

## CONTENTS

<b>Introduction</b>	<b>1</b>
<b>Section One :Understanding Sex and Sexuality</b>	<b>3</b>
Sexuality	3
The social construction of sexuality	4
Sexuality and Gender	4
Sexual Science	6
Common Sexual disorders and dysfunction	7
Sexuality in the Context of Sexual and Reproductive Health	8
Sexuality, Power and Violence	11
Sexuality and Rights- understanding an essential relationship	12
<b>Section Two: Issues and Debates in India</b>	<b>17</b>
Sexuality: Contemporary Reality and History	17
Indian History and sexuality	17
Heterosexuality the only acceptable form of sexuality	18
Homosexuality	19
Sexual Attitudes and Behaviour	20
Review of recent studies	20
Sexuality and Popular Culture	22
Sexuality and the Law	23
Sexuality and health	25
<b>Section Three: Working on Sexual Health Issues</b>	<b>27</b>
Research	27
Education	27
Services	27
Media	28
Laws and policy	28
Organisations working on sexual health and sexuality	28
<b>Section Four: Resource Section</b>	<b>31</b>
Further Reading	31
Journals	33
Other Resources	33
Some Useful Websites	34
Resource Organisations	35

## INTRODUCTION

Sex is one of the most important aspects of our lives. At the same time it is also probably the least talked about subject and the one which carries the biggest taboo. While sex is a natural phenomenon there are many rules and codes around it. Religions, cultures, philosophies and legal systems - systems concerned with shaping human behaviour, have established different sexual values and behavioural norms. Sex and sexuality is still a subject about which not enough is known, and myths and misconceptions abound.

Talking openly about sex and sexuality in polite circles has been frowned upon for a long time, and our language for talking about these is also very limited. It is especially difficult to talk about sex in Indian vernacular languages because most of the words available to talk about sex and sexuality are also abusive words. There is a schism between public discomfort and private obsessions about sexual issues. The silence around sexuality unfortunately leads to various social problems. While on the one hand it leads to the development of harmful myths and misconceptions, on the other hand it helps people who can get away with sexual abuse and exploitation, including perpetrators of rape and incest.

However, things are changing now, and suddenly people are talking about sexuality everywhere. The most important reason for this is perhaps the spread of HIV/AIDS. Also, the International Conference on Population and Development (Cairo 1994) has introduced sexuality as an issue to the health and development agenda. Consequently, the opportunity exists for starting a healthy discussion on the issue and developing a clearer understanding of the different facets and aspects of sexuality.

Sexuality is a complex issue and our understanding is still evolving. While some research has been initiated, there is still much more work that needs to be done. The government is still hesitant to address sexuality, even though reproductive health has been the focus of state attention for the last 50 years.

In this booklet an attempt has been made to explore the different aspects of sex and sexuality and to place them in the context of a comprehensive Sexual and Reproductive Health approach. We would like to acknowledge the Point of View for the some of the photographs from its book 'In Black and White'.



## SECTION ONE

### Understanding Sex and Sexuality

#### Sexuality

It is very difficult to capture the various nuances of the term 'sexuality' into a short and simple textbook definition. The word 'sex' is simpler and is generally used to either mean male or female (biological identity) or to refer to physical act involving the sex organs (having sex). The word 'sexuality' has a much broader meaning since it refers to all aspects of being sexual. Every person has sexual feelings, attitudes and beliefs, yet each individual's experience of sexuality is unique, because it is processed through a uniquely personal perspective. Sexuality is a complex phenomenon, and has several aspects. It includes the various ways of expressing sexuality and the various sexual preferences or dislikes that people have. Sexuality also includes how one regards one's body and self-image and the manner in which societal norms affect the construction of the same. It also includes the way we communicate our sexual feelings and needs, what stands we take on matters relating to sex, the ethics and values that we uphold on sexual matters and so on. All these affect the way we see others and ourselves as sexual beings and how we express our sexuality. Sexuality thus has biological, psycho-social, behavioural, religious, ethical and cultural dimensions. Ruth Dixon-Mueller has defined four aspects of sexuality – sexual acts, sexual partners, sexual meanings and sexual drive and pleasure. She has used these four aspects to explain the linkages between sexuality and reproductive health, which is explained later. Other researchers have coined the 5 P's of sexuality – practices, partners, procreation, pleasure and power.

#### Some of the key elements of sexuality

- All people are sexual, whether or not they engage in sexual acts or behaviour
- People express their sexuality through both positive and negative attitudes and behaviours
- Sexuality expressed positively, through consensual, mutually respectful and protected relationships, enhances well-being, health and the quality of life
- Sexuality expressed negatively, through violence, exploitation, or abuse, diminishes people's dignity and self worth and may cause long-term harm.
- Being sexual is not only about sexual acts and behaviours; it also includes thoughts, attitudes and feelings.
- Society exerts a strong control on sexuality, especially women's sexuality, through social norms, values and laws.

#### The social construction of sexuality

The very complex nature of sexuality has already been mentioned above.



While there is a definite biological element in sexuality, the current argument is that it is more a social construction than a biological one. It is interesting to note that in humans reproduction

and sex are de-linked in as much that the human female is sexually receptive at all times though she is only fertile for a few days in the menstrual cycle. Recent advances in technology have added a further dimension to this division and it is now possible to have new human beings (reproduce) without engaging in sex (the act). It is thus far more important to understand the social and cultural construction of sexuality.

Sexual thoughts and behaviours are often understood to be the product of an irresistible instinct and urge that has to be held in check by morals. This is reflected in the traditional view that widows should avoid certain foods because they are supposed to increase sexual urges. Unfortunately such a simple biological understanding of sexuality is not enough. A quick historical overview of how sexual attitudes and behaviours have been understood and accepted across time and across different places is enough to convince anyone that sexuality is more a product of social and cultural forces than what may be termed as biological essentialism. The social construction of sexuality refers to the process by which sexual thoughts, behaviours, and conditions are interpreted and ascribed cultural meaning. This incorporates collective and individual beliefs about the nature of the body, about what is considered erotic or offensive, and about what and with whom it is appropriate or inappropriate for men and women to talk about or express sexuality. In some cultures, ideologies of sexuality stress female resistance, male aggression, and mutual antagonism in the sex act; in others they stress reciprocity and mutual pleasure. Thus what is appropriate becomes different across different points of space and time. One only needs to look into the different tribal cultures within our country, the changes that have taken place in the last thirty years in urban India, as well as the different subcultures that exist within our cities to find evidence of this.

### **Sexuality and gender**

The social construction of sexuality is inevitably linked with gender norms and the cultural concepts of masculinity and femininity. Ideas about what constitutes the essence of maleness and femaleness are expressed in sexual norms and ideologies. Cross-cultural studies reveal that the imagery of manhood in most societies is a “culturally imposed ideal to which men

must conform (often at great cost to themselves and to others) whether or not they find it psychologically congenial". This is also true for females as they must conform to ideas of womanhood within a particular culture. In our own culture, a familiar script that has been constructed to guide female sexual behaviour places emphasis on virginity and chastity for the woman. This construction in turn impacts the self-image and behaviour patterns of many



women. Male sexuality on the other hand is expressed in men's efforts to dominate women, which derive from male physical, material, and ideological advantage and sexual potency is equated with men's authority over women.

Masculinity, the sexual ideal of men, is often linked with violence and aggression, and these qualities are reinforced through various images in popular culture. Sexual vigour and performance are also prized qualities associated with maleness. Sexual potency and the ability to father a male child are also taken as signs of vigorous masculinity in many Indian societies. This

particular idea is particularly detrimental to women who are unable to bear children or for those who bear a couple of girl children in succession. The values of power and aggression attributed to the masculine ideal also become reason for domestic and sexual violence by men on women. But this aggressive sexual ideal that men are supposed to ascribe to is also the source of great anxiety for them. There are a whole host of myths concerning sexual weaknesses, from weaknesses due to masturbation to weaknesses as a result of vasectomy. A vast number of quacks are surviving across the length and breadth of the country preying up the different anxieties related to performance, vigour, potency and sexual desire.

#### **Celibacy – An ideal form of sexuality?**

Celibacy, or abstinence from sexual intercourse, forms an important ideal of many world religion, Hinduism and Christianity included. Though it is not prescribed for married couples, many men have taken celibacy to a form of ideal sexual behaviour and Mahatma Gandhi is perhaps the most famous. Sexual desire and loss of semen are seen as leading to weakness and loss of vigour and celibacy is seen as a means for enhancing spiritual, physical and mental energy.

Simone de Beauvoir had suggested in her masterpiece “The Second Sex” that ‘one is not born but rather becomes a woman’. This simple expression captures the essence of how from birth the girl child is moulded by social forces to become feminine and a woman. The concept of the ‘good woman’ and the ‘bad woman’ is common to both western and Indian cultures and is an interesting measure to understand the appropriate sexuality for women of the particular culture. There have been a large number of authors who have explained the nature and development of female sexuality, but it will suffice here to mention that women are socialised to become alien from their own bodies and sexuality. They are ashamed of their own bodies and its processes, their sexual desire is not supposed to be acknowledged, they should be chaste and at the same time sexual compliance to the husband is seen as essential and their sexual faithfulness and sexual misconduct (volitional or forced) becomes the sole source of honour or shame for the entire family and often the community.

### **Sexual science**

The systematic enquiry into sexual behaviour started on both sides of the Atlantic in the latter half of the nineteenth century. This interest was in part development of the ideas of evolution and natural selection that Darwin had proposed and partly due to interest in criminal behaviour and sexual deviance, and partly dealt with the enquiry into psychological make up of humans (Kraft-Ebbing, Havelock Ellis, Sigmund Freud). Later on the interest shifted to the study of actual sexual behaviour through surveys (Alfred Kinsey, Shere Hite) and then in the nineteen sixties into an enquiry of sexual responses of the body (Masters and Johnson). While this scientific approach is limited in providing a understanding of how we think or act sexually, it is important in the context of gathering greater control over our own bodies and exploring its potential for pleasure.

**Sexual Anatomy** - Sexual anatomy is usually thought of as including the various reproductive organs like the vagina, clitoris, breasts in women, and the penis and scrotum in men. However, in reality, the entire human body is capable of receiving and giving sexual sensations. This includes our hands, hair, eyes, skin, mouth and every other part of the human body. The anus is also a sexually sensitive site. Some experts have gone to the extent of calling the brain the most powerful sexual organ highlighting the importance of imagination and fantasy. Where sexual or erotic sensitiveness is concerned the clitoris in women and the head (glans) of the penis is supposed to be the most sensitive. Clitoral stimulation is considered essential for orgasm in women though there has been mention of a G (Grafenberg) spot, in the front wall of the vaginal, which is exceptionally sensitive.

**Puberty** - Puberty is the phase of adolescence in which boys and girls begin to develop the sexual and physical characteristics of adults. Puberty can start as early as eight years in girls and 10 years in boys. In boys these changes are triggered by increased production of the male sex hormone called testosterone. In girls these changes are triggered by the production of the female sex hormone known as estrogen. Every young person's

biological timetable is different, and wide variations regarding the beginning and end of puberty are quite normal. While infants and children also have sexual feelings, these are not developed and conscious. Puberty is the time when boys and girls begin to take a definite interest in sexual relations and start experimenting with some form of sexual behaviour.

**Sexual Physiology-** The orgasm is considered to be the ultimate point (pleasure) in a sexual experience by many people. While it is clearly evident and often the culmination of a sexual act for men, the same cannot be said for women. According to recent studies there are many women who have never had an orgasm. Similarly many women do not have orgasm during sexual intercourse. With many men the hurry to achieve orgasm often detracts not only from enjoying the experience to its full potential but leaves the partner unfulfilled and often bruised and violated. Sexual arousal and foreplay is an important component of a sexual experience. It is often important to understand one's sexual anatomy and responses to enjoy the sexual experience to its fullest potential. Where hormones are concerned, testosterone is considered the hormone inducing sexual drive in both sexes. Since the quantities required are very small and because it is also produced in the adrenal gland women continue to have an interest in sex after menopause.

**Sexual Acts** – Scientific interest in specific sexual acts has been historically linked to defining and classifying what is normative and what is deviant. Some of the earliest treatises of sexual behaviour were related to criminology. In more recent times in Europe and America, homosexuality and homosexual acts have been the cause of major controversy. It was only in 1973 that the American Psychiatrists Association removed homosexuality from the realm of pathological behaviour in its authoritative classification of mental diseases called the DSM (Diagnostic and Statistical Manual). In contemporary society the importance of sexual acts is clearly related to safe sex or sexual acts which are safe from the point of view of contracting HIV/AIDS and STDs. In dealing with issues of safety it is important to acknowledge that humans indulge in a wide variety of sexual acts, which can range from solitary sex (masturbation) to oral and anal sex. In such a situation the only effective approach is to provide realistic counselling and education rather than moralistic messages.

### **Common Sexual disorders and dysfunction**

#### ***Male sexual dysfunction***

***Loss of sexual desire*** -Loss of sexual desire or libido may be due to different reasons, including psychological and other factors such as stress, anxiety, fatigue, etc.



***Impotence and erectile dysfunction*** - The failure to achieve and maintain an erection is a common problem faced by men. Most typically the man has a partial erection which are weak for penetration. The most common causes are psychological (e.g. anxiety), neurological disorders, impediments in the blood flow (e.g. vascular disease), hormonal deficiency, penile infection, diabetes, drugs and medicines, alcoholism etc. Viagra ( sildenafil citrate) and its various clones help in dealing with impotence by increasing penile blood flow.

***Premature Ejaculation*** - Premature or rapid ejaculation is considered a common problem, especially amongst younger men. The exact duration for prematurity is difficult to define, but a consensus explanation is an inability to delay ejaculation to a point when it is mutually desirable for both partners. This duration can vary for different men. Most causes of premature ejaculation are psycho-social.

***Delayed Ejaculation*** -Some men cannot ejaculate soon enough. This problem though not so common can be as distressing and can make sex unpleasant.

***Painful Intercourse*** - There could be numerous reasons why a man has pain during intercourse including a tight foreskin, lesions on the penis, blisters caused by diseases like herpes.

#### ***Female sexual dysfunction***

***Lack of sexual desire*** - Lack of desire is a common sexual problem among women. It can have a physical cause, such as chronic illness, drugs, etc. or (more often) psychological causes like guilt, anxiety, depression, etc. Counselling and sex therapy can help find out the causes and overcome them.

***Painful intercourse*** - This is also known as dyspareunia and is mostly due to physical reasons like a vaginal irritation or infection, an allergic reaction to a douche or a contraceptive product due to which movement of the penis inside hurts. Sometimes there is a physiological reason for painful intercourse like lack of arousal - in which case there is inadequate lubrication in the vagina and intercourse is painful.

***Anorgasmia*** - It is the inability of a woman to achieve orgasm which may be primary, secondary or situational. The main cause is sexual illiteracy on the part of both the woman and her lover. It could also be due to religious and social prohibitions that have precluded learning orgasmic responses through masturbation. Anxiety (which could be caused by eagerness to achieve orgasm) can also impede its achievement.

***Vaginismus*** – This is a condition in which the muscles of the vagina contract in a spasm so as to prevent penetration. Attempts at penetration cause pain. Women with vaginismus can have normal sexual desire. The cause is most often psychosocial.

## **Sexuality in the Context of Sexual and Reproductive Health**

The importance of sexuality in the context of sexual and reproductive health clearly owes its origins to the emergence of the contraceptive and population control agenda and later to prevention and control of HIV/AIDS and STDs.

### ***Sexual Health***

Sexual health refers not only to the condition where there is an absence of sexual problems, but also to the enhancement of the quality of sexual relationships and personal life. Sexual health is not limited by the mere understanding of reproductive abilities but goes further to include the ability to experience a pleasurable and affirmative sexuality. Sexual health is women and men's ability to enjoy and express their sexuality, and to do so free from the risk of sexually transmitted diseases, unwanted pregnancy, coercion, violence and discrimination. Sexual health means being able to have an informed, enjoyable and safe sex life, based on self-esteem, a positive approach to human sexuality, and mutual respect in sexual relations. Sexual health enhances life, personal relations and the expression of one's sexual identity. It is positive, enriching, includes pleasure, and enhances self-determination, communication and relationships.

Sexual health is fundamental to the development of one's full human potential, to the enjoyment of human rights and to an overall sense of well-being. By endorsing sexual health for all, legal, health and education systems build a strong foundation for preventing and treating the consequences of sexual violence, coercion, and discrimination.

### ***Sexuality and Reproductive Health***

Women's Reproductive Health as we know it today is based on the principle



that every woman has a right to reproductive health, that is, not only the right to regulate her fertility safely, remain free of disease and bear healthy children, but also to understand her sexuality. It further recognises that rights to sexual as well as reproductive health

are vital elements of physical and emotional well-being.

A woman's ability to negotiate safety and security during sexual intercourse affects her reproductive health outcome in many ways. This negotiating power depends on a lot of factors including her self-esteem, social

construct of sexuality and level of empowerment of the woman. Women in India, are often unable to negotiate sexual safety and security, making them highly vulnerable to unwanted pregnancy, STDs, HIV/AIDS and sexual violence.

Women are not allowed to be *sexual* in mainstream Indian society. They are brought up to feel ashamed of their own bodies, which only results in low self-esteem. The social constructs that determine the scope of female sexuality, force women to repress their sexuality until they get married. Then suddenly one day the woman is expected to surrender completely to a husband – who is in effect a stranger, who will from now on control her sexuality. In this situation, she is unable to negotiate during sexual relations, thus leaving her vulnerable to unwanted pregnancy, infections and forced sex.

Conditions surrounding sexual initiation are also important in shaping sexual attitudes and behaviours, which impact long-term reproductive and health outcomes. According to research, girls who have experienced sexual abuse as children are more likely than others to have early first intercourse and more sexual partners as adolescent and young girls. They are also more likely to have unintended pregnancies and STDs including HIV.

In a situation where a woman's sexuality is incumbent on marriage and facilitated if not defined only by her husband, marginalised women like commercial sex workers are looked down on by society as immoral for being visibly sexual. They are seen as a threat to the health of their male clients, while their own Reproductive Health is ignored. Since commercial sex workers have no rights in this society and are seen as sub-human beings, it is easy to ignore their Reproductive Health needs and rights.

One reason why the family planning programme has not been so successful in India has been because the issue of sexuality was never addressed when talking about Reproductive Health. Many men, for example, do not like to use condoms, even when they have all the information, because they feel it reduces their sexual sensations. Similarly vasectomy is not popular because of fears of impotence.

Contraception and STIs and HIV/AIDS have been dealt with at length in separate booklets in the Resource Pack.

### ***Preventive and curative aspects of sexual health***

***Sex education*** - Sex education for young people and adolescents was an unthinkable topic in India just a decade ago. A lot has happened since then, and there is a growing general consensus at least in big cities in India, about the importance of sex-education. The single most important factor in this change of attitudes is the spread of AIDS and the growing realisation of the vulnerability of young people. Though there is some agreement on the need for sex education, the exact content and the age from which it should start, are still topics of hot debate. Some people believe that sex education should stress biological and physiological facts, while others feel that morality

should be the core content of sex education . On the other hand, some argue that sex education should include awareness of needs, desires, autonomy and responsibility. There are still others who want students to learn about only that part of AIDS awareness which does not concern sex.

**Counselling** - Counselling on sexuality refers to guidance provided to an individual or couple by a sex therapist, counsellor, social worker, psychiatrist, or doctor on such questions as conception, family planning, infertility, fear of failure in performance, unresponsiveness, sexual anatomy and physiology, techniques of intercourse, AIDS/HIV, STD's etc. It is a new concept in India.

**Sex therapy** - Until recently, those suffering from a sexual problem or dysfunction had nowhere to go except to unscrupulous sex clinics which erupted all over India. These clinics offered all kinds of cures, including magico-religious cures, for perceived sexual problems (which are in fact, not problems at all) like masturbation and premature ejaculation. Their clients are mostly men. Women have nowhere to go in case of a sexual problem. Even today, these sex clinics thrive, but in some big cities there are now sex counsellors and therapists as well.

### **Sexuality, Power and Violence**

The relationship between sexuality and power was first described by the French philosopher Michel Foucault, and his ideas have been carried forward by many feminist thinkers. While Foucault mentions that power has both a positive and a negative connotation, in the context of sexuality it is very easy to appreciate its negative aspects, which manifest in different kinds of sexual violence.

#### ***Sexual violence and abusive behaviour***

Sexuality is often a source of great emotional fulfilment and pleasure it can also be the source of some of the most abusive exercise of power of one individual over another. The different ways in which this may be done include the following.

**Rape** may be considered whenever there is a non-consensual sexual act. It is a myth that rape is a result of provocation, because there is ample evidence of rape of very young children and very old women. Rape is an extreme expression of violence and power, and may also take place in the context of marriage. Contrary to popular belief rape is often committed by known persons and in so-called safe spaces including the home. The legal definition of rape in India is inadequate.

**Child Sex Abuse** – The sexual abuse of young children (which includes incest) is often considered a rare phenomenon, but recent research indicates that it is quite common. It is not necessary to have physical contact with the child, and can include exhibitionism, obscene talking in addition to fondling, vaginal, oral or anal sex. It is also a form of abuse of power over the

child. According to the results of a survey (RAHI, (1998) Voices from a Silent Zone) 76% of the 600 adult women respondents from 5 Indian cities reported sexual abuse in childhood or adolescence. Child sex abuse also takes place with boys.

**Sexual Harassment** is any unwanted attention or action of a sexual nature which impinges upon a person's right to live and work with dignity. It can take the form of unwanted touching, patting, telling unwanted jokes of a sexual nature, making comments which have a sexual connotation, making or implying demands of a sexual nature and so on. Sexual harassment is often called eve teasing in India, and can take place in public places, as well as at the workplace.

**Sexual trafficking** is the sale, kidnapping or coercion and transportation of women, often girl children for the purposes of prostitution. It is widespread global phenomenon.

Other forms of sexually abusive behaviour include exhibitionism, voyeurism, making obscene telephone calls, Frotteurism or rubbing one's genitals against others and paedophilia.

#### **Erotic, Obscene and Pornographic**

There is a strong social censure against any depiction of explicitly sexual images in the written or in the visual medium. There have been cases where literary classics have been tried for pornography, as in the case of the novel *Lady Chatterly's Lover* by D.H Lawrence. Later in the 1980's, feminists in America took strong exception to sexually explicit material leading to the stand that pornography is the worst kind of dehumanisation of women and an extreme form of sexual violence against women. This begs the question that is all kinds of sexually explicit depiction necessarily a form of violence against women? India has had a rich tradition of celebrating the sexual experiences as being religious and mystical. Temple sculpture across the breadth of the country depicts explicit sexual activity. Similar art is also found in China and Japan, showing that it is possible to celebrate the sexual without being necessarily violative and abusive. It is the celebration of the creative energy of sexuality, which may be called erotic, and may take the nature of an art form, literary or visual. This is not to deny that there may be depiction of sexual violation and abuse which needs to be strongly condemned. At the same time it must also be acknowledged that what appeals to one person as erotic may not necessarily convey the same feeling to another, but this alone cannot be the basis for the suppression and censorship. It is worthwhile to mention that scientific and medical text and illustrations have also been suppressed as

#### **Sexuality and Rights – understanding an essential relationship**



As we have seen earlier sexuality is socio-culturally defined and in most cases there

are deeply entrenched norms of sexual conduct which are considered normative. The diversity of sexual thoughts and acts has also been discussed above, and this diversity is often at odds with what is the accepted norm at any particular point in time at any place. Sexuality is known to evoke strong sentiments, and in cases where an individual's thoughts, emotions and actions are contrary to the norm, reactions are often severe. Victorian England was supposed to be particularly severe in its reaction to what it perceived as aberrant sexuality and there was a spate of laws enacted. Anti-sodomy laws, anti-pornography laws, laws relating to adultery are all examples of such reactions and are meant to control the sexuality of individuals. Over the last fifty years or so there has been an increasing clarity on the nature of individual human rights and in the light of current understanding such laws are clearly a violation of human rights. To not allow a person the full expression of her or his sexuality (as long as it is not violative or abusive of others) is considered a violation of sexual rights, and this includes forced marriage.

### *Different sexual identities*

It is often assumed that an individual's sexuality related identities could either be male or female. While this clear dichotomous distinction may be useful in understanding biological sex it is very inadequate in understanding sexual identities. A simple (but far from complete) way of understanding sexual identities may be to understand these identities vis a vis whether the person feels emotionally and sexually attracted to person of the same sex or the opposite sex –heterosexual or homosexual identity. While this classification of sexuality is not the most appropriate one, it is the single system which society is preoccupied with. It presents a highly limited view of sexuality and only serves to discriminate, stereotype and discourage or punish that which society cannot come to terms with. Sexuality is much more fluid in India and usually does not limit an individual's identity to one particular stereotype. There is also an ongoing debate on whether sexual identities (more about the non-heterosexual identities of course) are biological or socially constructed.

**Heterosexuality** - Heterosexuality is the sexual attraction between people of the opposite sex, i.e, male and female. In the west, people who consciously choose to live such a lifestyle are called heterosexuals.



Though number of persons declaring other sexual identities are increasing, this is the sexual identity which is consciously and aggressively promoted as the ideal form. Persons with

other forms of sexual identities are also called sexual minorities.

**Homosexuality** - The sexual attraction or activity between two or more people of the same sex is known as homosexuality. In the west, homosexuals often consciously choose to take on a homosexual identity and lifestyle. Male homosexuals are also called gays and female homosexuals lesbians.

**Bisexuality** - The sexual attraction towards people of both sexes is known as bisexuality. Many psychologists believe that human beings are born bisexual and that most of us stay that way in combinations of heterosexuality and homosexuality, whose ratio may alter from one time to another. However, given the extent of homophobia in society at large, most of us try to suppress and deny the homosexual aspect of our personality, and thus appear to be

#### **Homophobia**

Homophobia refers to an illogical fear or hatred of homosexuality. Institutionalized homophobia can manifest itself in policies and laws that seek to exclude, punish or discourage people who practice homosexuality. Internalised homophobia manifests itself in feelings of guilt, self-hate and suppression of the homosexual aspect of our personality, while externalised homophobia represents hostility towards or ridicule of others who practice homosexuality, including by homosexuals themselves.

largely heterosexual.

**MSM** – This term which indicates Men who have Sex with Men, stands for men who do not declare themselves either homosexual or bisexual but admit to having sexual relations with men. These can include persons who have sex exclusively with men or otherwise, the important distinction being that they do not declare such an identity. Identification of this group of men has become important in view of HIV/AIDS related interventions.

#### **Homosexuality and anti-discriminatory laws**

Homosexuals have for long faced discrimination in society and till recently were classified as suffering from a mental illness. Now that homosexuality has been accepted internationally (not in India), as a *normal* condition many countries have started making specific legislation to protect gays, lesbians and bisexuals from discrimination. Some of these countries include Canada, Denmark, Finland, France, Iceland, Ireland, Israel, The Netherlands, New Zealand, Norway, Slovenia, South Africa, Spain and Sweden. Countries like Australia and the US have different states and municipalities where such laws exist. The UN also forbids such discrimination, the UN Human Development Report includes the Human Freedom Index which includes indicators on the personal right of consenting adults to have same sex relationships.

**Transsexuals** – The simple male-female, homo-hetero sexual identities or often inadequate to understand the sexuality of many individuals. There are a large number of persons who while showing the biological

characteristics of one particular sex, may not exhibit the social and behavioural or emotional (gender) characteristics of the same sex. It is easy to dismiss these individuals as being effeminate or tom-boyish, or stereotype them as gay or lesbian. There has been a long debate among psychologists about the identities of such individuals and the belief that there may be an individual of the opposite sex 'trapped' within a person led to the fashion of sex-change operations. A person who has undergone a sex change operation is typically called a transsexual.

**Transvestites:** There are also people who derive sexual pleasure from wearing the clothes which are usually considered appropriate for the opposite sex. Male transvestites usually wear feminine clothes in private. Some may wear them in public and may then be mistaken for women. Transvestites may be heterosexual, homosexual or bisexual. In many areas in India ritual transvestitism is accepted at certain times.

**Cross-dressers:** Unlike transvestites they do not experience any sexual pleasure from wearing dresses appropriate for the opposite sex, and may be a sign of a transsexualism.

**Intersexuals** - In addition to the different sexual identities mentioned above there are those individuals who are born with ambiguous genitals, or when

#### **Hijras**

Hijras are a community of people in India, mostly men, who are transvestites, eunuchs, cross-dressers or hermaphrodites. Contrary to popular belief, very few Hijras are hermaphrodites and not all Hijras are castrated. There is very little information available on Hijras, and it is a community that has been largely neglected. Hermaphrodite children are taken by Hijras as soon as they are born, as almost a matter of traditional right. The rest of them join the sect voluntarily either in adolescence or adulthood. Some opt for castration, though it is allegedly forced on others.

Unlike cross dressers and transsexuals in western society Hijras had a certain place in society in India and they were assumed to have supernatural powers. They were invited to weddings and childbirth (and still come) to bless the couples or the newborns. Hijras assume the female gender identity and supposed to sing and dance. It is considered bad luck to turn away a Hijra because they are supposed to have both powers for bestowing boons as well as curses. The goddess Bahuchara Mata is supposed to be their patron. Besides singing and dancing at family events, also work as a commercial sex worker. Due to the condemnation of homosexuals in Indian societies, many homosexual men also find their way into Hijra society.

Because of their involvement in sex work, they are potentially at risk for HIV/AIDS, and only recently that any organised HIV prevention work has been started with the Hijras.

the external genitals are at odds with the internal sex organs (hermaphrodites). While corrective surgery is possible for such children in the west, the important issue is what is the sex and gender ascribed by the parent/surgeon to the individual.

### ***Sexual Rights***

Sexual rights are a part and parcel of human rights and include the right to experience a pleasurable sexuality, and love and communication between people. It includes the right to liberty and responsible exercise of one's sexuality. As with all human rights these rights also affirm the dignity, equality and autonomy of all persons in all aspects of their lives. Sexual rights are essential not only to express and enjoy sexuality but also for promoting health through access to information, education and services related to sexual health. Some of the ethical principles which form the basis for sexual rights include- ***Equality*** – all people are equal and should be recognised as such without any discrimination based on age, caste, class, ethnicity, gender, sexual preference, religious belief and other factors.

***Diversity*** – or respect for difference. Differences of any kind including people's sexual preferences and identities should not be the basis for discrimination.

***Bodily Integrity*** – each individual has the right to safety, security and control over one's own body, and this means the right to protection from all forms of violence, as well as the ability to enjoy the full potential of the body.

***Personhood*** – or the ability to make decisions for one's self.

#### **Sexual Rights**

The International Planned Parenthood Federation, to which all national Family Planning Associations are affiliated has prepared a **Charter on Sexual and Reproductive Rights** which include the following:

1. The right to life
2. The right to liberty and security of the person
3. The right to equality, and to be free from all forms of discrimination
4. The right to privacy
5. The right to freedom of thought
6. The right to information and education
7. The right to choose whether or not to marry and to found and plan a family
8. The right to decide whether or when to have children
9. The right to health care and health protection
10. The right to benefits of scientific progress
11. The right to freedom of assembly and political thought
12. The right to be free from torture and ill treatment

*Other formulations of sexual rights include the following :*

1. The right to pleasurable expression of sexuality independent of reproduction, and without the fear of infection, disease, unwanted pregnancy or harm
2. The right to enter into sexual relationships, including marriage with full and free consent and without coercion
3. The right to choose if, when , how and with whom to be sexually active and engage in sexual relations with full consent
4. The right to sexual and reproductive healthcare, information, education and services.
5. The right to privacy and confidentiality in seeking sexual and reproductive healthcare

## SECTION TWO

### Issues and Debates in India

#### Sexuality : Contemporary Reality and History

Sex and sexuality are considered taboo topics in India. The majority opinion is that Indian sexual behaviour is guided by a strict adherence to a heterosexual, monogamous moral norm. There have been many disturbing instances in the recent past where there has been a very strong and often violent reaction by the socio-cultural majority to any act which has been seen as transgressing the boundaries of what these forces define as morality. Some of these include

- M.F. Hussain, one of the leading artists of the country has been hounded out of the country for painting a nude goddess Saraswati
- hooligans taking to the streets against the screening of the film 'Fire' which explores a lesbian relationship,
- 'proper' dress codes being enforced on adolescent girls
- a programme giving information on AIDS and sexuality called *Kam ki Baat* taken off the air by the government for being "against Indian moral values"
- slapping the National Security Act on individuals involved in the publication of AIDS related educational material
- harassing workers involved in AIDS related intervention with homosexuality charges and so on.

There are repressive laws against many forms of sexual behaviour and individuals and groups who do not fall within the morally prescribed norm like sex workers or gay and lesbian people are harassed and frightened and live on the fringes of society.

#### Indian history and sexuality

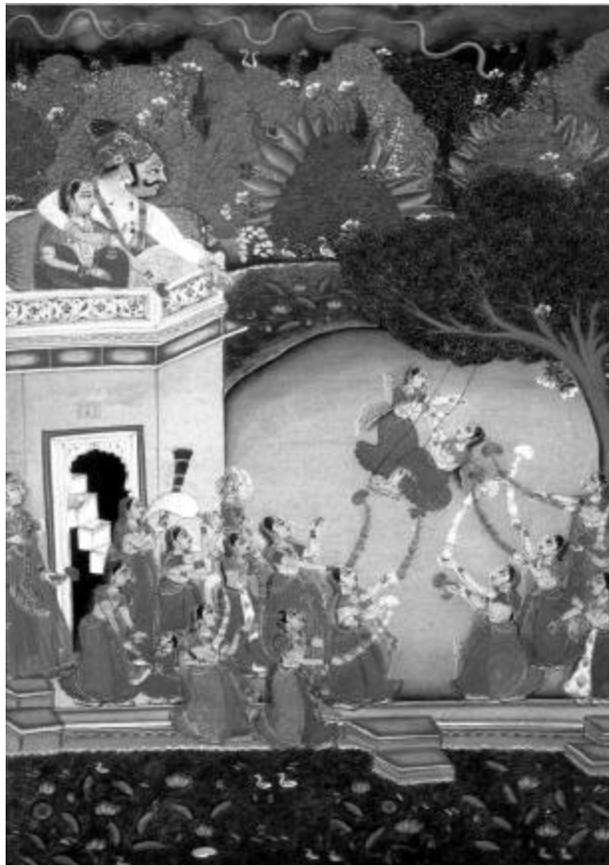
Ironically, India was once a very tolerant, liberal country. Ancient India was surprisingly open on issues related to sex and sexuality. We have innumerable temples depicting erotic images of all kinds of sexuality practised by both 'gods' and 'humans'. The linga, or the phallus of Shiva is worshipped till date by Hindus as a sacred power. Garba Grihas and Yoni temples, representative of the vulva, have been abundant in the past. Kamakhya in Assam and the Bhagawathi temples in Kerala



are living proof of the value ascribed to the yoni. (That they are now fewer in number, but this has more to do with the strengthening of patriarchy than repressive sexual codes). The traditional of Devadasi's can be called a form of religious sexual sanction for multi-partner sex outside marriage. Hijras exist as a sexual group outside the masculine-feminine prescription, and cross dressing is part of many religio-cultural practices. The sage Vatsyayana, in ancient India wrote the Kama Sutra, a document on sexual techniques, practices and codes, which is still looked at with awe by the West. Sexuality has been celebrated even in religious and mystic forms in temple architecture and art. It can be justifiably argued that historically Indian culture never shied away from issues of sex and sexuality.

The duality that exists in Indian society about sexuality is best personified by two very respected and religious Indians of the last century who have held very opposite views about sexuality – Gandhi and Osho Rajneesh. It is against this backdrop of complexities and contradictions that one needs to view contemporary attitudes to sex and sexuality

### **Heterosexuality the only acceptable form of sexuality**



Heterosexuality is the only form of sexuality that is accepted as natural and healthy in mainstream Indian society. Specifically, monogamous heterosexuality *within marriage* is the idealised and accepted norm. While men's sexuality is acknowledged, even condoned at points before, outside and beyond marriage, women are expected to be asexual outside the strict boundaries of marriage. Even within marriage husbands and wives get very little time, space and opportunity, to interact personally to build

relationship in the context of the socially valued joint family system. Mainstream society at large does not appreciate a man and a woman, who are not related to each other, to develop relationship or even be seen together in public. And such associations if they occur outside the strict caste groups, are known to be punished severely, including the murder of the

couple. In this way, heterosexuality outside marriage is actually discouraged and suppressed.

In most parts of India, even today, arranged marriages are common and sexual compatibility is the last thing considered when fixing a marriage. Instead, emphasis is placed on caste, social position, income and dowry. And because marriages are expected to be a 'once and for all affair', divorce rates are very low, despite incompatibility. Thus women in such situations are suppressed socially and sexually. Because of the cultural construct, men have relatively more opportunities and freedom to develop extra-marital affairs or to visit sex workers. For women there may be some social sanction for a developing a frivolous and perhaps sexual relationship with the younger brother-in-law.

The sanction of sex within marriage also seems to solely for the purpose of reproduction. According to Hindu religious prescriptions there are strict regulations relating to when husbands and wives can have sex, and numerically there are many more days when conjugal relations are proscribed.

But it has to be remembered that India is not only physically vast but culturally very diverse as well. There are a large number of divergent socio-cultural models existing within the country. But there seems to a move towards cultural homogenisation which is often ensured through the exercise of violence, and sexuality is one area in which the application of force is perhaps one of the highest.

## Homosexuality

It is a popular perception that homosexuality does not exist in India. Till even



very recently leading academics, scientists and medical bodies did not accept homosexuality as a reality.

While institutions involved in working with HIV/AIDS related issues have after considerable delay started accepting the reality of

men to men sexual contact in the country, this acceptance has still not been formally acknowledged. This official double standard is sharply revealed in experiences where state bodies charged with the prevention and control of AIDS fail to provide any support AIDS workers targeted for harassment for working with men who have sex with men. This experience has been repeated in more than one state in the last two years. India continues to be one of the few countries of the erstwhile British dominion which persist with the archaic British law against sodomy (anal intercourse).

In ancient and medieval India homosexuality was not punished or suppressed by the state, society or religion. The British rulers brought with them their aversion for homosexuality and enacted a law against anal intercourse (which was their limited view of homosexuality). This law (Sec. 377, IPC) is still used by authorities to harass gay men in India. There have been many instances of homosexuality both male and female in Indian history and mythology. Babur, Alexander the Great, and Sharmad Shahid are some of the people whose written accounts of loving other men can be found. Many ancient temples, including Khajuraho have depicted male and female homosexuality. Even the ancient Indian *sutras* on the art of love-making have details of homosexual love-making. Sexual dualism, or the existence of both male and female principles in all individuals has been a concept in ancient Indian tradition (ardhanari) which has rediscovered by modern psychologists. Homosexuality has not been a part of Hinduism alone and there are references to homosexuality in Muslim writing in the past.

**A sign of things to come? : The emergence of Hijras in politics**

In the winter of 2000, Gorakhpur, the residents of a district town in eastern Uttar Pradesh elected Asha Devi a Hijra as their mayor. It may have been a measure of the citizens' disgust with the usual variety of politicians, but this was not an isolated incident. Earlier that very year Shabnam Mausi won seat from Sohagpur constituency in Madhya Pradesh. Later in the 2002 round of elections to the UP legislature there was the famous contest between Payal and Lalji Tandon in Lucknow. According to Hindu mythology Lord Rama had prophesied Hijras would come to rule on earth at some point in time.

**Sexual Attitudes and Behaviour**

Till very recently little was known about the sexual attitudes and behaviour of Indian women and men and very few studies had been conducted. This lack of evidence led some experts to make assumptions about morality and monogamy that were potentially very dangerous in the light of the very rapid spread of HIV/AIDS in the country. It is only over the last ten years or so, much of it due to the threat of HIV/AIDS that studies have been conducted into the sexual attitudes and behaviours of Indians. A critical review of these studies reveals that in many cases the research methodology and findings have been influenced by the researchers' own lack of clarity about the nature of sexuality and sexual behaviour.

***Review of recent studies***

The following section is a summary of the findings of the 48 studies reviewed by Radhika Chandiramani and her colleagues in "Critical review of studies on sexuality and sexual behaviour conducted in India from 1990 to 2000."

"The studies reveal that sexual activity begins as early as from 10 years

of age among street boys ( girls living on the street were not interviewed) to the mid and late teens among boys and girls in rural and urban areas. Most of the studies refer to heterosexual activity. Premarital and extramarital sexual activity is prevalent in both urban and rural areas, despite being socially frowned upon, and despite the majority of adolescent girls and boys saying that they believe that sexual activity should begin only after marriage. Fewer women as compared to men talk about extramarital sexual experiences. Men perceive extramarital sex as being mainly for enjoyment or as a compensation for unsatisfying marital sex. Both white- and blue collared , unmarried men in urban areas as well as men in rural areas use the services of sex workers. Some studies also show that married men have more sexual encounters with sex workers than do unmarried men.....

Knowledge of STDs and HIV/AIDS is virtually non-existent in rural areas. Adolescents do appear to know the difference between STDs and AIDS. Commonly held misconceptions about STDs and HIV/AIDS are that they are caused by sexual intercourse with a menstruating woman, homosexuality mosquito biting and kissing.....

The studies also report that more young men (15 – 20 year olds) and adult males , as compared to young women , commonly know about matters related to sexuality such as masturbation, orgasm, sexual intercourse, oral sex, and contraception. Findings from research on masturbation state that while respondents experienced pleasure during masturbation , they also felt guilty , ashamed and anxious about it. While girls feel masturbation causes weakness, disease, infertility and marital disharmony, boys feel that ‘losing semen’ leads to weakness....

Engaging in sex frequently, having multiple sexual partners , having many children and impregnating one’s wife soon after marriage are found to be considered significant indicators of masculinity. The studies reveal that there is sexual coercion and violence even in so-called consensual relationships. Studies found that patriarchal systems prevalent in India collude with men ‘s violence against women and that this violence is often manifest in a sexual form. Four out of the fourteen adolescent studies mentioned forced sex, abuse and sexual harassment. Both girls as well as boys report having been sexually abused.....”

It is clear from the summary above that most of the sexuality studies reviewed focussed on men or adolescents. There have been other studies on men who have sex with men and these findings reveal that MSM activities are common in both rural and urban areas, and are common where young men sleep together. Many who engage in MSM activities also engage in heterosexual activities. Various forms of coercion are common, and condom use is rare. There are far fewer studies on female sexual behaviour ( other than sex-workers) primarily because these studies were prompted from an HIV/AIDS perspective and there continues to be a misguided notion that women who are not sex-workers are not potentially at threat from HIV/AIDS.

### Sex behaviour in Urban India

Magazine surveys are not considered very reliable or representative, but have often been the pioneers of sexuality related documentation. A survey conducted by the group MODE for the Outlook magazine in 1996 covering 1665 men and women aged between 22 and 50 across 8 metros reported the following (reported in Outlook Sept, 11, 1996)

**Pre-marriage relationships** – 50% couples met each other privately before marriage and 9% had sexual intercourse with their partner before marriage. 33% of the respondents had pre-marital sexual experiences.

**Marriage related information** – First sexual intercourse in 63% cases does not take place on the suhaag raat. Kissing is the commonest form of foreplay, while other forms include manual stimulation, undressing each other, massaging, having explicit conversation and reading erotic literature or watching erotic films.

**Sexual activity** – Sexual activity averages 17 times a month for those in the under 30 age group and goes down to 12 times a month thereafter. 12% men and 9% women said that they had not experienced orgasm. Late night is the most favoured time for sex. The average sexwise was 15 times a month for men and 13 times for women.

**Multipartner sex** – While 45% frowned upon multi-partner sex, 34% accepted it as part of life and 14% accepted having multi partner experiences.

**Homosexuality** – 30% of the respondents accepted homosexuality as a

### Sexuality and Popular Culture

In the middle of the 2002 there was a large furore on the issue of censorship of films, and the then head of the Boards of Censors, Vijay Anand was asked to step down. The reason for this sudden change of guard at the censors was the changes proposed in the censorship guidelines primarily dealing with the rating of films according to content rather than resort to cutting or censorship. The idea of rating where films would be rated according to whether the content was considered inappropriate for young audiences was found abhorrent by the establishment which had grown used to dictate what it considered appropriate viewing for its citizens. And the controversy was not about the amount of violence depicted in films but their sexual content. And so India



will continue to have images of sexuality promoted through the popular medium of films where sexual violence is okay, pelvic thrusting and

gyrations by fully clothed adults the norm, unnecessary rape scenes common, song and dance sequences full of sexual innuendoes and double meaning beamed daily into millions of homes through satellite television. But at the same time romantic love is forbidden to progress to even the act of kissing. Satellite television is supposedly showing other images of sexuality which show greater sexual autonomy for women, but this could be a very lay opinion. The gender and sexual stereotypes promoted through these media about marriage, family values, appropriate behaviour for women and men are, love and relationships are interesting to study though they have not been the subject of much scholarly study.

### **Sexuality and the Law**

Laws have been one of the most potent tools of the state to regulate the sexuality of its citizens. While laws have traditionally been used to restrict *unnatural* sexuality related behaviour there is also the possibility of using laws to protect sexual rights of citizens, unfortunately such laws are a rarity in India. Some of the legal issues relating to sexuality are discussed below.

#### ***Laws relating to sex workers***

The number of women engaged as sex workers in India is very large. A report by the Human Resources Development Ministry in 1994 put the figure in just the six metros as being between 70,000 and 100,000, and is certainly much higher when the whole country is taken into account. Sex work in India is not restricted to the so-called red light areas in urban areas (Kamathipura ( Mumbai), Sonagachi (Kolkata) or G B Road ( Delhi) but is also part of religio-cultural traditions as in the case of the *devadasi*, *basavi* or *jogin* traditions. In addition to these there are some tribes like the *Bancharas* and *Bedia* tribes in Madhya Pradesh and where sex work by women is considered a part of life. In the *Rajnat* tribe of Rajasthan sex work is most important source of livelihood. Besides these organised and accepted forms of sex work there are the informal sex workers who are found along many of the highways across the countries, as well informal sex workers in different rural settings.



wiped out favour the word 'prostitute'. On the other

There is a long and ongoing debate about the nature and morality of the 'work' that sex workers are involved in. Those who do not agree with the morality of the 'flesh trade' and would like it to at least disappear, if it cannot be hand those who are

not judgmental about the profession, accept it as a reality, and at the same time would like to secure better living conditions and entitlements for these persons engaged in commercial sex work prefer the term 'commercial sex worker'. Sex workers have existed for centuries and despite the reservations that some people have had about the 'trade' they have never been so much a matter of public discussion earlier. The present interest in sex workers stems from the perception that sex-workers are the major carriers for HIV/AIDS. This perception of sex workers as carriers of a dreadful disease and threats to the moral fiber and health interests of society have led to a number of situations where existing legal provisions around sex work have been misused against sex workers.

The law relating to sex workers in the Indian context is the Immoral Traffic in Persons Prevention Action 1986 ( sometimes called the PITA or ITPA), which is succeeded the Suppression of Immoral Traffic in Women and Girls Act 1956 ( also called SITA). According to the law the act of providing sex for money or favours is not a crime but to promote or enable such an act is. While the main focus of the ITPA is to prevent trafficking and soliciting, it has been often used by the police, to harass sex workers .

#### **Working with sex workers – rescue and rehabilitation or rights**

There is often a raging debate whether sex workers need to be rehabilitated or whether they need to be provided with commonly accepted rights and options which will enable her to make her own decision and live her life with dignity. Rehabilitation efforts fail for many reason. The urge to rehabilitate is often based on the premise of others ( often the state) that her work is immoral and that they should be saved. This assumption is often not true. Further more the kind of options ( if any at all) do not provide her with any real livelihood alternatives ( sewing, papad making, or being provided buffalos are hardly economically comparable to sex work) . In fact these attempts at rescue and rehabilitation become instances of gross human rights violations upon sex workers.

There is a second approach to working with sex-workers – to educate them, empower them and ensure that they have the basic rights necessary for a dignified human existence. Once the sex workers are empowered they will not only take steps to stay free from HIV/AIDS, but at the same time decide which is the best economic alternative for themselves. And the rights that are mentioned in this context are the basic rights which include the right to work, the right to equality, the right to freedom of movement, right to development, the right to health (information and services), the right

It is important to understand the different issues related to sex workers because sex workers have unfortunately been made a specific 'target' of HIV/AIDS related work. This form of targeted intervention not only gives a false sense of security to the general population at large, but can become the source for aggravating the already poor social marginalisation that sex workers face.



### *Laws relating to Unnatural sex*

Section 377 of the Indian Penal Code sodomy (anal sex), and all other forms of sex 'against the order of nature' unlawful activities. This law was made in the times of Lord Macauley following the English laws of that time. Since those days the English laws have been repealed but Indian law continues with this provision. While there is a writ filed against the act in the Supreme Court the law continues to be a source for human rights violations. In a incident as recent as 2001, a group of health outreach workers working on AIDS prevention with Men who have Sex with Men were booked under this act and jailed for a period of over 50 days. The fact that homosexuality is seen as unnatural and illegal was the reason why safe sex practices were not introduced into India's most famous jail- Tihar.

### *Laws relating to rape and sexual abuse*

Rape is a crime that according to all available evidence appears to be on the increase. According to NCRB data the number of rape cases jumped by nearly 7 percent between 1999 and 2000. Other forms of sexual crimes as has been mentioned earlier include child sexual abuse and sexual harassment in the workplace. Section 375 of the Indian Penal Code deals with rape and a Supreme Court ruling of 1997 deals with Sexual Harassment in the Workplace. The myth that rape is a product of provocation often becomes the source of great harassment for the victim. When senior police officers and doctors also prescribe to such an opinion it affects there professional function seriously. While legal provisions have been made that all rape cases shall be held in camera, the unavailability of proper evidence means that the perpetrators go scot-free. Health professionals are extremely reluctant to provide quick medical examination and proper documentation, while police has been known to pass moral judgements instead of lodging the FIR.

A very significant health aspect of victims of sexual abuse is their mental trauma which is totally unaddressed by the health system. A comprehensive approach to dealing with health aspects of sexual abuse would be for the health system and providers to acknowledge and be alert to the possibility of sexual abuse, conduct detailed screening and documentation in all suspected cases, provide therapeutic support including counseling , and to assist in all legal processes.

### **Sexuality and health**

Lack of knowledge regarding the body and its functions has been highlighted by some of the studies that have been conducted to understand sexual literacy. The main sexual health problems related by men include concern around seminal discharge, masturbation, erectile problems, and infection. For women the concerns were around gynaecological morbididites, vaginal discharge, painful urination, abortion related issues were the main problems. Weakness was seen as being related to a sexual health problem by both women and men. Some experts are of the opinion that while women are more concerned with sexual ill- health related symptoms men are more

concerned with performance related issues. Most of the studies also highlight that there is a great deal of sexual ignorance among both women and men.

<b>Sexuality related concerns of women and men</b>	
The sexual concerns of women and men as revealed during calls to telephone helpline based in Delhi are given below	
<i>5 most important concerns of women</i>	<i>5 most important concerns of men</i>
<ul style="list-style-type: none"> <li>• Breasts</li> <li>• Proof of virginity</li> <li>• Masturbation</li> <li>• Sexual techniques and positions</li> <li>• Sex for the first time</li> </ul>	<ul style="list-style-type: none"> <li>• Masturbation</li> <li>• Sexual techniques and positions</li> <li>• Nocturnal emissions</li> <li>• Male genitals</li> <li>• Sex for the first time</li> </ul>

***Sexual health and healing***

The only option for sexual health related therapy available within the context of formal health system is sexual health clinics which were earlier known as the VD clinics. Despite the change in name the focus of these clinics is to deal with sexually transmitted diseases leaving very little option for those seeking advice on other sexual health issues. There are very few trained sex therapists in our country but there are many other forms of therapy which are advertised through large hoardings for guaranteed cures placed strategically in different places like bus stands, beside railway tracks and so on. Most of these persons promise guaranteed and often instant cures for problems relating to impotence (*namardi*) to nocturnal emissions (*Swapnadosh*) and erectile problems and perhaps form the most easily available source of sexual health related information and treatment. Besides these there are the roadside vendors selling magic herbs and oils for sexual illnesses (*gupt rog*- secret diseases). The widespread visibility and availability of such forms of sex therapy perhaps signify the crying need for sexual health related information and services.

Issues relating to sexuality and HIV/AIDS or Contraception are dealt with separately in the booklets devoted to those issues.

## SECTION THREE

### Working on Sexual Health Issues

Sexual health is emerging as one of the new areas of concern in the areas of research, advocacy and service provision. Education on sexual health for different sections of the public is also one of the key emerging issues. Unless public education takes place, numerous people will continue to suffer, unaware of the nature of their problems and ignorant about the measures they could possibly take. Some of the key areas for future interventions are outlined below.

#### **Research**

There is acute shortage of information and data on sexuality and sexual health. The issue has been shrouded in morality as well as myth. There is hardly any information about sexual behaviour and practices, dysfunctions and problems of the people in our country. Small beginnings have been made by different institutions in trying to understand these. There is a great urgency for more information on these issues, especially with the AIDS epidemic looming over our country.

#### **Education**

Women, men, adolescents and children need to be educated about positive self-identity, self-esteem, decision-making and relationships based on equality and respect in addition to basic information about sex and sexuality including Reproductive Health, STDs AIDS and HIV. They should also be made aware about gender equality and acquire respect for diverse forms of sexual expressions and lifestyles. Unfortunately, whatever little information is distributed to the public on sexual health mainly relates to diseases. All the other important aspects of sexual health, e.g. those that promote healthy sexual relationships and help one enjoy a satisfying sexual life are often ignored. Another area of concern with regard to sexual health education is the moralising that is often done in the name of education. All sexual health educators must be extremely cautious in this regard.

#### **Services**

Good quality, respectful and confidential sexual healthcare throughout the lifespan of an individual should be available. Such care should be responsive to user needs and confidential. It includes provision of counselling, clinical services for STDs, HIV, AIDS, sexual dysfunctions and problems, sex therapy, etc. It also includes supportive and active response by healthcare providers to suspected and actual instances of sexual abuse and violence. There should be an efficient referral system and respect for ethical and quality standards.

There is also need to do work to promote safety in sexual relationships. The safety referred to here has many aspects. It includes safety from sexually

transmitted infections, including AIDS and HIV, safety from unintended pregnancy, safeguard from harmful social or religious practices like genital mutilation of women (e.g. amongst Bahai's in Bombay), or of men in the Hijra community, etc.

### **Media**

The media should promote positive and diverse portrayals of women's and men's sexuality, sexual relations based on mutual respect and autonomy, promote diverse male and female images which highlight power-sharing behaviour. It should develop campaigns on sexual health issues, e.g., violence against women, sexual violence and abuse and harmful sexual practices including female and male genital mutilation

### **Laws and Policy**

Legal aid services to inform men and especially women (including girls) of their human and legal rights need to be provided. All legal, regulatory and social barriers to access to information and good quality health services, including age and marital status restrictions and other forms of discrimination need to be removed. Legislation which prohibits discrimination on the grounds of sexual orientation and protects the human rights of people who are so discriminated against needs to be developed and enforced. Similar provisions to ensure a full range of sexual and Reproductive Health services should be legislated. Legislation that protects girls and women from violence by criminalising rape, (inclusive of rape in marriage) and in situations of armed conflict, incest, sexual exploitation and trafficking, female genital mutilation, infanticide and gender-based genocide should be formulated. The human rights of all people regardless of health status or disability including HIV/AIDS through legislation which prohibits discrimination should be ensured.

### **Organisations working on sexual health and sexuality**

As mentioned earlier there are now a number of organisations that have started working on the issues of sexual health and sexuality. An attempt is being made here to acquaint the reader with the work of some of these organisations.

#### **IFSHA**

IFSHA is a non-governmental organisation working on sexuality, gender and sexual violence through counselling, training, research and awareness raising programmes. IFSHA began in June 1998, though it was working previously as part of SAKSHI, a violence intervention centre in Delhi.

For further information please contact :

Ms Jasjit Purewal,

Interventions for Support Healing and Awareness (IFSHA)

J-39, First Floor,

South Extension Part I,

New Delhi -110049  
Email- info@ifsha.org

**TARSHI (Talking About Reproductive And Sexual Health Issues)**

TARSHI is a telephone helpline which was initially started to provide assistance for their Reproductive Health-related questions. In practice a large proportion of callers are men and TARSHI also provides counselling services and information on sexual health over the helpline. TARSHI aims to make peoples' sexual and reproductive lives more respectful and free of fear, infections and diseases. It believes that decisions related to one's sexual and reproductive life are greatly affected by realities of life. The reverse is also true -- these decisions in turn affect life. Tarshi works for the exploration of options in reproductive and sexual lives. Though women are seen as the primary group of concern, the effort is to reach out to every class, community, age-group and people of various sexual preferences.

For further information about their work kindly get in touch with  
Ms Radhika Chandiramani

Talking about Reproductive and Sexual Health Issues (TARSHI),  
49, Golf Links, 2<sup>nd</sup> Floor,  
New Delhi 110003  
Pones – 011-2462-2221, 24624441  
Email-info@tarshi.org

**The Naz Foundation (Trust)**

While AIDS is the main focus of Naz's work, it is also working on sexuality-related issues. Awareness campaigns for women are conducted, lesbians and homosexual men addressed through support groups and helplines. It has also produced a manual on sex and sexuality.

For further information kindly contact:

Ms Anjali Gopalan  
The Naz Foundation ( Trust),  
D-44, Gulmohur Park,  
New Delhi-  
Phones 011-2686 2422, 2685 1970, 2685 1971  
Email- anjali@naz.unv.ernet.in

**Durbar Mahila Samanway Samiti ( DBMS)**

This project is primarily working on STD/HIV prevention and clinics in the Sonagachi red-light district in Calcutta. The unique aspect of this project includes a committee of commercial sex workers which is involved in campaigning for sex workers rights. This committee also includes male sex workers.

For further details kindly contact  
Ms Mrinal Kanti Dutta ( Director)  
SHIP (STD HIV Intervention Programme)  
8/2 Bhawani Dutta Lane  
Calcutta-700 073  
Phone 033-22415253, 22416200, 22416283

Fax 033-22416283

E-mail- ship@cal.vsnl.net.in

**RAHI**

Recovering and Healing from Incest (RAHI) is a support centre for women surviving incest and is dedicated to providing a variety of services in this area. RAHI's objective is to make women aware of the nature of incest and its consequences in each woman's life. The organization also tries to break the silence that surrounds incest and to talk about the way it happens in our society.

Ms Anuja Gupta

Recovering and Healing from Incest (RAHI),

M-79, Greater Kailash-II, 2<sup>nd</sup> Floor,

New Delhi 110048

Ph- 011-26238466,

Email – rahisupp@del2.vsnl.net.in

**SANGRAM**

SANGRAM is an organisation involved in the struggle of rights of marginalised groups, legal and ethical issues and policies affecting women and people living with HIV AIDS. In is also involved in creating collective consciousness among women in prostitution to increase their ability to negotiate safety independently and to assert their rights.

Ms. Meena Seshu

SANGRAM

B-11 Akshay Apartments,

Chintamani Nagar,

Sangli 416416, Maharashtra

Ph. – 0233-2311644

Email – meenaseshu@yahoo.com

## SECTION FOUR

### Resource Section

#### Further Reading

Given below is a list of books articles and journals that were found useful in preparing this booklet.

- Bhandari A et al; 1991; Less than Gay: New Delhi: ABVA
- Billings Dwight B and Urban Thomas; 1996; The socio-medical construction of Transsexualism in Etkins Richard and Kind Dave (ed): Blending Genders London; Routledge
- Bland Lucy and Doan Laurie; 1998; Sexology Uncensored: The Documents of Sexual Science: Cambridge: Polity Press
- Boston Women's Health Book Collective, The. 1998. Our Bodies Ourselves New Century. New York: Simon and Schuster.
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- Dastur, R.H. 1989. Sex and Diseases. Bombay: Popular Prakashan Pvt. Ltd.
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### **Journals**

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*Of Veshyas, Vamps, Whores and Women* – Newsletter of SANGRAM, Point of View and VAMP.

### **Other Resources**

Comprehensive reading lists on the issue of Sexuality may be found in the following books:

1. Appendix 1 of " Learning about Sexuality - a practical beginning, Sondra Zeidesnstein and Kirsten Moore; 1996; New York; The Population Council and IWHC
2. A Source Book - Insearch of Feminist Visions , Alternative Paradigms and Practices; Compiled by Lakshmi Menon; 1995; Mumbai; Indian Association of Women's Studies and AKSHARA

**Videos** - Videos on the theme of sexuality include

Subah ka bhoola; NGO-AIDS Cell, AIIMS, New Delhi

Safer-sex; NAZ , New Delhi

My Children should be running through the vast open spaces- MADHYAM, Bangalore

Guhya - Kirtana Kumar , Bangalore

### **Newsletters**

There are a number of newsletters for gay and lesbian and trans-gendered people. Some of these are-

**Network**; New Delhi

**Bombay Dost**; Bombay Newsletter for gay, lesbian and transgendered people.

**Arambh** ; Gay and Lesbian Newsletter.

**Trikone**; San Francisco; For south Asian gays, lesbians, bisexuals and transgendered people.

**Pravartak**; Calcutta; gay newsletter  
**Friends India**; Lucknow; gay newsletter.  
**ILIS Information**, Belgium, Lesbian Newsletter.

## Some Useful Websites

**www.csulp.edu:** Sexuality & Culture is a forum for the discussion and analysis of ethical, cultural, psychological, social, and political issues related to sexual relationships and sexual behavior.

**www.sexuality .org** - About the Society for Human Sexuality is a social and educational organization whose purpose is to promote understanding and appreciation for the many forms of adult intimate relationships and consensual sexual expression

**eserver.org/gender** –Electronic publishing site hosted by the University of Washington with a special section on Gender and Sexuality. This page publishes texts which address gender studies and queer studies, with a particular focus upon discussions of sex, gender, sexual identity and sexuality in cultural practices

**www.siecus.org** - The Sexuality Information and Education Council of the U.S. (SIECUS) is a national, nonprofit organization which affirms that sexuality is a natural and healthy part of living. Incorporated in 1964, SIECUS develops, collects, and disseminates information, promotes comprehensive education about sexuality, and advocates the right of individuals to make responsible sexual choices. It is a very useful and informative website.

**www.ssc.wisc.edu/ssss/** - The Society for the Scientific Study of Sexuality (SSSS) is an international organization dedicated to the advancement of knowledge about sexuality. It is the oldest organization of professionals interested in the study of sexuality in the United States.

**www.sexualitydata.com** - An online sexual health encyclopedia about everything you've always wondered about, but were afraid to ask.

**www.sexhealth.org/infocenter** – As the name mentions this website has a host oof information on sexual health related issues

**www.indiana.edu/%7EKinsey/** - Website of the Kinsey Institute of Research in Sex, Gender and Reproduction

**web.indstate.edu/spsmm** - The Society for the Psychological Study of Men and Masculinity (SPSMM) is a Division of the American Psychological Association (APA).

**www.princeton.edu/puhs/SECH/SECH.html** – Site designed for students seeking information, health care or support concerning reproductive health, routine examinations, sexually transmitted diseases, HIV / AIDS, conception, contraception, etc.

### *Indian websites*

**www.tarshi.org** – Website of TARSHI. A very comprehensive website dealing with Indian realities including research, publications, FAQs , websites and events related to sexuality.

**www.ifsha.org** – Website of IFSHA, providing information about the organisation.

### **Resource Organisations**

**CEHAT** (Centre for Enquiry into Health and Allied Themes) - The Ford Foundation has supported a large number of studies on reproductive health and especially sexuality. The reports of these studies and other studies can be obtained from CEHAT.

CEHAT,  
2nd Floor BMC Maternity Home,  
135 Military Road,  
Bamandaya Pada, Marol,  
Mumbai –400059  
website : [www.cehat.org](http://www.cehat.org)

**IFSHA** – Interventions for Support Healing and Awareness (IFSHA) is working exclusively on sexuality and provides support in the form of Information material, Training programmes, Counseling services and so on. The contact information for IFSHA has been given earlier.

**The Ford Foundation** - The Ford Foundation is an American private foundation which has supported a number of studies and interventions in the area of sexuality and sexual behaviour. For further information please contact:

Programme Officer (Reproductive Health)  
Ford Foundation,  
55 Lodhi Estate,  
New Delhi 110003

**Naz Foundation International(NFI)** - NFI is headquartered in London ,but works extensively in the South Asian region. Its mission is to ensure that issues of sexuality, sexual practices, and human rights concerns are addressed HIV/AIDS related work. NFI has an excellent library and documentation centre at its regional liaison office in Lucknow. It also organises different kinds of training programmes including Training of Trainers for groups involved in working with MSM groups through South Asia. The contact details are as follows:

Arif Jafar  
NFI ( Regional Liaison Office)  
9, Gulzar Colony,  
New Berry Lane, Lucknow, UP, India. 226001.  
Phones: 0522- 2205781,82.

Email – arif@nfi.net

Website – www.nfi.net

**SANGAMA** – Sangama is a sexuality minorities' rights organization which assists sexuality minorities to live their lives with self acceptance, self respect and dignity. Sangama also advocates for the changes in the existing laws, which discriminate against sexuality minorities and for changing public opinion. Sangama has a documentation centre and also organizes workshops, public lectures, film screenings, meetings and symposiums to sensitize social activists and the general public to issues of sexuality minorities and to strengthen sexuality minorities' movements.

Sangama, Flat 13, 3rd Floor, 'Royal Park' Apartments, 34 Park Road, Tasker Town, Bangalore - 560051, India (Behind Hotel 'Harsha', Near Shivajinagar Bus Stand)

Phone : 080 2868680/9180 2868121

Website : www.sangamaonline.org

**Organisations providing support also include:**

- Human Rights Law Network,  
65 Masjid Road, 2<sup>nd</sup> Floor  
Near DAV School  
Janpura, New Delhi, India, Phones: 24316922;
- Lawyers' Collective  
Women's Rights Initiatives  
'B' 5 Jangpura Extn. New Delhi, India , Phones: 24321102, 24312923;
- Sakshi  
B/67, South Extn-1, New Delhi, India, Phone : 24643946;

**Booklet prepared by -**

***Research : Alok Srivastava, and Jashodhara Dasgupta***

***Additional research and text: Abhijit Das***

***Review : Kirtana Kumar , Tulika Srivastava***

***Layout : Ravi***

**KRITI Resource Centre**  
**for**  
**Women's Health , Gender and Empowerment**

The KRITI Resource Centre, is involved in providing training support, production and distribution of material, and engaging in creative partnerships with other institutions to strengthen their work of empowering women at the grassroots level, enabling women to lead healthier lives. The primary activities of the KRITI Resource Centre for Women's Health, Gender and Empowerment are as follows

**TRAINING** - KRITI has considerable experience and expertise in trainings related to Women's Health and Gender and has provided training support to over 100 organisation as well as Government projects and departments in the states of UP, Uttaranchal, Bihar, Jharkhand, Madhya Pradesh, Delhi, Rajasthan, Haryana and Himachal Pradesh. The Resource centre has been involved in partnerships with other gender training organizations like JAGORI, IWID, and the South Asian Network of Gender Trainers (SANGT).

**PRODUCTION AND DISTRIBUTION OF LEARNING AND COMMUNICATION MATERIAL** - KRITI is also involved in designing and producing appropriate material for the special needs of those involved in working with communities on these issues. Much of the material is in Hindi. Copiously illustrated material has also been produced keeping grassroots needs in mind. For the practitioners KRITI has produced newsletters, field manuals, training manuals and kits, briefing kits and information sheets on various relevant issues.

**RESEARCH AND DOCUMENTATION** - KRITI Resource Centre engages in field level documentation, to get a more holistic understanding of women's health and the socio-economic conditions that influence it. Some of the studies it has conducted and participated in include a study of traditional birthing practices, Abortion and women's health in rural areas of Uttarakhand, customs and practices around menstruation, the possibility of HIV/AIDS, implementing the Target Free Approach in Family welfare programmes in UP, quality of care of health care service in UP, violence against women and so on.

**ADVOCACY** - The resource centre is also actively involved with advocacy on the issues of Women's Health and Population Policies and Violence against Women. It is closely working with other networks and organisations working on these issues.

**SERVICES PROVIDED BY KRITI RESOURCE CENTRE**

- ❖ Library and documentation centre
- ❖ Books, posters and other materials
- ❖ Training and internship
- ❖ Support for developing gender sensitive community based interventions/training programmes