

REPORT – YOUTH LEADERSHIP TRAINING WORKSHOP
VENUE – KOKRAJHAR INDOR SPORTS AUDITORIUM
DATE - 11th –12th AUGUST. 2004.

Introduction –

Youth Capacity Building - HIV/AIDS prevention and care Training workshop has been initiated by NEDAN FOUNDATION (NEDAN) to equip the Youth Groups with information, perspective and skills on HIV/AIDS and other youth role related issues. The aim of the Training workshop is to raise the voices of youth on INTERNATIONAL YOUTH DAY, to understand and address these concerns from the youth perspective as opposed to the societies point of view. Our main participants are YOUTH (boys and girls) and we also collaborate with a few Clubs working in the areas. The project is being carried out in Kokrajhar district of Bodoland Territorial Council (BTC), Assam.

The most important component of the 'Training and the first of its kind training was conducted in Kokrajhar Indoor Sports Auditorium on 'HIV/AIDS - Basic Facts' in the month of August 2004. The second training on 'Gender, Sexuality and its implications on HIV/AIDS' was conducted in continuation with the first Training on HIV/AIDS – Basic Information and HIV/AIDS/STDs. It was a two-day training workshop held in Kokrajhar. The objective of this training is to make the ethnic youth participants understand the concepts of gender, sexuality, it's impact & dynamics in people's lives and it's implications on HIV/AIDS -transmission, preventions and care.

Profile of participants –

| Name of sector | No. of participants. |
|-----------------------|-----------------------------|
| Student union | 14 |
| NGOs / Youth clubs | 30 |
| Self Help Group | 16 |
| Total | 60 |
| | |
| Men - | 35 |
| Women - | 25 |

Out of the 60 participants 25 participants had attended the first Training.

Expectations and apprehensions of the group – it is important to be aware of the expectations and fear of a group since it helps the facilitator to find out the learning objectives and blocks in learning and accordingly helps in modification of the training sessions. These expectations and fears also help the participants to be aware of their needs and blocks from a session and can by the end of a workshop become an indicator of their personal assessment.

Training Report Prepared by NEDAN

- < To increase the decision making power of young women.
- < To have an integrated knowledge of gender, sexuality and HIV/AIDS.
- < To understand the function role of youth in the society.
- < Techniques of facilitation.

OBJECTIVES –

- To explore the concepts of gender and sexuality.
- To understand the connections and linkages between gender, sexuality and HIV/AIDS.
- To build skills in introducing and discussing sensitive issues.
- To empower participants with necessary information and skills to discuss HIV risk reduction.

PROCESS /METHODOLOGY -

- < Role-plays – issues based role-plays helped in bringing out the perspectives and stereotypes of the participants and build up lighter atmosphere for discussions.
- < Group exercises – on different issues were handy in discussion and debate.
- < Group discussions – group discussions brought forth the perspectives of participants and in debating with each other.
- < Resource people – sessions by different resource people on issues of gender, sexuality helped the participants in getting an information from a different perspective.
- < Guided imagery- it helped the participants turning and focusing inwards and looks at issues personally. Though this process was not used extensively during the workshop.

FEEDBACK & FOLLOW- UP of Training (training's, its impact, problems etc.)

Most of the participants had attended sessions on the issue of HIV/AIDS in the earlier workshop. They were asked to conduct a presentation. For most it was a learning experience; they were faced with certain questions and a lot of social ostracism problems.

Questions/problems -

- ⊕ In joint family it is difficult to discuss about sex and sexuality with spouse; it becomes a challenge for a woman since she has no say over these issues while discussing about it with her family members.
- ⊕ There is always a pressure to have a child soon after marriage; hence the notion of using a condom seems useless.
- ⊕ There is a general perception prevailing within the society at large that an HIV positive person has contracted the disease *only* through an unsafe sexual practice.
- ⊕ People avoid donating & getting their blood test done, fearing they might be HIV positive.

- ⊕ “HIV ke dar se kya sex karna band kar dein?” (Should we stop having sex due to the fear of getting HIV positive?)
- ⊕ “What are the chances of a child being infected with HIV/AIDS when in a mother’s womb?”
- ⊕ Bodoland areas face problems during an emergency since they do not have laboratories to test the blood for HIV/AIDS.

Administrative problems –

- ◆ Funding was one of the key problems faced by the agency. They either do not/didn’t have enough funds to conduct sessions.
- ◆ There is lack of govt. support both financially and administratively.
- ◆ Some participants were uncomfortable while conducting sessions with both genders.

To assess the level of information on HIV/AIDS, participants were asked to conduct a presentation. They were divided into 4 groups and given following topics –

- ✧ Modes of transmission and reasons associated with each.
- ✧ Methods of prevention.
- ✧ Myths and misconceptions related to the issue.
- ✧ Social and economic impact on men and women.

Assessment – participants had information on –

1. Modes of transmission.
2. Methods of prevention.
3. Misconceptions.

Participants lacked information on –

1. Reasons associated with each mode of transmission.
2. High-risk fluids.
3. Reason associated with myths and misconceptions like HIV does not spread through mosquito.
4. Their level of information on HIV/AIDS was very fundamental.
5. HIV/AIDS is a communicable disease.

GENDER –

The session on gender was discussed under following headings –

- < Basics of gender and sex.
- < Difference between the two.
- < What is masculinity and femininity?

- < Difference between the two.
- < Its importance, impact and linkages with HIV/AIDS.
- < Gender discrimination and stereotypes.

Sex and gender – It is important to discuss about gender and sex and the difference between the two because these words are often misunderstood thus bringing stereotypes in society for both men and women. These stereotypes emerging from the misunderstood notions about gender and sex further shape the psyche of men and women in relation to sexuality and body.

Through a short guided imagery participants were asked to focus inwards and figure out the connotations of the word ‘gender’ it holds personally for them. Most of the responses were as expected stereotypical and very few could answer it correctly.

| |
|--|
| Stereotypes - |
| Gender = female. |
| Women’s rights. |
| Love/marriage/family/exploitation. |
| Equality. |
| Patriarchal society. |
| Eunuchs. |
| Increase in education would decrease discrimination against women. |
| Man/woman. |
| Sex-worker. |

Few participants said that gender means –

- < Masculinity and femininity.
- < The notion of gender is social construct.

Since it was observed that participants had very stereotypical notions about the word gender, it was important to discuss about the word sex and thus highlight the difference between the two.

The participants listed down different connotations for the **word sex** –

- < Biological (male/female).
- < Intercourse.
- < Natural instincts.
- < Enjoyment.

Quite a few participants understood the word sex in terms of a sexual act, a mode of enjoyment and an instinct that is naturally built in. It is this rigidity of the definitions of

the word sex and gender that brings forth the stereotypes. These stereotypes came from the discussion and listing down the words for masculinity and femininity.

| Masculinity | Femininity |
|--------------------------------|-------------------------------|
| < Physically strong. | < Frail/meek. |
| < Fearless/bold/daring. | < Fearful. |
| < Decision-maker. | < (Sometimes) decision-maker. |
| < Authoritative. | < Lack of authority. |
| < Dominant. | < Not dominant. |
| < Sexually active/overt. | < Sexually passive. |
| < Aggressive. | < Non-aggressive. |
| < (Less) obedient. | < (More) obedient. |
| < Emotionally less expressive. | < Emotionally stronger. |
| < Deceitful. | < Easily trusted. |
| < “mard hoon” (man enough). | < Soft and loving hearted. |
| | < Delicate. |

Since as perceived by some participants that gender is a social construct, thus the above mentioned words for masculinity and femininity get defined for both the sexes - a man and woman. Say for example, 55.5% of the participants agreed that most important role of a woman is to be mother and housewife and 77.7% agreed that only women are better at taking care of children. This notion came from the participants since they believe that a woman needs to contain the traits as listed above under the category of femininity. The biological difference of a man and woman – sex- is only understood on the basis of gender. These gender stereotypes were reflected during a group exercise of “mapping a life cycle of a boy and girl”. The presentations depicted –

| Life cycle of a girl – | Life cycle of a boy – |
|--|--|
| Abortion – if the family knows that the fetus conceived is a girl, it would go for abortion. | Celebrations at home at the arrival of a male child. |
| Female infanticide – since most poor people cannot afford sonography so they kill a baby if it turns out to be a girl after birth. | Status of a mother “increases”. |
| Lack of nutrients and education. | Better education and nutrients provided. |
| Burden of the house and siblings. | Freedom and liberty granted. |
| Burden of the house and siblings. | Considered an important part of a family in carrying out the legacy of a family. |
| Restrictions after puberty. | Encouragement for choosing best career opportunities. |
| Pressure of marriage. | Has a right to choose a life partner. |
| Discrimination at marital home. | Has the right to perform funeral rites. |
| Pressure of having a male child. | |
| Even if she is working must look after the household. | |
| Priority given to family and husband. | |

It was cleared to the participants that it is these stereotypes that come from conditioning of a boy and girl from a very young age leads to our rigid notions of masculinity and femininity and then we start perceiving and expecting a role, behavior and attitude of a man and woman under these categories.

The compartmentalization of men and women into masculinity and femininity paves a way for **gender discrimination & stereotypes**. It occurs at three levels –

- ⟨ **Home** – at home gender discrimination comes in the form of the work done and roles played by men and women. As the participants discussed during an exercise “typical day of a man and woman at home”, a woman gets up early, looks after the sick, relatives and guests; cleans the house and cooks. Where as a man takes children school, looks after the financial matters of a house and is a breadwinner. It was explained by the resource person that women’s work at home is always considered low and is unpaid.
- ⟨ **Work place** – discrimination at work place takes place in the form of sexual harassment for women and job description given to men and women. On a discussion

on sexual harassment of women at work place, a participant said, **“women misuse the sexual harassment guidelines to fulfill their interests like, to gain promotions.”**

“There are many women who do it purpose fully, they threaten their superiors by complaining about them.” Male participants also said, **“women workers 5:00 pm hote hi bag utha ke chal deti hain”**. It was explained to them by the resource person that work follows women at home also, which is an unpaid job. And a woman’s income is always considered secondary.

Discrimination is the result of power dynamics, which comes from the conditioning that men and women go through during their childhood. As said by a participant **“I do not want to leave the privileges that I enjoy as being a man”**. The privilege of exercising one’s power- sexually, physically, economically and socially. In an exercise conducted, most men found it difficult to act like a woman on a road being teased but on the contrary they were comfortable playing a role of an eve-teaser. As one of the participants said, **“I realized how women feel while walking on a road”, “unko jhuke chal na padta hai”**. And on the contrary women participants were very comfortable in playing the role of an eve-teaser. It is this power that gives men security and in turn lack of it makes women feel vulnerable.

Gender stereotype also came up with a statement by a participant **“Mein mard hoon.”** The measure of man’s “strength” comes from the number of male children he has. An example cited by a participant – a man who has male children would have the first “right” to be the first client of a sex-worker than those who has/have female child/children. **“mein mard hoon. Mere doo ladke hain”**. A man with female children is looked down upon by his friends. This example shows the conditioning that men go through during their childhood and its impact on their psyche.

Violence – the issue of violence was connected with power dynamics. As pointed out earlier masculinity for most men means, “being man enough”. On a discussion of why men rape, one of the participants said, **“agar who (aurat) chotte kaapde pehenegi to koi bhi aadmi rape karega. Woh usko_excit kar rahi hai.”** The quote just mentioned contradicts with the number of participants (61.1%) who disagreed on the fact that a woman is responsible for the assault if she dresses up in provocative clothes or acts provocatively on a form that was given to them prior to the workshop. At this point it was observed that men were getting defensive. In a role-play presented by participants it was depicted that a raped woman was being suggested by her elder to get married to her rapist. The consent of the victim was not sought. The justification given by the participants was **“I have to seek and save the interest of my reputation. I have to ensure that the interest of both the parties is saved without putting my reputation at stake”**. Participants even went to say, **“She has to get married; she is not left without any choice. The society would not let her, if once they found out she has been raped”**. This brought in the stereotypical notion of participants on the issue of rape. Participants seemed concerned about the reputation of their company and without seeking and questioning the victim a decision was made and announced. A question was raised by facilitator that how many male

participants would agree or think that a raped woman would give her consent to get married to her rapist, all of them replied in negative i.e., no woman would give her consent to marry her rapist. The issue of marital rape was not considered “rape” since it was believed by a female participant *“if a husband wants to have sex with his wife, it would not be considered rape. It is his right to have sex whenever he wants to”*. The responses in the two situations are spoken of the psychology of both men and women in relation to their upbringing.

On further discussion male participants also said, *“Not all men rape. It s like stigmatizing men.” “There have been cases of women raping men too.” “Ek aurat hi aurat ki dushman hoti hai”*. *“Who apni bahu par atyachaar karti hai”*. When the participants were asked to cite the reason for such behavior by a woman they replied *“Ab who apna hak jatana chahati hai. Usko dar lagta hai ki koi aur (daughter-in-law) uski jagah na lele, isleye who usko dabaa kar rahkna chahati hai.”* On the basis of this statement it was explained to the participants that a woman seeks her security and power through her son, which helps n exercising it over her daughter-in-law. It was also clarified that reason why she feels secure by her son is because she has been brought up with the notion of that only a man is her emotional, physical and psychological support. Her existence without a man is nullified.

SEXUALITY - the discussion on gender and HIV/AIDS is incomplete with out the discussion on sexuality. Sexuality word is perceived in terms of “sex”. Sex, as in a sexual act, is a part of sexuality but surprisingly enough for most participants’ body was not a part of sexuality. This statement is in contradiction with the forms that they filled in where 61.1% participants agreed that sexuality includes physical, emotional, ethical, social, and spiritual dimensions.

Sexuality could be discussed under the following categories –

- < Safe sex.
- < High-risk groups.
- < Male/female sexuality.
- < Its impact on HIV/AIDS.

Safe sex – most male participants said that men do not like to use condom since it reduces pleasure. A woman is unable to discuss the use of condom or methods of safe sex with her partner since it is not “considered” to be her right. As depicted in a role-play where a wife tries to discuss the use of condom with her spouse is being looked down upon with suspicion and is insulted. A woman has no control over her body and sexuality. This is again connected with the conditioning of men and women at an early age. This leads to the spread of HIV/AIDS. This depicts the notion of pleasure vis-a – vis usage of condom. 77.7% of the participants said that men do not use a condom since it reduces pleasure.

High-risk groups – most of the participants believed that sex-workers, truck drivers and homosexuals are high-risk groups since they are already stigmatized and marginalized by the society and they indulge in “wrong sexual practices”. In a role-play a counselor was suggesting her male client to remain married to his wife rather than living with his male partner since it would bring happiness to his wife. Most of the participants had very little or no knowledge about homosexuality and homosexuals. They considered homosexuality a rare phenomenon.

Male/female sexuality – in an exercise on positive and negative messages of male/female sexuality during a life span of a man and woman participants came up with responses that the messages on body start from an early age. Words like, shame, dirty, bad are the terms that are often used by adults while talking to their children. Hence the feeling that a body is dirty and something not to talk about gets impregnated into the minds of boys and girls. Lack of respect towards ones body is lost.

Girls are often made to feel that they are inferior that results in the feeling of guilt and brings forth inferiority complex, “I am unwanted”. Thus women lack control over their body and sexuality. And the feeling remains with them for the rest of their lives.

Even during adolescence, as discussed by participants, there is incomplete/lack of information on the issues of body, sexuality and relationships. Thus it results sexual violence at times and irresponsible behavior in sexual acts. Hence it results in the spread of HIV/AIDS.

As said by a male participant, “ I have my friends who regularly go to a sex-worker”. Men go to sex-workers but refuse using a condom, which insures that they would be infected with STD or HIV. Men become the source of spreading the virus even to their wives. Since women lack control over their body and sexuality and they have larger mucosal surface it makes women more vulnerable to HIV/AIDS through their spouses.

Hence it depicts that there are more negative messages implanted into the minds of boys and girls resulting in misunderstood notions of sexuality. Hence men and women mould their attitude, behavior and role according to the rigid definitions provided to them by society.

Observations -

- 4 Even after the first Training on basics of HIV/AIDS, participants had very fundamental knowledge on HIV/AIDS. They were unable to provide the information in detail.

- 4 For most of the participants it was difficult to comprehend the reason for conducting a workshop on gender and sexuality in relation to HIV/AIDS.
- 4 During the course of the workshop men became defensive (while discussing on violence).
- 4 Quite a few participants had agreed during the workshop that homosexuality is a rare phenomenon and unnatural but after a session with Mr. Digambar Narzary (Director NEDAN FOUNDATION), they agreed and understood about homosexuality and found the session most informative of all the sessions during the workshop.

Indicators-

- 4 Pre and post workshop forms.
- 4 Evaluation form post workshop.
- 4 Time – though there was a fixed time for the start and end of a day session, yet participants sat for late hour sessions on some days.
- 4 Defensiveness of some of the male participants decreased or ended by the end of the workshop.
- 4 Participants wanted a male and female facilitator. The reason was cited that hearing about issues on gender, sexuality, sex and violence from a man's perspective would/might have a different impact.
- 4 Participants wanted films to be screened on related issues.

ACTION PLAN -

An action plan was decided where participants would participate more workshops at their respective centers in Kokrajhar on the issue of gender, sexuality and HIV/AIDS. It was planned that at least one session would be conducted every after two months. The staff of NEDAN would monitor these workshops. It was also felt need that some participants can be trained as a trainer so that in return they can go back in the respective area and train the community and youth. NEDAN will identify for the lead trainers while conducting workshop with the youth. Within the two training workshops conducted by NEDAN we have already planned the strategies that NEDAN will do ToT with youth groups to make them master trainers.