Activity 4: Inside out (45 minutes)

Tips to the facilitator:

- Tell the participants that now we shall discuss 3 cases.
- Divide the participants into 3 groups and hand over to each group one translated case and questions for discussion as in **Annexure 3**.
- Points for discussion are to be shared only after the group work and presentations are over and not to be photocopied.
- Allow the participants to discuss their respective cases within their group for 15 minutes.
- Groups may then present for 5 minutes each.
- After the first group presents share the points for discussion of the first case.
- Follow the same procedure with the second and third group.
- **In case of shortage of time divide the participants into 2 groups instead of 3 and give cases 1 and 2.**

CASE 1: Ethical Dilemma

Points for discussion of Case 1 (Not to be photocopied):

The counsellor needs to delicately balance the information about HIV with handling the client's emotions about being positive and about her anxieties regarding her planned marriage. In the counsellor's dilemma between the ethics of confidentiality and of doing no harm (to the partner), the ethic of confidentiality needs to be first upheld as far as possible, and partner disclosure needs to be done only in collaboration with the client.

About Amrita's insistence about repeating the test, the counsellor needs to understand that she is saying this only due to her anxiety and not to distrust or inconvenience the counsellor. The counsellor can gently guide her about getting the test once again. In case she still asks for repeating the test after that, the counsellor can politely and sensitively inform her that repeating the test may not really change anything and that she can still lead a healthy and long life through ART and a healthy lifestyle.

The client needs to also be informed and guided about the partner's HIV testing. This needs to be done only when is less anxious, so that the given information can be registered and processed by her.

The counsellor need not inform her parents about the test results because the client is an adult and is financially independent. They can instead be calmed down. Amrita can be asked about how she feels about disclosing the status to the parents. She needs to be supported about the pros and cons of disclosure

to them and about how and when to disclose her status to them if she decides to. This can be done over a few sessions.

CASE 2: Self awareness and ethics

Points for discussion of Case 2 (not to be photocopied):

The counsellor is also a member of the society, and might imbibe some of the societal attitudes, beliefs and values. The counsellor here probably has beliefs like: a 'good-looking' person is more likely to get sexually abused; a male child who gets sexually abused by a male is more likely to become homosexual; it is okay if one has sex with a same sex partner because one has no choice, but if one is willingly having sex with same sex partners, then it is not okay; someone who gets HIV is either a 'sinner' (e.g., homosexual, FSW) or a 'saint' (e.g., a young woman unaware of the ways of the world, a monogamous woman). Our beliefs are evident through the language we use with the others, as that is likely to be the language in which we think.

While dealing with a client who is into same sex relations, the counsellors need to do the same things that they would do with a heterosexual client. There is no such thing as 'homosexual counselling' or 'bisexual counselling'. The counsellor also needs to express complete acceptance of the client verbally as well as nonverbally, irrespective of the client's sexual orientation.

If the client says that they are being punished for their deeds (e.g., through getting HIV), it indicated the client's belief that they deserve to suffer through HIV. This kind of a belief can lower the client's hope and might affect adherence to treatment and increase high risk behaviour. The counsellor needs to help the client ventilate their feelings; provide support and validation; and instil hope.

CASE 3: Awareness of our attitudes

Points for discussion for Case 3 (Not to be photocopied):

In childhood you might have played with coloured glasses, which when worn, make everything in the world seem to be of the colour of the glasses. Many of our attitudes, beliefs and values colour our perceptions in a similar way. We like or dislike people, find it easier or difficult to empathise or even believe people on the basis on many of our own attitudes, beliefs or values. For example, if we believe women are weaker than men, we would not trust a client to be able to accept her HIV positive report just because she is a woman. If we believe all men are abusive to wives, or sex workers are shrewd, or Christians are kind, or Muslims are aggressive and so on, we would tend to perceive the reality through this lens, rather than seeing it objectively. There can be many other such examples. This can affect our ability to empathise with clients or look at the world through their perspective.

Sometimes we also assume others are like us. For example, if we love our mother, we assume that everyone does and that all mothers are wonderful, which may not always be the case. If we like to smoke or drink, we might assume that everyone does, and so on.

In the profession of counselling it is essential for an effective counsellor to be nonjudgmental and to be able to accept different realities. This includes different sexual orientations, occupations, religions, routes of HIV transmission, and so on. An effective counsellor is able to empathise with all clients. It might help a counsellor to understand that everyone's source of sorrow is different, but the pain all humans feel is the same. If you are not dependent on alcohol, it might help you to think of any one habit that you have been trying very hard to break but have been unable to. It may be getting into a routine of exercise, joining a hobby, avoiding junk food, attending to a health issue, or even meditating. Even when we know some habit is good for us to imbibe, we are not always successful in doing so. The sadness and betrayal a man would feel at being cheated upon by his boyfriend may be the same as what you or your near and dear ones may feel at being cheated upon in a heterosexual relationship.

When our personal values, beliefs or attitudes come in the way of being an effective counsellor, it is essential to be aware of our bias; put our bias away as far as possible, and be emotionally present with the client.

Key messages:

- Each individual has values, attitudes and beliefs.
- Each profession also has certain values, which define the ethics of the profession.
- The counsellor needs to be aware of different aspects of one's self, including one's own beliefs, attitudes, and values around sexuality and gender.
- An ethical counsellor keeps the client's information confidential; respects a client from every background, sexual orientation and occupation; works for the good of the individual client and society; avoids actions that cause harm; is honest to each client as well as to the profession of counselling.
- A counsellor needs to have cognitive flexibility and is required to understand how their personal belief system might influence the counselling process.
- **When the counsellor's personal values clash with professional values of counselling, it is essential to put personal bias away as far as possible, and be emotionally present with the client.**

Annexure

Annexure 1: Statements for Rapid Fire Round

"I will read out some statements. The same statements are there in the handout given to you. Keep the handout and a pen ready. Listen to the statement that I read, and respond to each statement in your hand out with '**A**gree' or '**D**isagree'. Please respond very quickly with the first response that comes to your mind. If you are in doubt while responding to any statement, please select one of the two options that you feel relatively closer to. You do not have to share your answers with anyone, but it would help you to be honest while responding, without worrying about what the 'right' or 'wrong' answer is. So, here we go with the activity, 'Rapid Fire Round'."

1. If a housewife gets HIV despite having sex with only her husband, she deserves more kindness and understanding than a female sex worker. **A / D**
2. Heterosexuality is a healthier sexual orientation than bisexuality or homosexuality. **A / D**
3. A counsellor should help transgender persons to become what they are born as – male or female. **A/ D**
4. If someone got an HIV through an infected needle while taking a routine blood test, I would be able to sympathise more than if he is an IDU. **A / D**
5. Transgender people are to be made fun of. **A / D**
6. It is a matter of shame for a family to get HIV. **A / D**
7. Sex work is an easy way to earn money. **A / D**
8. Some women need to be kept under control by their husbands for which he might even have to slap her a few times. **A / D**
9. Children's minds get negatively affected due to sex education. **A / D**
10. A woman is supposed to use protection to prevent pregnancy if her husband does not enjoy sex with condoms. **A / D**
11. A counsellor is supposed to decide whether an HIV positive client can marry or not. **A / D**
12. HIV positive children must not be allowed to sit in the same class with other children. **A / D**
13. Homosexuality is becoming more popular in India due to influence of western culture. **A / D**
14. It can help a counsellor relax a bit during lunch time by making fun of some cases. **A / D**
15. Engineers and other educated people know everything about HIV, thus pre test counselling is not needed. **A / D**

Annexure 2: Manure and pests

What are such helpful and harmful factors – internal and external – for your growth? Please enlist these factors on the left and right side of the tree diagram provided to you. Your individual responses will remain with you and do not have to be shared with anyone.

Some specific questions that will help us introspect are:-

- What are the factors within yourself that facilitate your personal and professional growth?
- What are the factors in your environment that facilitate your personal and professional growth?
- What are the factors within yourself that hinder your personal and professional growth?
- What are the factors in your environment that hinder your personal and professional growth?

Can you identify how you can overcome the challenges that are hindering your personal and professional growth? <u>List a few action points for yourself</u>.

<u>BE HONEST</u> – the answers will remain only with you.

WHAT HELPS YOU GROW?

WHAT HINDERS YOUR GROWTH?

Annexure 3: Inside out (case discussion)

CASE 1: Ethical dilemma

Amrita, a 25-year-old unmarried graduate, worked and lived on rent in a city. Her parents and siblings lived in a remote village. Her father was a retired embroiderer and the household depended on Amrita's salary for their upkeep.

Amrita had been getting recurrent cough and fever since the last two months. Initially she took some cough syrups and tablets, but there was no respite. She began feeling very weak and running a temperature. She finally went to a government hospital with her parents who had come down to see her. The doctor gave her some medicines and referred her to the ICTC.

At the ICTC, the counsellor very politely requested the parents to wait outside the counselling room. When she shared her confusion about what the ICTC was and why she was sent there, the counsellor explained to her the purpose of the ICTC and gave her some initial information about HIV. Amrita was shocked to know that the doctor had referred her for an HIV test. Amrita also seemed uncomfortable that her parents were not allowed to be with her. The counsellor calmed her down and explained the need for an HIV test, routes of transmission and information on opportunistic infection. Amrita finally agreed to undergo the HIV test, but did not share any history of high risk behaviour. She was very nervous about the test result and kept asking the counsellor about when she should come back for collecting it.

After a few minutes the counsellor informed Amrita that her test result was positive. Amrita broke down and kept repeating that the report was not hers and insisted on repeating the test. She also requested the counsellor not to reveal the report to her parents. The counsellor gave her some time to accept the report, shared information about the difference between HIV and AIDS and also gave her information about ART. Amrita once again broke down and shared with the counsellor that she had a steady partner for the past seven months whom she was living with and planned to marry soon. She was inconsolable and was crying bitterly. She also mentioned that it would have been better if she had not come for the test. Meanwhile Amrita's parents were getting agitated waiting outside the counselling room. They were angry at the counsellor for sending them out as they felt that they had all the rights to know their daughter's report. They were getting very worried and could not wait out any longer; they finally came into the counselling room.

Questions for discussion:

- **What are the ethical dilemmas that the counsellor may face in the given situation?**
- **How should the counsellor handle the given situation?**
- **Should the counsellor reveal Amrita's status to her parents as they had entered the counselling room?**
- **What should the counsellor do if Amrita continues to ask for repeating the test?**
- **What should be the counsellor's action plan for future counselling sessions?**

CASE 2: Self awareness and ethics

Sameer was a 24-year-old matriculate belonging to an orthodox Muslim family in a district of North India. He was soft spoken and fairly good to look at. At the age of 17 he had started working in his uncle's garage to make a living and to learn the trade of a motor mechanic. His uncle was married, but his wife and children lived away in the village. The uncle soon started asking Sameer for sexual favours against the obligation of keeping him in the job. Sameer's initial resentment and pain slowly turned into silent submission. After about two years he found himself being recognised by other boys who had the same sexual orientation. By this time, Sameer had started identifying himself as homosexual and developed relationship with two other men.

Once, while visiting a friend in another village, he happened to see a migration campaign organised by NACO, where he met the counsellor who told him about the routes of HIV transmission. Sameer was frightened and decided to get himself tested. To his great relief, he was detected negative. Now that he had learnt that the same test is available at all government health facilities free of cost, he gathered the courage to visit the ICTC at his district despite the fear of being seen by someone. During the counselling session he declared his sexual identity. He was tested negative for HIV, after which he disclosed about his previous test. The ICTC counsellor told him about an NGO that worked with other people like him and the services being provided there and referred him to the TI NGO. Sameer joined the TI as a beneficiary and after six months, he was selected as a peer educator.

Sameer came back to the ICTC once more for his regular HIV testing as a beneficiary of the TI. He knew the counsellor very well and informed her that he had been married just a month back because of immense family pressure. Upon being further probed, he informed that he had had sexual intercourse with his wife without condoms a few times.

He was tested but this time was found positive for HIV. Sameer was shocked and was full of remorse. He said that Allah was punishing him for his deeds and that he had been suffering since he was young.

The counsellor advised him to bring his wife for the test both for his referral to the ART centre and also for checking her positivity status. Sameer's wife Zaira was a young woman of 18, quite unaware of the ways of the world. The counsellor had great difficulty in counselling Zaira about HIV, the positivity status of her husband and also the reason for her testing. Meanwhile when Zaira was waiting for her test result, the counsellor heard her sobbing with helplessness. The counsellor also heard Sameer telling her that he had HIV because of blood transfusion at the block hospital when he had met with an accident. The counsellor thought it wise to conceal the information of Sameer's sexual orientation with Zaira.

To the great relief and happiness of both of them, Zaira was detected HIV negative. The counsellor advised her to come for testing again after six months and advised him about safer sex.

Questions for discussion:

- **What can a counsellor do if a client is into same sex relationships?**
- **What are the biased beliefs that a counsellor might have?**
- **What can the counsellor say / do when the client says that they were being punished by God and suffering since childhood?**

CASE 3: Awareness of our attitudes

Kabir is an ICTC counsellor. His parents had separated after a violent relationship. He has grown up with his mother and feels very angry with his father who was alcohol dependent. He is single because he questions the institution of marriage. He is currently seeing an HIV positive client who is addicted to alcohol. It is a challenge for him to counsel the client.

Questions for discussion:

- **What may be making it difficult for Kabir to counsel the client?**
- **Does a counsellor's mood affect the counselling process? In what ways?**
- **Do a counsellor's personal values, beliefs, and attitudes affect the counselling process? Do you think it can be more than how these might affect someone in a different profession?**
- **Can you think of any personal experiences, values, beliefs or attitudes that might come in the way of doing your work?**

SESSION 4

Social drivers of the HIV Epidemic: Gender, Sex, Sexuality, Violence, Migration

Session Overview:

- **Understanding social drivers of the HIV epidemic – 10 minutes**
- **Understanding Gender as a social driver of the HIV epidemic – 75 minutes**
- Social Construction of Gender
- Gendered vulnerability to HIV/AIDS in India
- Gendered responses to HIV/AIDS
- **Understanding sex and sexual behaviour as a social driver – 90 minutes**
  - Sex , sexuality, behaviour and practices
  - Sexual behaviour and HIV risk
  - Sexual norms and vulnerability
  - Sexual identity and marginalisation
- **Understanding violence as a social driver – 45 minutes**

Session Objectives:

At the end of this session, participants will be able to:

- Understand the social drivers of the HIV/AIDS epidemic.
- Understand gender as a social construct.
- Understand the linkages between social construction of gender and vulnerability of women/girls and men/boys to HIV/ AIDS.
- Identify actions in HIV counselling to address gender related concerns in HIV/ AIDS.
- Enumerate the meaning of sex and sexuality.
- Appreciate the role of sexuality related norms as a social driver of the epidemic.
- Understand violence as a social driver.
- Enumerate ways to include the perspectives gained from this session into counselling practice at ICTC/ART/STI centres.

Time allowed:

- 4 hours

Materials required:

- Chart papers
- Markers
- Double side tape
- LCD with screen
- Power point slides

Method:

Preparation before the session:

You as the facilitator will keep the following things ready before the session:

- Print outs of Annexure.
- Identify the area for conducting activity 1 and 8.
- Boards with "Society, Biology, Violence, No Violence, Not Sure" written on it.
- Balloons that have been blown and tied up.

- Translate the handouts in the local language to ease as well encourage the participants to read the handouts.
- It is important to maintain one facilitator for this session and the session on marginalisation and vulnerability as both the sessions are organically connected and feed into each other.
- There are many activities in this session. The facilitator will have to play an active role to ensure that the participants assimilate the learning from each activity and relate it to their counselling practice. Care should be taken to ensure that the participants do not get carried away in the activity itself.
- **Power point presentation has been given in this session. However they should be viewed after the activity only for summing up the learning's of the activity. Session is on perspective building as this cannot be conducted by using the slides only, the participants have to undertake the activities , these sessions are experiential in nature i.e. the learning in these sessions occur because of their experiences while participating in the activities.**
- The activities in this session can be conducted in the outdoor outside the training hall. This will break the monotony of counsellors sitting in the training hall.

We strongly recommend that the movie *Queen*, (2014) should be seen with the participants after this session. This film through a mainstream medium depicts how a girl moves away from gender roles and defies patriarchy in her own way and ultimately finds herself. The journey shown in the film is subtle yet powerful. The discussions undertaken in this session can be linked to the film. The facilitator of this session should be present during the viewing of the film. The film is in Hindi. However the non-Hindi speaking states can find out if the film is available with English subtitles. Alternatively any film in the local language with a similar theme can be shown to the participants.

Activity 1: Social drivers of the epidemic (10 minutes)

- Begin the session by going through the objectives.
- Conduct a brainstorming with the participants and ask them what they understand by the term "social drivers". Jot down the thoughts and clarify doubts if any.
- Walk through slides 1 – 6 for further clarity on social drivers.
- Inform the participants that through the session, we will try to understand gender, sexuality and violence and its connection to the HIV/AIDS epidemic.
- Migration is also an important driver of the epidemic but this will be covered in the session on "Understanding Vulnerability and Risks of High Risk Groups (Core Groups and Bridge Population)."

Section 1: Understanding Gender as a social driver of the HIV epidemic

- Inform the participants that we will now try to understand gender as a social driver of the epidemic.
- There are three activities in this section (Activity 2 – 4).

Activity 2: Social construction of gender (30 minutes)

- Ask the participants to stand in a straight line at the centre of the room, equidistant from the labeled walls.
- Explain the participants what 'Biology wall' and 'Social wall' mean.
- Refer to the list of the statements outlined in **Annexure 1** and read aloud one statement at a time.
- After each statement, ask participants to move a step towards the Society Wall or the Biology Wall depending on whether they feel that the statement is based on socio-cultural factors or has a biological basis.
- After all the statements have been read, most people should be closer to the Society wall since all but the following statements have a social basis :

- Boy's voices break at puberty.
- Women can get pregnant, men cannot.
- Women can breast-feed babies, men cannot.

➢ Have participants discuss their views about all the statements and explain to one another why they felt a certain way about each statement.

➢ Follow this exercise with a discussion on the meaning of gender, sex, masculinity, femininity using slides 7 – 8.

Key points to emphasise:

- Except statements about breastfeeding, pregnancy, and men's voices breaking at puberty, all the statements have a social basis.
- Gender is a social construct. Gender roles and behaviour are assigned by society and are learned rather than innate. These vary from society to society, and at different times in history.
- Different agencies – the family, school, friends, and the media – teach boys and girls to behave in a way that is appropriate for their sex. Among the things that society teaches them right from childhood are that men and women have to perform fixed roles in society; more often than not, boys are socialised to be aggressive, dominating, controlling and therefore violence displayed by boys is considered acceptable. These fixed gender roles can affect both men and women negatively; yet both men and women continue to play these roles and even perpetuate them.
- As counsellors, it is important to distinguish between what society has constructed/ created for each gender as against what is biological. For example, the idea that women are gentle is created by society as against women giving birth which is biological.

Tips to the facilitator:

- This activity has been demonstrated in Avirat (The set of films created by Saksham). The facilitator can go through the CD before conducting the session.
- Read all statements beforehand and prepare responses to anticipated arguments. The statements about girls being gentle and women having maternal instincts can be contentious. Asking why people believe these statements to have a biological basis and what negative effects these stereotypes can have may help participants understand the importance of being aware of gender as a social construct.
- It is often mistakenly believed that all people have sexual 'instincts' and all women have 'maternal instincts'. Help participants examine how these assumptions can be dangerous. For example, those who believe in sexual instincts may use this argument to absolve abusers of any responsibility by pronouncing their actions as 'beyond their control'. Common terms associated with instinct are 'innate' 'uncontrollable', 'need', 'urge', and 'have to be fulfilled at all costs'
- In case of shortage of time, continue the activity with only some of the statements, remembering to include at least two of the statements that have social base.

- Assure the participants who are confused or not sure that it is ok to be in that position and this is an opportunity to probably unlearn and gather a newer perspective.

(Source: Adapted from Exercise 3, Understanding Gender, Module One, Chapter One in Basics and Beyond: Integrating Sexuality, Sexual and Reproductive Health and Rights - A Manual for Facilitators by TARSHI, (2006).)

Activity 3: Gendered vulnerability to HIV/AIDS in India (30 minutes)

- Divide participants into 4 – 6 small groups.
- Assign each small group a case study outlined in **Annexure 2**.
- Ask each of the small groups to read their case studies carefully and make a list of the significant events that have taken place in the lives of the people mentioned in the cases.
- Allow 10 minutes for the small groups to prepare the above mentioned list on a chart paper.
- Ask each group to present their list to the large group.
- Put up the entire list together and ask participants to identify themes in gender related vulnerabilities and impact to HIV and AIDS. For example, early marriage, lack of education, preference for male child, lack of access to services, stigma and discrimination, lack of economic independence, sex work and so on.
- Write these themes on the white board or chart paper and explain how each contributes to gender related vulnerability and impact of HIV/ AIDS.

Activity 4: Gendered response to HIV/AIDS (15 minutes)

- Explain to the participants that the current exercise is a natural extension of the discussions held so far on the gendered impact of HIV/ AIDS. Participants can continue to be in the small groups as per the previous exercise. Ask the small groups to brainstorm for 5 minutes about how the gender related concerns highlighted in the case studies, can be addressed through their work in the ICTC/ART/STI centre.
- Ask each group to present their discussions. Write all the suggestions for actions on a white board or a chart paper.
- Ask each participant to identify at least one action from the list generated above that their centre can initiate or implement immediately or in the near future to address the gender related vulnerability or impact of HIV and AIDS.
- Go through slides 10-14 for further clarity.

Section 2: Understanding sex and sexual behaviour as a social driver

- Conclude the activities on Gender and inform the participants that the session will now move to discussions on understanding sex and sexuality as a social driver of the epidemic.
- There are 4 activities in this section (Activity 5 – 8).

- Ask participants to brainstorm on what they understand by sex and sexuality. Sex and sexuality tend to be used interchangeably. It is important that participants understand the wider scope of sexuality.

Activity 5: Sex, sexuality, behaviour and practice (20 minutes)

- Following the above brainstorming activity, divide participants into 4 groups. Distribute flipchart paper and markers to the groups. Instruct them to list out every kind of sexual behaviour they have heard of, engaged in, seen, or read about.
- Bring the groups back together and ask representatives from each to present their list to the larger group. Ask a volunteer from the participant group to write the different sexual behaviours on a white board or a flipchart and retain this list for one of the following activities.

Key points to emphasise:

- Many forms of sexual behaviour and expression can take place between people of different genders and of the same gender. For example, oral sex can take place between two men, two women or a man and a woman.
- While some people may prefer not to engage in a certain type of behaviour, this does not mean it is wrong for others to enjoy it **if it is between consenting adults**.
- It is important for counsellors to be aware of different sexual behaviours and their own reactions to them. This helps them to be prepared and react appropriately when they hear about them during the course of their counselling practice. .
- Being aware of the diversity of sexual expression can also help design information and services to help people protect against potential adverse effects/ consequences of these behaviours. For example, with regard to conception, many believe that anal sex is a safe alternative to penile-vaginal sex. They may therefore engage in unprotected anal sex, which exposes them to risk of HIV infection.
- Coercive sexual behaviour of any kind, even between regular partners such as married couples, is unacceptable.
- After completing the discussions, take the participants through slides 16 – 22 for further clarity.

Tips to the facilitators:

- Be prepared for discomfort by participants, which may manifest as inappropriate humour, silence or outbursts of anger. Let these reactions emerge spontaneously. However, remind the group that the purpose of the exercise is for them to become aware of behaviours to enable them to work more effectively on sexual and reproductive health issues and HIV/ AIDS.
- Pay attention to the terms listed out by the groups. Participants might include sexual or gender

identities in the list of sexual expression. Point out that sexual behaviour or expression is different from identity. For example, homosexuality is a sexual identity, not behaviour.

- Make note of the kinds of words being brought up during the exercise. Do they reflect any values of the group or individuals and/ or do they focus on any particular kind of sexuality (heterosexual, monogamous)? If so, ask participants why they focused on these and introduce other sexual identities.

Activity 6: Sexual behaviour and HIV risk (25 minutes)

- Keep a chart paper ready with a traffic signal lamp post which has three colours namely, red, orange and green. Explain that red colour stands for high risk, orange colour stands for moderate or low risk while green colour stands for no risk.
- Refer to the list of sexual behaviours developed in Activity 4. Go by the list numerically and ask a volunteering participant to place the particular sexual behaviour on the appropriate colour of the traffic signal lamp post and explain the reason for doing so. Encourage the lesser vocal/ active participants to match the sexual behaviour with the levels of risk.
- After all the sexual behaviours are covered, conclude the exercise by discussing the ABCD model for HIV prevention.
- Inform participants that condom demonstration and practice will be conducted in the further sessions.

Key points to emphasise:

- Penetrative forms of sexual behaviours like anal and peno-vaginal sex have the highest risk to HIV transmission wherein consistent and correct use of condom is a must.
- Oral sex is considered to be of lower risk however condom use is recommended.
- People living with HIV/AIDS have a right to express their sexuality and options like mutual masturbation, thigh sex are considered as safer sex options.
- Go through slides 23 – 25 for further clarity.
- Inform the participants that the learning from this exercise can be applied by them during their counselling practice, especially while conducting risk assessment and risk reduction counselling.
- Encourage the participants to clear all their doubts and misconceptions in relation to this activity, so that they will be able to answer the queries or concerns raised by the clients comfortably and confidently.

Activity 7: Sexual norms and vulnerability (45 minutes) (Annexure 3)

- Print the statements given in Annexure 3, cut individual statements and put them in a small basket. Request the participants to sit in circle. This activity has to be played like the " passing the parcel activity" i.e. music has to be played, a small parcel like a ball has to be passed amongst

the participants, the person who has the ball in his/her hand when the music stops has to pick up one chit from the basket . Ask the participant to read the statement and give his/her views and whether they agree with the statement or not and the reasons thereof.

- Encourage participants who do not usually participate in large group discussions to pick up the chits. After the participant has shared his/her thoughts, put the floor open for discussion within the larger group.

Key points to emphasise:

Statement: Masturbation leads to loss of virility in men.

- ✓ *It is a normal sexual activity practiced by both males and females and does not lead to loss of virility.*

Statement: Only penetrative sex can lead to sexual satisfaction.

- ✓ *Other non-penetrative forms of sexual behaviours like petting, hugging, kissing, self-masturbation, mutual masturbation and the like can also lead to sexual gratification. In case of HIV positive couples, whether sero-discordant or concordant, heterosexual or homosexual, non-penetrative forms of sexual behaviours are preferred to prevent the risk of HIV transmission and increase in viral load of partners.*

Statement: Condoms provide protection against HIV/STI and pregnancy:

- ✓ *Correct and consistent use of condoms can provide protection.*

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

- ✓ *Condoms are the only form of birth control which also offers protection from the sexual transmission of HIV. Until now condoms were predominantly understood as a contraceptive and until the advent of the ICTCs, were available with the family planning department or OB-GYN department in hospitals.*

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

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

Statement: Most of the women with HIV are prostitutes.

- ✓ *We are now in the third phase of the epidemic where women and children are infected. In the first and second phase of the epidemic, prostitutes were targeted through the NACP under the targeted intervention approach. This approach though required at that point of time, left out women and children.*

Statement: Sexually transmitted infections can be cured if the infected man has sex with a virgin.

- ✓ *STIs require regular medical treatment. By having sex with a virgin or anyone else, one will only pass on the infection.*

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

- ✓ *The size of the penis either when it is flaccid or erect is no indication of man's masculinity or ability.*

Statement: Menstruation is unclean.

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

Statement: Homosexuality is abnormal.

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

Tips to facilitators:

- At the beginning of the exercise assure the participants that there are no right or wrong answers and each one has a right to their opinion.
- If you know your group well, you can include statements which you need to be addressed within the group.
- This is a good time to initiate discussions around the concept of normality and abnormality which will be carried through in the following exercises. It is important to understand that sexuality like gender is a social construct. We have to broaden our understanding about sex and sexuality and include dialogues in relation to choice, rights and diversities while planning interventions.
- You can write out statements like sing a song or share a joke on a chit and introduce this chit in the container after half of the statements have been read out. This will serve as a breather or lighten the mood if the discussions are getting too heavy or serious.

(Source: Adapted from the Naz Foundation (India) Trust Guide to Teaching about Sex and Sexuality (Naz Foundation (India) Trust, 1996).

At the end of the activities on sex and sexuality , it is important to stress the fact sexuality or certain sexual identities is not fuelling the HIV epidemic; it is rather the lack of complete information and avenues for facilitating discussions on sex and sexuality that makes individuals vulnerable to the HIV infection.

It is therefore imperative for counsellors to be clear about facts and updated information as well as develop their comfort in talking about issues pertaining to sex and sexuality; this will help them during their counselling practice, which in turn will help reduce client's vulnerability.

Activity 8: Sexual identity and marginalisation (20 minutes / Home work assignment)

- Distribute **Annexure 4** to each participant.
- Instruct the participants to list out the various identities mentioned in Annexure 4 within the concentric circles, based on the level of stigma and discrimination they experience in their societies/communities. For example, identities that experience the least amount of discrimination will fall into the inner most circle, whereas the outer most circles will have the most marginalised identities. Give participants 10 minutes to complete the activity.
- Invite participants to share how they have listed the identities in the concentric circles and explain the basis upon which they categorised identities.

Suggested Questions:

- Were there similarities among the least marginalised people? Similarly were there any similarities among the most marginalised? How does society stigmatise some of these identities?
- What do the similarities indicate about certain identities? Are there some groups such as married men that experience the least stigma and most opportunities in society?
- Are there stereotypes associated with any of these identities? How would these stereotypes cause discrimination or marginalisation of those concerned?
- Who creates these stereotypes and decides what is 'normal'? Why/How are these stereotypes and this marginalisation maintained? For example, do media images of certain identities help perpetuate these attitudes or do laws or customs in a community maintain this marginalisation?
- Inform the participants that it is important that they understand this as they will come across clients with different sexual identities and preferences during the course of their counselling practice. They need to understand and accept that everyone has a right to their sexual likes and

dislikes, as counsellors they have to discuss options for prevention, testing and care and support with all the clients.

[Source: TARSHI (2006).Basics and Beyond: A Manual for Facilitators, India]

- Stereotypes maintained in society and communities contribute to stigma and discrimination against certain individuals like MSM or IDUs. These individuals are called 'marginalised populations' viz. MSM, IDU, FSW and migrant populations.
- Stigma and discrimination can result in violence, abuse or denial of services and information for individuals. Participants can go through the handout provided on stigma and discrimination for further clarity.
- Stigma and discrimination increases the vulnerability of individuals to HIV/AIDS. Being infected with HIV further increases the stigma and discrimination, thus creating multiple layers of stigma and discrimination.

Tips to the facilitator:

- Participants may not be familiar with some of the identities listed. If necessary, go through the identities beforehand and discuss any questions they might have about the identities.
- Inform them that a detailed discussion on High Risk Groups and vulnerability will be discussed in the next session.
- Participants may express discomfort around some identities, especially those that are new to them or those considered 'wrong' according to certain cultures/religions.
- Be sensitive to the above and encourage participants to participate in the exercise in the spirit of learning, even if they do not fully understand them.
- In case of shortage of time, this activity can be clubbed with the tea break and the participants can complete the exercise with 'working tea'.
- Encourage the participants to go through the handout on stigma and discrimination for further clarity.
- **In case of shortage of time, this activity can be handed over to the participants as a home work assignment and the discussions from this assignment can be carried out at the beginning of the session on " Understanding Vulnerability and Risks of High Risk Groups (Core Groups and Bridge Population)."**

Section 3: Understanding violence as a social driver of the HIV/AIDS epidemic (45 minutes)

- The participants will now try to understand violence as a social driver of the epidemic.
- This will be done through part A and B of Activity 9.

Activity 9:

Part A

- Before beginning this activity, please place the blown and tied up balloons on the training hall floor.
- Inform the participants that the objective of this activity is to collect as many balloons as possible.
- The participant with the maximum number of balloons at the end of 5 minutes is the winner. There are, of course, no points for burst balloons.
- Now initiate the activity. It is likely that all the balloons would be burst well before the end of the activity if not, declare the winner(s) and end this activity.
- Ask the group to describe what happened in the game.
  - Did anyone try to push or hit others or try to forcibly snatch their balloons?
  - Would you describe this as 'violence'?
- Encourage participants to think about why they would or would not describe the pushing/ shoving or trying to snatch another person's balloon as 'violence'.
- Allow the participants to express and debate different views for some time. It is likely that the group will not be able to come to any agreement on whether there was any violence involved in the game.
- You do not need to arrive at a conclusion at this stage. Tell them that in the next part of the activity, we will try to understand what exactly the term 'violence' means.

Part B

Put up the three cards in different parts of the room. Give participants the following instructions for the activity:

- In order to further clarify the meaning of 'violence', we will undertake another activity.
- Three cards have been put up. I am going to read out descriptions of a few situations.
- If you think that the situation is a case of violence, then go and stand near the card that says Violence.
- If you think that the situation does not depict a case of violence, then take your place near the card that says No violence.
- If you are undecided, take your place near the card that says 'Not sure'.
- Once the instructions have been understood, initiate the activity. Read out one situation **(Annexure 5)** at a time and let the participants take their positions.
- Ask the three groups to explain their reasons for taking that particular position.
- Let each group convince the other groups about their position. In the course of the discussion, if anyone wants to change sides, they are free to do so.
- After this discussion, sum up the situation. Points for summing up have been provided for your reference at the end of each situation.
- Encourage the groups to participate enthusiastically. The more they discuss and argue, the livelier the activity will be.

After reading out all the situations discuss the following question with the group:

Were you surprised that any particular situation was indeed an act of violence? Why?

Key points to emphasise:

- In every situation, there was some form of violence. While the violence was clearly evident in some cases, in other cases it was less. This violence took different forms – in some cases, it was sexual violence, while in other cases it was verbal, physical, emotional or economic violence.
- In each case, the person at the receiving end suffered either physical or emotional hurt. Violence is therefore not only causing physical injury – causing emotional or mental trauma or economic deprivation is also violence.
- When we try to decide whether an action is an act of violence or not, we need to look at two things – **the intention of the person committing the violence and the impact on the person at the receiving end.** So, even in the balloon activity, where there may be no intention to cause hurt, if someone does get hurt there is violence. In other words, while the violence may be deliberate in some cases, it may not be deliberate in other cases.
- Violence is generally committed by those who are more powerful on those who have less power.
- Our society is predominantly patriarchal, that is, it is a society in which men enjoy more power and more privilege than women, which often leads to men committing violence against women. These two points when put together help us realise why violence against women takes place on such a large scale.
- As counsellors it is extremely important to understand what violence is; especially so that we don't perpetuate gender stereotypes and patriarchal norms in our counselling practice.
- **It is important for us to know that society has created certain fixed images of what it considers to be 'real' men. Such 'real' men are supposed to be brave, aggressive, dominating, in control, virile…they are the *protectors, providers* and *procreators*. We then make the point that such images put pressure on men to proclaim their masculinity by behaving in aggressive, violent ways.**
- **Violence can lead to disempowerment, which can increase the vulnerability of an individual to HIV/AIDS.**
- It is important for the counsellors to know that violent behaviour is learnt; it has an extremely negative impact and can be unlearnt.
- As counsellors it is very important to have a list of contact persons or agencies where the client's can be referred to for further help and redressal if they are facing violence. This will be further discussed in the session on strengthening service linkages.
- Please carry forward the discussions undertaken in the activities on gender and sexuality here.
- Go through slides 26-32 to sum up the discussion on violence.

Apart from screening the movie Queen for gender issues, the training institute can also screen the movie, " Migration" for discussing migration as a social driver, this movie is available in "Visual Voices" (A compilation of videos on Gender , Sexuality and HIV/AIDS) . Also Episode 1 of Satyamev Jayate, Season 2 can be screened. This episode covered gender based violence and is featured in Hindi with English subtitles. The episode is available at http://www.youtube.com/watch?v=9J8ifuHyHjk

Key messages:

- The term driver relates to the structural and social factors, such as poverty, gender inequality and human rights violations that increase people's vulnerability to HIV infection. These factors operate at different societal levels and different distances to influence individual risk and to shape social vulnerability to infection.
- Gender is a social construct. Gender roles and behaviour are assigned by society and are learned rather than innate. These vary from society to society, and at different times in history.
- As counsellors, it is important to distinguish between what society has constructed for each gender as against what is biological. Many forms of sexual behaviour and expression can take place between people of different genders and of the same gender. For example, oral sex can take place between two men, two women or a man and a woman.
- It is important for counsellors to be aware of different sexual behaviours and their own reactions to them. This helps in being prepared and responding appropriately when they hear about them during the course of the counselling practice.
- Violence is generally committed by those who are more powerful on those who have less power.
- Violence is not only causing physical injury – causing emotional or mental trauma or economic deprivation are also forms of violence.
- It is important for the counsellors to know that violent behaviour is learnt; it has an extremely negative impact and can be unlearnt.

Annexure

Annexure 1: List of statements

(In case of time constraint, the facilitator can make a decision to select a few of the statements, however the statements in bold have to be covered)

- **Girls are gentle, boys are not.**
- Men are good at logical and analytical thinking.
- Women are creative and artistic.
- **Women like to dress up and wear makeup.**
- **Boy's voices break at puberty.**
- **Boys do not cry.**
- Women use contraceptives. Men do not.
- **Women can get pregnant, men cannot.**
- **Women can breast-feed babies, men cannot.**
- **Women have maternal instincts.**
- A girl cannot get pregnant prior to marriage.
- **A bridegroom is older than the bride.**
- **A bride is a virgin on her 'first night'.**
- **Men engage in sexual acts prior to marriage to 'perform' on their first night of marriage.**
- **Having sex with her husband is a woman's duty.**
- **Men have a greater sex drive than women.**
- Women remain faithful in their relationships.
- Men can have multiple 'affairs' at the same time.
- Men are the wage earners of a family.

Annexure 2: Gendered vulnerability and impact of HIV/ AIDS

Case Study 1

Lajjo was forced to marry someone 17 years older than her after class ten. Lajjo gave birth to two daughters after marriage. During this period her husband was detected with tuberculosis and subsequently found to be HIV positive. Their family began treating them differently. They were kept in a separate room as if in quarantine. Their clothes, utensils and other necessary things were kept separately and were not allowed to mix with others. Since her husband's illness was kept a secret from her, she was unable to understand the reason for such behaviour from her in-laws.

Then she gave birth to a son, but unfortunately she could not feel the joy as she too tested HIV-positive. When her husband realised that the situation was going out of control, he explained the nature of his illness to her and on hearing that she collapsed.

The situation continued to steadily deteriorate. When her husband was admitted to a hospital, she was sent back to her parents' house with her children, with instructions not to disclose her illness to anyone, to save the reputation of the family. While discharging him, doctors had instructed his family members not to keep him at home when he breathed his last since the virus in his body might affect other people. Hence, his family took him to a remote field and left him alone to die.

His wife was not allowed to see his body, she was told by her in-laws not to come back to the house, since they were afraid that if she was allowed to stay with them, they might also get infected. She was also deprived of her legitimate share in the family property.

Case Study 2

When Mariam's husband died due to AIDS related illness nine years ago, she and her daughter went to stay with her parents. Out there, her father was too old to work. Her married brother was a daily wage earner and had to support his family. This meant that she was not able to meet her basic expenses. Due to this desperate situation, she felt forced to resort to commercial sex work one year after her husband's death.

Mariam is now a non-brothel based sex worker and operates through pimps at various hotels. After giving a certain commission to the hotel owner, she is able to earn between Rs. 3,000 to 4,000 per month. She uses this money to provide for her family and educate her nine year old daughter, who is currently studying in class II. Some years ago came bad news. Since she was frequently falling sick and suffered from STI, a test was done which confirmed her HIV status. She is now in the second stage of infection and in the last one year she has been suffering from a number of health problems like hypertension, sinusitis, skin infection and STI related ailments. When she works, she insists that her clients use condoms but some clients refuse. It isn't always in her power to bargain.

Case Study 3

Sujata had two daughters. Her in-laws were desirous of a grandson. She was forced to become pregnant again. It was during this period, her husband started falling ill frequently and she had to sell her jewellery to meet the medical expenses of her husband.

When Sujata went to her parent's home for the delivery of the third child, she was totally unaware of his HIV status. During her delivery, she learnt that she is HIV positive and realised that her husband was actually suffering from AIDS related illnesses. However, her husband died two days after the delivery.

Timely medication (Nevirapine) and care saved her daughter from being HIV positive. When she returned to her in-laws house they told her they cannot afford to take care of her and her three daughters and if she wanted to stay with them she had to earn for the family. Her mother-in-law blamed her for her son's death. She was forced to work as a daily wage labourer despite education till class 8. However her earnings are not sufficient to take care of herself and her daughters.

Sujata is worried about her deteriorating health and the future of her three daughters. She even thought of committing suicide, but with the moral support given by an NGO she is somehow surviving. Though the first two daughters are currently studying in a school, she is not sure who is going to educate them and take care of them after her death.

Case Study 4

Adhuna, a domestic worker, lived with her husband, who was a mechanic. In 2003, she started getting fever, cough, lost appetite and weight. She was admitted in a hospital where she was diagnosed with TB. Her doctor asked for an HIV test. Adhuna tested HIV positive. Her husband was informed about it and was asked to get himself tested too. He tested positive but did not disclose it to her.

But after that he just did not come to the hospital to see Adhuna. Adhuna's sister tried calling him but he gave vague reasons for not visiting her. He completely deserted Adhuna. Much later she came to know that he had sold all their belongings and had left the place where they stayed and her personal belongings were dropped at her sister's house. He did not even come to the hospital to discharge her. After Adhuna was discharged she tried calling him to find out his whereabouts and to know why he wasn't meeting her; in response to that he said that he did not want to have relations with her anymore and that she could find her own way out along with her son.

Subsequently after her husband's death she claimed his share of property for her son, but she was not given the same; rather she was blamed for having infected her husband with the disease.

Annexure 3: List of Statements: Sexual norms and Vulnerability

- Masturbation leads to loss of virility in men.

- Only penetrative sex can lead to sexual satisfaction.

- Condoms provide total protection against HIV/STI and pregnancy.

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

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

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

- Most of the women with HIV are prostitutes.

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

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

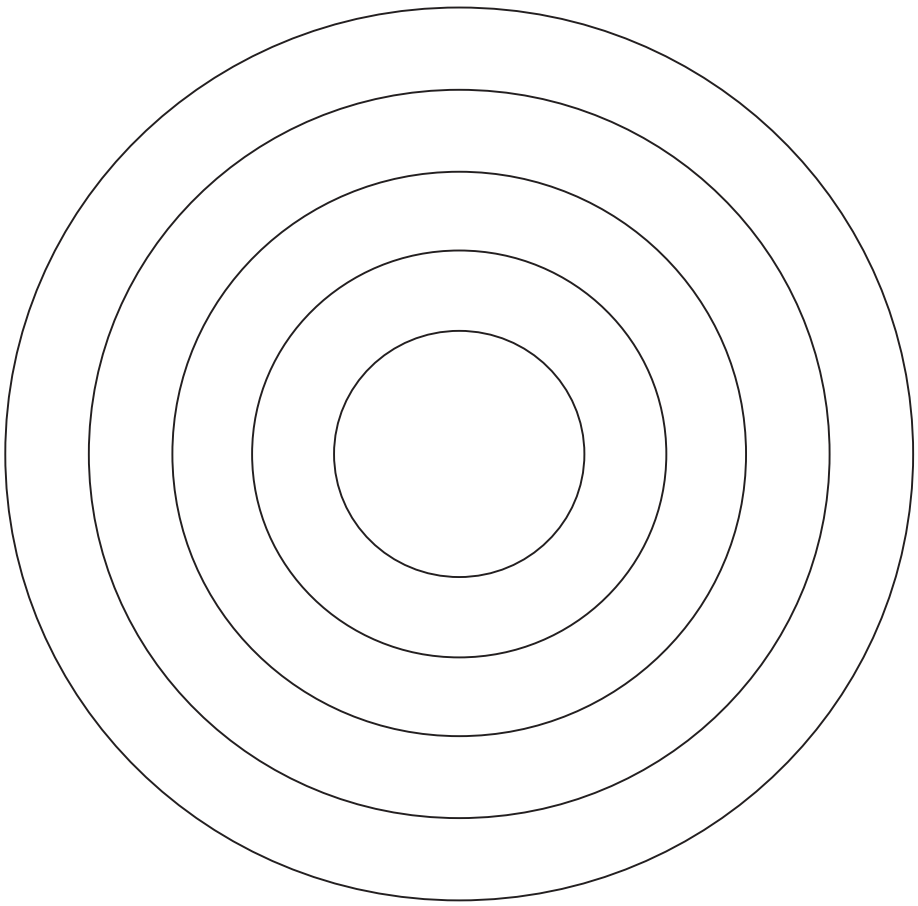
- Menstruation is unclean.

- Homosexuality is abnormal.

Annexure 4: Plotting marginalisation

- **Heterosexual:** An individual who is sexually attracted to people of a gender other than their own and/or who identifies as being heterosexual.
- **Bisexual:** An individual who is sexually attracted to people of the same gender and to people of a gender other than their own, and/or an individual who identifies as being bisexual.
- **Homosexual:** An individual who is sexually attracted to people of the same gender as their own, and/or who identifies as being homosexual.
- **Asexual:** An individual who is not sexually attracted to other individuals.
- **Transgendered person:** An individual who does not identify with her/his assigned gender. Transgendered people may or may not identify as homosexual, bisexual or heterosexual. For example, transgendered people can be men who dress, act or behave as women do, but do not necessarily identify as homosexuals.
- **Transsexual:** An individual who wants to change from the gender they are born as to another gender. Surgery, hormonal treatments, or other procedures can be used to make these changes. People in this group may or may not identify as homosexual, bisexual or heterosexual.
- **Inter-sexed person:** An individual born with some or all physical characteristics of both males and females. They may or may not identify as men or women.
- **Lesbian:** A woman who is sexually attracted to other women and/or identifies as a lesbian.
- **Gay:** A man who is sexually attracted to other men and/or identifies as gay. This term can also be used to describe any person (man or woman) who experiences sexual attraction to people of the same gender.
- **Queer:** Those who question the heterosexual framework of identity and relationships. This can include homosexuals, lesbians, gays, intersex and transgendered people as well as heterosexuals. To some this term is offensive, while other groups and communities have adopted it as a statement of empowerment to assert that they are against a dominant heterosexual framework, and dissatisfied with the labels used to categorise people on the basis of sexuality.
- **Transvestite:** An individual who dresses in the clothing typically worn by people of another gender for sexual arousal and gratification. Often transvestites are men who dress in the clothing typically worn by women.
- **Female to male transsexual:** A person born as a woman who wants to change her gender to become a man. Surgery, hormonal treatments, or other procedures may be used to make these changes. This individual may or may not identify as homosexual, bisexual or heterosexual.
- **Male to female transsexual:** A person born as a man who wants to change his gender to become a woman. Surgery, hormonal treatments, or other procedures may be used to make these changes. This individual may or may not identify as homosexual, bisexual or heterosexual.

- **Married woman:** A woman who is in a committed relationship with another person that is legally recognised by the state/country she lives in.
- **Married man:** A man who is in a committed relationship with another person that is legally recognised by the state/country he lives in.
- **Unmarried woman:** A woman who is not in a committed relationship with another person, which is legally recognised by the state/country, she lives in.
- **Single person:** A person not married or in any committed relationship with another person.
- **Sexually active man:** A man who engages in sexual activities.
- **Sexually active woman:** A woman who engages in sexual activities.
- **Sex worker:** A person who negotiates and performs sexual services for remuneration. Some use this term to mean only prostitution, while others use the term to refer to those in the sex industry such as porn actors, bar girls, striptease dancers, performers in peep shows and live sex shows; this is not the social or psychological characteristic of a class of women, but an income-generating activity or form of employment for women, men and transgendered people.



Annexure 5: Understanding Violence

Situation 1

A girl is standing near a movie theatre, waiting for her friends. A group of boys, who are waiting nearby, call out to her and pass remarks on her clothes and make-up. They ask her if she wants to join them.

- **Would you call the boys' behaviour violent? Why?**

Points for sum up

The boys' behaviour is an act of sexual harassment, even if the boys were just doing it for 'fun'. This is also a form of sexual violence. Even though they might not have harmed the girl physically, their remarks could have hurt and humiliated the girl; since she was alone, she might have been frightened as well.

Situation 2

In a school, children belonging to a particular caste are made to sit separately because they are considered 'inferior'.

- **Would you say there is any violence involved in this situation? Why?**

Points for sum up

Every individual has the right to be treated equally and fairly, regardless of religion or sex or caste. In this case, the children are being forced to sit separately because of their caste. This will definitely harm them mentally and emotionally, and they will grow up feeling inferior. This is therefore an act of violence. It is also against the law to discriminate on the basis of caste.

Situation 3

A woman and her husband work in the same company. The woman has just got a promotion while the man has not. So he is upset and has stopped talking to his wife; he taunts her in front of his friends, telling them that she is now "too big" for him.

- **Do you think there is any violence involved in this situation? Why?**

Points for sum up

Yes, the husband's behaviour is a form of violence. It will cause emotional and mental harm to the woman. It is his jealousy that is making the man hurt his wife in this manner. Also, most men are brought up to believe that they are 'superior' to women; so when his wife does better than him at her job, he probably feels inferior, he feels he is 'less of a man'. But the fact is that, like a man, a woman too has a right to have a career, and to secure a promotion based on her hard work and good performance.

Situation 4

A well-off couple has employed a 13-year-old girl to work as a domestic help. The girl is expected to do all the housework, including washing the clothes and vessels, cleaning the house, taking care of the couple's two-year-old baby and buying things from the market. She is expected to work seven days a week. She gets a salary and two meals every day.

- **Do you think there is any violence involved in this situation? Why?**

Points for sum up

Yes, this is a form of violence. This is a clear example of child labour. And every case of child labour causes serious mental, emotional and even physical harm to the child. The law prohibits child labour. However, this is a common situation in our country. Children often work in hazardous and extremely harsh conditions. This deprives them not only of basic rights like education, but they also lose out on their childhood. Children are employed because they provide cheap labour; employing a child does not mean that the employer is 'helping' the child's family. Employing an adult in the child's place would not only put an end to this practice, but also reduce the large-scale prevalence of adult unemployment in our country.

Situation 5

Praveesh is 14 years old and studies in Class IX. He is very particular about his appearance and likes to dress well. He is a rather quiet boy and does not have many friends. Every day when Praveesh goes for his tuition classes, a group of boys tease him; they whistle at him and call him names like 'chikna'. This has been going on for the last one month. Praveesh is now scared to take that route or go anywhere near that street.

- **Do you think there is any violence involved in this situation? Why?**

Points for sum up

Yes, this is a form of violence. The behaviour of the boys has frightened and humiliated Praveesh. Even if the boys are not causing him any physical harm, and even if they think they are having some "harmless fun", the fact is that their behaviour has hurt Praveesh; it is therefore a form of violence.

Situation 6

Hameed is a loving and caring husband and father to his 3 children. He works very hard in his office in order to provide well for his wife and children. He is usually very gentle and soft with his wife. He very rarely hits her only if she provokes her; especially when she is looking after the children and inadvertently delays him when he is running late for office.

- **Do you think there is any violence involved in this situation? Why?**

Points for sum up

Yes, this is a form of violence. Occasionally hitting your wife is still a form of physical violence. There is no justification for violence, no one can provoke violence and no one deserves violence.

SESSION 5

Understanding Marginalisation, Vulnerability, Stigma and Discrimination in the Context of HIV/AIDS

Session Overview:

- Introduction to the session - 05 minutes
- Our story (Understanding marginalisation) – 20 minutes
- Piece of the sky (Experiencing marginalisation) – 45 minutes
- Cause and effect (Understanding vulnerability in the context of the social drivers and structural factors of the HIV/AIDS epidemic) – 25 minutes
- Making the connection (Developing strategies to reduce marginalisation and vulnerability) – 25 minutes

Session Objectives:

At the end of this session, participants will be able to:

- Understand the concept of marginalisation and vulnerability in the context of HIV / AIDS.
- List the structural factors and social drivers that make individuals vulnerable to HIV infection.
- Appreciate the linkages between addressing the social drivers and thus achieving the goals of the national programme.
- Enumerate ways to include the perspectives gained from this session into counselling practice at ICTC/ART/STI centres.

Time allowed:

- 2 hours

Materials required:

- White board markers
- Permanent markers
- Chart papers

- Paper
- Scissors
- Double sided tape

Method:

Preparation before the session:

You as the facilitator:

- Photocopy handouts and leaflets for all the participants.
- Print the identities outlined in Annexure 1 and prepare chits of the same for Activity 3.
- Ascertain a space for the 'Piece of the Sky' activity. This activity will need a large area that can accommodate approximately 20 or more participants. (The space could be either indoors or outdoors). This area should include a wall or any other solid structure, as participants are required to stand in a horizontal line against this structure/wall.
- Translate the handouts in the local language to ease as well as encourage the participants to read the handouts.
- It is important to maintain one facilitator for this session and the session on *social drivers of the epidemic* as both the sessions are inter-connected and feed into each other. There might be some repetition in this session and the session on social drivers (especially in Activity 3), the topic was introduced there, but the applicability is covered in this session. Use your discretion as the facilitator, cover the topic if you feel there is a need for reinforcement , you can skip through the topic if you feel the participants have understood the concept and will be able to use the perspectives in their counselling practice.

Introduction to the session and going through the objectives (5 minutes)

- Introduce the session and outline the objectives of the session.

Activity 1: Our story - Understanding marginalisation (20 minutes)

- Start this activity by asking the participants to think of at least one way in which they have felt 'marginalised', i.e., any one way in which they have felt that they have a disadvantage over most people or the dominant group."

> In case there is a need to elaborate, the facilitator can say: "This may be within your family, your friends, colleagues, city and state. Anywhere where you felt you were treated as less visible or less important than some or all other people. For any one or more reasons have you ever felt at the margin and not in the mainstream?"

- The facilitator can then ask the participants to voluntarily share their experiences.
- To begin the discussion, the facilitator can share his /her own experiences.

Key points to emphasise:

- We all have felt marginalised at different times for different reasons. It could be because of the profession we chose, our marital status or weight issues.
- Marginalisation refers to the reduced power and importance of certain people in our society.
- The social process of becoming/being made marginal (especially as a group within the larger society) is a means to keep someone away from power, because of the choices they make in their identities, practices or appearance.

- The facilitator can then ask the participants to read the handout on marginalisation in order to further understand marginalisation.
- Alternatively the facilitator can also present the same as a power point presentation; however the handout has to be given to the participants for their quick reference.

Activity 2: Piece of the Sky – experiencing marginalisation * (45 minutes)

- Print out the identities (Annexure 1) on a piece of paper and then cut them and convert each identity as a separate chit.
- Hand over one chit to each participant. In case there are more participants than the identities, ask some of the participants to play the role of an observer.
- Give participants some time to understand the identity and relate to the same.
- Move the participants to the space designated for this activity.
- Ask the participants to stand in a horizontal line and hold hands. The participants should be facing the wall/solid structure and there should be some distance between them and the wall.
- Inform the participants that you will be reading a list of questions listed in Annexure 1. The participants have to answer the questions from the point of the view of the identity they have assumed. If they feel that the answer is 'yes', they need to take one step forward and if the answer is 'no' they need to move one step backwards.
- Urge the participants to get into the role of the identity and begin thinking of themselves as the 'identity' they have assumed and not as themselves. Explain to them that the answer to some of the questions can be yes for themselves but no for the identity they are playing out.
- Inform the participants that they have to hold hands for as long as possible.
- After reading all the questions, ask the participants to look around at the others in the line and observe the following :
  - Who is still holding hands?
  - Who is ahead of the others in the line?
  - Ask the participants to then mention the identity they were acting out.