made to wait in queues, asked to come again);
- Excuses/explanations for not admitting the patient (but not direct refusal);
- Keeping under observation (without any treatment plan);
- Postponing treatment/operations;
- Refusing to operate or assist in operation/ surgery or dressing of wounds;
- Blocking access to facilities like common toilet and common vessels;
- Physical isolation of the person in the ward; separate arrangements for bed outside the ward in a gallery/corridor;
- Stopping of ongoing treatment/medication/ injections;
- Early discharge from the hospital;
- Mandatory testing for HIV in surgery and pregnancy cases;
- Restriction of the positive person's movements to within the ward/room;
- Selective use of protective gear like gloves, masks etc. only for HIV/AIDS patients;
- Refusing to lift/touch the corpse of a positive person;
- Wrapping the body with a plastic sheet;
- Reluctance in providing services of ambulance/ hearse;

Sources: UN AIDS, Population Council

- Excessive use of barrier precautions such as gloves etc. only with HIV-infected patients;
- Informing all health providers in the facility of the person's HIV-status without the patient's consent;
- Informing the patient's family members of the patient's HIV status without consent;
- Labeling or marking beds and files to indicate the patient's HIV-status.

B. At home and in the community

- Severing relationships, desertion, separation;
- Denying property share, access to finance;
- Blocking access to ones spouse or children, or other relatives;
- Physical isolation at home, making separate sleeping arrangement;
- Blocking entry to common areas and facilities like the toilet, etc.;
- Blocking entry to common places like the village or neighborhood areas;
- Denying death rituals;
- Giving labels, calling names.

C. At work place

- Removing from job;
- Compelling to resign;
- Withdrawing health insurance facilities;
- Maintaining a social distance;
- Calling names/making fun.

D. At educational institutions

- Refusing admission;
- Asking to leave school;
- Seating separately from other children;
- Disclosing status to other children and parents;
- Not allowing to participate in sports and cultural activities in school.