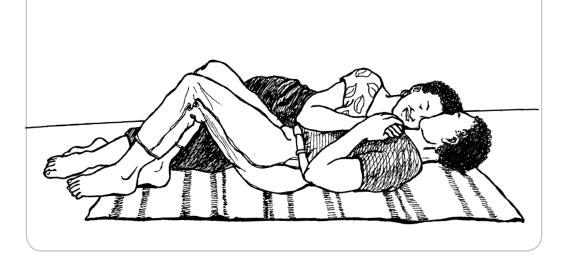
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Sexuality and Sexual Health



When you think of sexual health, the first thing that comes to mind might be reproductive health or avoiding sexually transmitted infections (STIs). And those are important aspects of sexual health. However, sexuality — the way you express yourself sexually — is also a vital part of sexual health.

For a woman to have good sexual health, she needs more than healthy body parts. She also needs to be able to:

- express her sexuality in a way that is comfortable and gives her pleasure.
- choose her sexual partner.
- choose when and how to have sex.
- choose if and when she becomes pregnant.
- feel able to protect herself from sexually transmitted infections, especially HIV.
- be free from sexual violence, including forced sex.

The activities in this chapter can help people become more confident talking about sexuality and about things they can do to have healthier sexual relationships. You can adapt these activities to fit your group's age, gender, beliefs, and cultural practices.

Teaching and learning about sexuality

It can take a long time for a group to become comfortable talking openly about sexuality and sexual health. Doctor Aruna Uprety wrote this story about her experience using activities from this chapter with women in Nepal.

It takes time to learn to speak freely

For 20 years, I have traveled with community health workers to remote villages in Nepal to help women who have almost no access to health care. When I first started doing this, village women would only speak in private about their reproductive health. They were too shy to discuss anything in a group.

Over the years, both the health workers and the village women have become more comfortable with reproductive health topics, and it is easier for us to talk about pregnancy and childbirth together. So, I thought it would be easy to talk with them now about sexuality and sexual health. But I was mistaken.

I gathered a small group and began by talking with them about the hardship of their daily lives, about their pregnancies and their health problems, including

We know what
sex is. Sex is how
men and women
make babies.

sexually transmitted infections. But when I started talking about sexuality and sexual health, the women were very shy and laughed a lot. They would not talk openly with me about it.



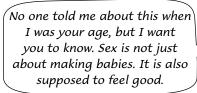
Sex is part of our duties as wives. We have been trained not to think about our pleasure.

> Sex between two men or two women? We don't believe you. What a disgusting idea!

The community health workers, however, are very interested to learn more. The doctors and nurses who trained them did not include information about sexuality or ways to speak about it. They want this knowledge, and want to share it with the villagers. They plan to start by talking one on one as they have done in the past. After some time, they believe they will be able to hold meetings on sexuality and sexual health with separate groups of women and men.

Sex has the potential to be one of the most physically and emotionally satisfying experiences of a woman's life. Unfortunately, for many women, sex is rarely pleasant or satisfying. Sex is especially harmful when it is forced or violent. A woman may want to refuse sex if she is sick or tired, or if she is worried about HIV, other STIs or about getting pregnant, or if she just doesn't feel like it. Women and their partners need to be able to talk about sex. They need to be able to talk about their sexual feelings, what gives them pleasure, and different ways to have sex that may or may not produce a baby.

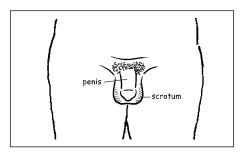
Young people need to understand all the ways sex and health are connected before they start having sexual relationships. Some people think that if young people are given too much information about sex, they will have sex too soon. But this is not true. Adolescents who learn about sex and sexuality are usually more responsible and respectful toward each other when they start having sexual relationships.

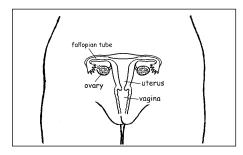




Start with reproduction

It can be easier to start talking about sex by talking first about reproduction — how pregnancy happens and babies are born. Using medical or scientific words to name the sexual and reproductive parts and explain their functions may help put aside taboos associated with local terms. For example, if the only words people have to name "penis" or "vagina" are considered offensive, they will probably be embarrassed to say them in a discussion about health. Learning a new word can help people in the group take new information seriously and think about sexual health in a more respectful way.





Use drawings like these to explain how women's and men's bodies function sexually. Then do the activity on the next page so the group can practice talking about what they have learned.

Reproductive aprons

- Form small groups of 3 to 4 people and give each group 2 aprons made out of white cloth, a few pieces of colored cloth, scissors or another tool to cut the cloth, and a pen or marker. You can also use paper to make the aprons.
- Ask the groups to draw the female reproductive organs on one apron and the male reproductive organs on the other apron.
- Next, ask them to cut small pieces of colored cloth to represent menstrual blood, sperm and egg, and tape these onto the aprons so you can use the aprons for this activity again.
- When they have finished, bring the small groups together and have 2 people in each group put on the aprons and explain what they show.
- If the group is feeling comfortable, ask them to point out which parts are most important for pleasure, and which for reproduction.
- To conclude, ask them to talk about what they learned about sex and reproduction. Discuss any other questions they might have.



A man's reproductive organs

A woman's reproductive organs

Young men and women may enjoy doing this activity together. To make it more fun in a mixed group, have the men and women exchange aprons.



Not everyone falls neatly into a category. About 1 of every 100 babies born have body parts that are not standard male or female. These people are called intersex, hermaphrodites, or third sex. The person may be understood to be a boy, for example, but may not have fully developed male body parts and may feel more like a girl inside, or vice versa. If you do this activity, be sensitive to the possibility that some of your participants may not fit perfectly into either category.

This activity may raise questions about problems with monthly bleeding, sex, or having children. If people are interested, you may want to invite a health worker to talk with the group, and see Chapters 4, 6, and 12 of *Where Women Have No Doctor*.

Don't leave out sexuality!

There is much more to sexuality than sex or intercourse — a man inserting his penis in the woman's vagina and releasing sperm. Sexuality is an important part of every person's life. It is part of the way a person is all the time, even when not doing something sexual or thinking about sex.

Sensuality refers to the physical feelings of sex using all our senses: touch, sight, hearing, smell, and taste. It also includes our fantasies about sexual feelings and experiences — things we can imagine even if we don't do them.

Intimacy and relationships include all the ways we feel close and loving with a sexual partner. Trust is important for intimacy. Deeply loving relationships usually develop as partners learn over time to trust each other emotionally and physically.

Sexual identity is a combination of 4 things: biological sex (having a male or female body), gender identity (feeling and acting male or female or some mix of both), gender roles (doing what is expected of a male or female), and sexual orientation (being attracted to males or females, or both).

Activity Find yourself in the spectrum Sexual and gender identity can change over time. This activity is for your own reflection. You don't have to share your answers with others. Put a mark (or a few marks) to show where you are in each spectrum below: Biological sex (having a male or female body): Male Female Gender identity (feeling or acting male or female): Female Gender roles (doing what is expected of a male or female): Male Female Sexual orientation (being attracted to males or females or both): Male Female

Gender identity and sexual orientation

Different sexual orientations have different names: homosexual means a person is attracted to persons of the same sex, heterosexual means a person is attracted to persons of the other sex, and bisexual means a person is attracted to both women and men. Sometimes people use the word gay to mean homosexual men, and lesbian to mean a woman who is attracted to other women.

"Transgender," "transsexual," or "third sex" refer to people whose gender identity is different from their biological sex — for example, a person with a male body who feels female, or a person with a female body who feels male. These feelings usually begin when children are very young and begin to see themselves as one gender or the other, or when they develop sexually in adolescence. Some people feel neither strictly male nor female, but both, or sometimes more one than the other.

There are lesbian, gay, bisexual, and transgender (LGBT) people of every race and ethnicity all over the world. In some places they have always been accepted and treated with dignity. But in many places, religious leaders, politicians, and other powerful people actively work to stigmatize homosexuality and transgender identities. Many LGBT people hide their sexual orientation because of anti-gay laws and prejudices. The fear and shame that comes from social rejection can cause physical and mental health problems. LGBT people can be driven into isolation, which could lead to depression and other health problems. They may not seek even basic health care out of fear that their sexual orientation will be found out.

Human rights organizations all over the world are fighting to educate communities, end discrimination, and promote understanding and acceptance of different types of relationships and families.



Sexual orientation and gender identity can be the most difficult parts of sexuality to discuss. In my group, some people did not want to discuss homosexuality at all, so we started by talking about shame and stigma. Everyone was able to agree that stigmatizing anyone is unfair and unhealthy. Perhaps over time people will be ready to talk about different sexual orientations.

Ending discrimination is part of promoting health

Guyana, a small country in South America, has a constitution that declares that women and men have equal rights, and that all citizens have equal access to education, employment, and health care. The constitution prohibits discrimination based on race, skin color, political opinions, or religious beliefs. But these rights have not been respected for lesbians, gays, bisexual, and transgender (LGBT) people who are open about their sexual orientation. Women and men "cross-dressers," who do not wear the clothing society considers correct for their gender, are especially targeted for harassment and find it hard to get jobs.

The Society Against Sexual Orientation Discrimination (SASOD) formed in 2003 with a campaign to include sexual orientation as one of the fundamental rights protected in Guyana's constitution. Since then they have been working to end harassment and discrimination against LGBT people. They have called for repealing laws that criminalize same-sex sexual relationships and cross-dressing."

SASOD uses the media in creative ways. They host a yearly "Painting the Spectrum" film festival, showing movies from LGBT communities around the world. The films illustrate the challenges and ways of surviving as an LGBT person in communities with few social freedoms, and highlight sexual and gender diversity as an important aspect of humanity...

In 2007, the Ministry of Health, the National AIDS Program, and the teachers' union sponsored a debate: "Teachers who are homosexual or lesbian should not be allowed to teach." SASOD wrote a letter to Guyana's main newspaper denouncing the government and union for ignoring the teachers' right to work, protected by the constitution. Their letter broadened public debate and enabled SASOD to educate more people about sexual diversity and LGBT rights.

More recently, SASOD has partnered with the Ministry of Health and other organizations to launch the Spectrum Health Project, which provides sexual health information, including resources specifically for LGBT people.



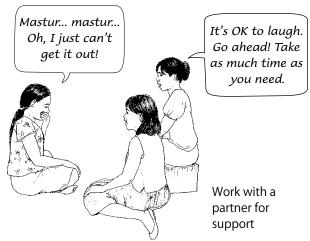
Preparing to lead discussions about sex and sexuality

To help groups learn about sexual health, you need to be aware of how your own thoughts, feelings, and attitudes influence the way you speak about these topics. For example, you may not be comfortable at first saying words like vagina, penis, or anus with a community group. Practicing first with others can help you prepare to use such words with a group and help others learn to use them with ease.

People will not talk openly unless they feel comfortable and respected. A leader's comfort — including comfort with discomfort! — is essential for the group. A leader

needs to help people feel that it is OK to make mistakes, to be embarrassed, to laugh, to be silent, and to ask questions. A leader should listen more than talk.

Before facilitating a discussion about sexual health, tell a partner about the activities you want to do with a group. Share your ideas and thoughts about each topic, and how you hope people will act and talk. After someone has listened to you, you will be more prepared to listen to others.



Here are some questions to think about and discuss with your partner:

- · What are my own sexual attitudes and behaviors?
- What attitudes or behaviors of others make me uncomfortable? Upset?
- How do my own feelings, experiences, and beliefs about sex affect my ability to facilitate a discussion without judging others?
- What can I do to keep from imposing my attitudes about sexual behaviors on others?
- What can I do to encourage others to think for themselves?

Reflect and get feedback from your partner. Leading discussions on sexuality and sexual health give you a chance to learn as well. Take advantage of it! After the discussion is over, sit down with your partner and take turns listening to each other. If you feel embarrassed or confused, this is a safe place to show it. If you want specific feedback, ask for it.



Starting conversations about sexuality

People may be too embarrassed to participate in a group if they have been taught that speaking about sex is shameful or rude. In some communities, there are social rules that forbid women and men from talking about sex with each other. It is often OK for men to talk about sex and to use strong language, but women are not supposed to hear such talk or use the same words. It is important that women and men get the same information, but they may need to meet in separate groups to discuss their ideas.

> Sex and relationships are important in every person's life. If a group of women is comfortable with each other, they usually have a lot to say about their experiences!



Create trust with agreements for group discussions

People will be more willing to share their thoughts and feelings about sex and sexuality if they trust others in the group will listen and respond respectfully to what they say. They also need to trust that no one in the group will gossip about them to people outside the group. To create trust in the group, ask the participants to make a set of agreements at the beginning of the meeting. You can write a list of people's ideas and keep it posted on the wall to refer to when needed. After the meeting, ask if they feel the agreements were helpful and if anything could be added.

Make sure everyone has a voice, especially those who might feel shy — those who are disabled, cannot read, or feel different than others in the group. Agreements help make sure that everyone feels included and respected.



Hotlines and radio shows answer private questions

In some places, telephone hotlines provide sexual health information to callers, using either paid staff or volunteers. This is often done as part of HIV prevention work. Radio call-in shows can also invite questions and reach a large audience with accurate information and discussions about health and sexual relationships.

Dear Auntie Stella

Dear Auntie Stella. I have a new girlfriend. Must I tell her about my infection?

Advice letters are very popular in newspapers and magazines. You feel less alone with a problem when you read about someone else in the same situation. And when a kind and thoughtful person responds, you feel understood and may have a better idea what to do. Or, you may know someone with a similar problem and you can use the advice to help that person. You may

not want to tell anyone about your problem, but you can use an advice letter about someone else to talk about the problem with your friends.

The Training and Research Support Centre (TARSC) in Zimbabwe started the Auntie Stella project based on advice letters that help young people talk about their feelings, relationships, and sexual health in a relaxed way. The materials are designed to use in small groups of either women or men because young people will talk most freely that way. Rather than telling young people what they should and should not do, the Auntie Stella material helps them think critically about the problems they are facing. It also suggests ways they can work together and become more involved in community decisions that affect them.

Auntie Stella includes 40 letters and replies, with questions like these:



"Should I sleep with him?"

"I was raped. What should I do





"I'm HIV positive. Am I going to die?"

"I'm gay. Will anyone love me?"



The material is available as a pack of printed cards with a facilitator's guide, and can also be used on the Auntie Stella website, www.auntiestella.org.

Words to talk about sexual health

Taboos against saying certain words can be very strong, such as words for sexual parts of the body and for sexual activities. Here is a game to help people practice saying sexual words that are useful when talking about sex. This activity may be easier to do with separate groups of women or men. It can also be a good game to play at the start of meetings to warm people up.

Activity

Sexy bingo

To prepare:

Make word cards.

Think of about 15 common words that people might use to talk about sex and sexual health. Write each word and its definition on a small card.

Masturbate: When you touch yourself in a sexual way and it feels good.

Make bingo cards.

Make a bingo card for each person with 9 squares (3 rows of 3 squares each). Write 1 word in each square. Each card should include some different words with most of the words placed in different orders.

penis	kiss	vagina
nipple	oral sex	semen
orgasm	virgin	clitoris

sexual desire	orgasm	masturbate
vagina	intercourse	penis
semen	breast	anal Sex

To mark a square you can use a leaf, a bean, or a stone.



In my women's group, we prepared for this game by deciding together which words to use. We decided to use scientific words. But your group may be more comfortable with slang words.

Sexy bingo (continued)

To play:

Hand out a bingo card to each participant. Explain that you will read the definition of a word. If they have that word on their bingo card, they should mark it. Once they mark all the squares on their card, they should yell "Bingo!"

Shuffle the word cards. Pick one and read the definition. People should call out which word is being described. If people are shy, it helps to have everyone speak all at once. In some groups, it might be better to ask people to raise their hands to give answers. Say the correct word, and ask everyone who has that word on his or her card to mark that square.

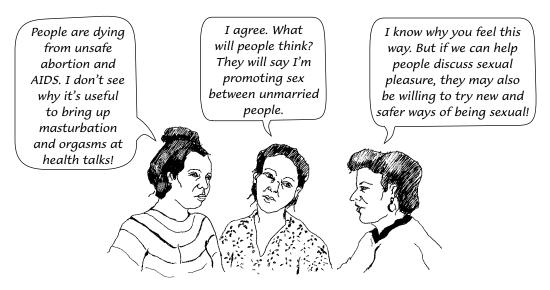


The first person who marks all the squares on his or her card and calls out "Bingo!" is the winner. You can give a small prize to the winner.

My women's group would not enjoy a game like this. But they were willing to discuss the words people use about sex. So I said a word, like "vagina" or "penis," and asked them to name all the other words they have heard people use to describe the same thing. Some of them would only whisper the words they knew.



Pleasure matters



Knowing you do not want to get an STI, and knowing how to make sure you do not, are important steps toward sexual health. But what about knowing what you do want and how to get it? When a woman accepts that she has a right to pleasure, it helps her think more clearly about her sexuality. All people can get great health benefits from sexuality and sexual pleasure. Sex releases stress, strengthens the immune system, and makes us happier. It can make us feel connected to others, feel fully human, and address our needs in a relationship. A woman who accepts and experiences her right to pleasure can feel empowered to achieve her rights in other areas of her health and life. She will see herself as someone who deserves to have her basic human needs met and who can take steps to protect herself, while at the same time experiencing more intimacy and pleasure.

The activities on pages 94 to 105 can help women and men discuss ways to make their sexual experiences safer, healthier and more satisfying. You can prepare for these discussions with the group activity, What is sex for a man? What is sex for a woman? (page 94).

Self-touch as a safe form of sex

Masturbation means touching oneself sexually. Normally, women and men masturbate from the time they start having sexual feelings in adolescence. But many people have been taught that masturbation is shameful, wrong, or unhealthy. This is unfortunate, because it is a very safe form of sex, and it does not harm health in any way.

Masturbation can also help couples have more satisfying relationships because it can help a woman learn what feels good to her sexually. It can also help a man learn to control his ejaculation. During sex with a partner, masturbation can help either person reach orgasm, a feeling of intense pleasure also called sexual climax.

Activity

Where do we feel pleasure?

You can use a body mapping activity to discuss the different parts of women's and men's bodies that give sexual pleasure.

How to do body mapping:

- If it is a mixed group, divide into small groups of just women and just men. You can also do this activity with only men or only women.
- Ask each group to draw large outlines of a female body and a male body on the ground or on a large piece of paper.
- Ask them to mark the Maybe our skin is areas on each body a sexual organ? that make a man or Being touched woman feel sexy, hot, or gives pleasure. aroused. Remind them that different people feel pleasure in different ways, so it is OK for each person to add any part of the body they think is a pleasure area.
- Bring the groups together for a discussion. Ask them to share what they learned about the differences between women's and men's bodies.

If there was a group of men and group of women, ask them to compare each other's drawings. Did they leave out a place the other group marked? Ask what they learned about how to give and receive sexual pleasure.

Thighs The clitoris is very sensitive. Stroking it can help us reach orgasm.

Safer sex can increase pleasure for women and men

Practicing safer sex means having sex in ways that help protect against sexually transmitted infections, including HIV. Safer sex information emphasizes using condoms, because that is the best way to prevent STIs during intercourse or anal sex. But safer sex can also mean doing things to feel sexual pleasure that are less risky than intercourse or anal sex. These are some examples:

- · sharing fantasies and sexy talk
- using our lips and tongues on sexual parts of the body (genitals)
- kissing and touching other parts of the body
- using our fingers and hands to touch genitals
- using sex toys and vibrators (as long as they are clean before use)
- touching our own bodies, or masturbation

I have more fun when we use condoms because I relax more and worry less.



Sexual violence, shame, and sadness can harm sexuality

There are many reasons why a woman might not want to participate in a discussion about pleasure or might feel that her experience is being ignored. Women need time to recover from rape and other sexual trauma. Women who have felt ashamed about sex may need time to accept that feeling pleasure is a good thing.

My mother punished me when she caught me touching myself. I felt so ashamed.



I was raped during the war. I cannot even think about sex.



My genitals were cut
when I was girl. I cannot
feel pleasure there, and
having sex is almost
always painful.



I want child, but married with no

I want to have a child, but I have been married for 5 years with no pregnancy. Having sex just makes me sad now.

A support group can help women have more control over their sexual relationships while they heal.

Helping couples have healthier sexual relationships

INCRESE (International Centre for Reproductive Health and Sexual Rights) is a community organization in Nigeria that has worked with couples on sexuality. They began this work after a community survey in a traditional area showed that people there were concerned about a lack of harmony between couples and about how many couples were divorcing. INCRESE was surprised to find how willing people were to discuss sexuality.

In their couples' support center, they aimed to improve women's sexual pleasure as well as satisfaction in couples. At first, it was difficult to persuade men to come to meetings, and women came alone. But over time, more and more couples came.

The training began with basic information about the parts of body, especially the sexual parts related to pleasure. Then they helped people say what felt good and what did not. Couples were given homework — for example, they were asked to practice touching each other and share what they liked or disliked. INCRESE also gave couples vibrators. When some community leaders feared that doing this would harm cultural values, INCRESE explained how this was simply modifying existing aspects of culture to respond to needs of the present day — after all, sex aids had been made locally for generations.



By working with couples, we were able to help women find their voices in relationships. Soon, some were able to have more equal relationships, not just in sex, but in other parts of their lives as well!

When INCRESE asked people how the training changed their relationship, some couples said that women were more able to say how they felt. Some said they were more likely to take action to prevent unwanted pregnancy, and some said there was less violence in their relationships. Overall, the couples that participated said they felt closer to their partners.

> At first I thought I didn't need the training, but I actually learned a lot. Sex with my partner is better and we are closer than before. I never knew that women could feel so much pleasure too!



Inequality is bad for sexual health

Chapter 3 of this book discusses the idea that there are different gender roles for people with female bodies and people with male bodies. In almost all places, male gender roles are considered more important than female gender roles. So, men generally have dominant roles. And this usually means that in relationships between men and women — including sexual relationships — men have more power and more resources. This inequality between women and men is a root cause of many of the health problems discussed in this book, and health problems related to sexuality are no exception.

Sexual rights and responsibilities

A woman's most basic gender role is her reproductive role — the expectation that she will have at least one child. In many societies, this role comes with many sexual responsibilities and few sexual rights. For example:



Women are responsible for giving birth and taking care of their children, but they may not have the right to decide when to have children or not to have children.



Women are responsible for pleasing their partners, but they may not have the right to choose when and how to have sex for their own comfort, pleasure, and satisfaction.



Women work very hard to keep the family going (cooking, cleaning, caring for children) but they are not paid for their work. They depend on men for income, so they might feel they have no choice but to do what their partner wants.



Women are responsible for asking men to use condoms to prevent STIs, but they may not have the right to refuse sex if the men refuse condoms.



Women are responsible for keeping a respectable reputation, but they often have little power to defend themselves from sexual harassment or forced sex.

One of the most harmful beliefs about women and sexual health is the idea that women are responsible for most sexual health problems. Women are often blamed for STIs, infertility (being unable to have children), and impotence (when a man wants to have sex but his penis does not get hard). These problems can have many different causes, and it is unfair to always blame women or make a woman feel ashamed when she or her partner has a sexual health problem.

Improving sexual health requires changing harmful gender roles so all women can experience their sexuality without shame, fear of violence, or needing to use sex to support themselves and their families. Making these changes is a long process. One way to begin is by meeting to reflect and talk about these issues with women in our communities.

Women are more confident and able to communicate with their partners about sex when they do not have to hide their sexuality. If women are expected to be ashamed of knowing about sex or enjoying sex, it will be difficult — and sometimes dangerous — for them to suggest safer or more pleasurable ways of having sex to prevent STIs or unintended pregnancy.



The activity on the next page can help a group of women think about ways gender roles in their community influence sexual relationships between women and men.

What is sex for a man? What is sex for a woman?

Discussing men's and women's expectations about sex is a good way to see how gender roles influence sexual relationships.

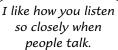
- Ask the group to think about what men and women are expected to do in sexual relationships. How are they expected to behave? Give them a few minutes to think about their own relationships and those of other people they know.
- **2** Discuss the different expectations for men and women. For example:
 - Are women expected to have sex only to have children? Are expectations different for men? If so, what are they?
 - Do men and women get the chance to talk openly about sex? If so, with whom do they speak?
 - Are men's and women's pleasure both important? Are men ashamed of feeling desire or pleasure? Are women?
 - Can a woman decide what she and her partner do when they have sex?
 - How do the sexual expectations of a young woman change when she gets married? How do they change for a young man?
 - What do people think if a man has more than one sexual partner? What if a woman does?

Ask how young men and women learn these expectations. How do parents, other familiy members, friends, teachers, religious leaders, or the media play a role? How have these expectations changed from the time of your grandparents?



To conclude, ask each person to say one thing they wish they could change about the different expectations women and men have about sex.

Activities that question sexuality can make people uncomfortable and leave them feeling vulnerable. Find ways of closing your meetings that strengthen the connections among the participants. It can be as simple as asking everyone to say something they appreciate about the person next to them.





I was glad you shared about what happened between you and your husband. I thought I was the only one who had that problem.

Stories and role plays to discuss sexual health

There are many reasons why some women do not have safe and satisfying sexual relationships. You can use a story or role play to discuss problems with sexuality and sexual health, possible causes, and how things could be different. Here is a sample story:

Sex and the unhappy bride

When Emma turned 17, she and her boyfriend Roberto got married. Emma had sex for the first time on her wedding night. Roberto had been very respectful and never pressured her to do more than kiss while they were courting. She was grateful that he wanted her to be a virgin when they married. Now, after 3 months of marriage, Emma and Roberto have sex every day, but Emma does not enjoy it at all.

Roberto works at a banana plantation, and Emma stays home alone every day. Her family does not live nearby, so she does the house chores alone. She must take care of the animals, collect water, gather wood, wash the clothes, walk to the market, and cook. She is so tired at night that she wishes she could just fall asleep in Roberto's arms. Roberto works hard too, but he always wants to have sex when they go to bed, and Emma cannot tell him how she feels.



Before the wedding, Emma's older sisters told her it was her duty as a wife to please her husband in bed, but they did not explain what "pleasing him" meant. Emma loves Roberto and wants more than anything else to please him, but everything he does when they are in bed makes her feel ashamed and uncomfortable. She hopes to get pregnant soon, but she is also afraid that after she is pregnant Roberto will go out and have sex with other women.

Changing stories, changing lives

Discussing someone else's story is usually easier than discussing our own relationships, especially our sexual experiences. This activity will work best with a group of only women. You can do step 1 with the whole group, or divide the women into smaller groups with 2 to 4 women in each group.

For this activity you can use Emma's story, Sex and the unhappy bride, on the previous page, or give the group other situations where a woman might experience a difficulty in a sexual relationship. For example:

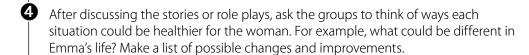
- A young woman who just started having sex thinks she is pregnant. She is afraid to tell either her boyfriend or her family.
- A woman suspects that her husband has sex with other women. She worries he might have HIV or another STI. She wants to ask him to use a condom when they have sex but is afraid he will be angry.
- A woman has a partner she loves, but she has never had an orgasm when they have sex.
- Have the group or groups prepare and present their problem to the others either as a role play or by telling it as a story. (See pages 146 to 148 for instructions on role plays.)
- After each story or role play, discuss how the situation affects the woman's sexuality and sexual health. For example, how does this situation affect:
 - the woman's health? What health problems does she have now? What health problems might happen later?
 - the woman's sexual experience or pleasure?
 - the woman's feelings about her life and her future?
 - the woman's relationship with her partner? How does it affect her relationships with her family, neighbors, schoolmates, or co-workers?

Also talk about why this situation is happening. What are some of the causes? Are gender expectations for women or men contributing to this problem? Who has more control over decisions in the relationship?



Why is it difficult' for the woman to talk with her partner about this problem?

Changing stories, changing lives (continued)



- Discuss with the group the lists of changes or improvements that would give the woman more power in her relationship. You might ask:
 - Are these changes that you could make in your own life? In your children's lives? Why or why not?
 - How can we make these changes in our families and community? What would you need, or what would our group need, to make these changes happen?
 - Some changes might require organizing things differently. For example, maybe your community needs more opportunities for sex education.

Communicating for healthier relationships

Differences in sexuality mean different people like and need different things in a relationship. For relationships to be healthy — especially sexual relationships — people need to be able to communicate what they need or want, and trust that the other person will understand. For example, a woman needs to be able to communicate to her partner whether she wants to have sex or not, what she is comfortable doing or not, what gives her pleasure, whether she wants to use a condom or other protection, and anything else that helps her feel OK about the relationship. Together they then make a decision about having sex. This is called negotiating. One person does not decide for both!

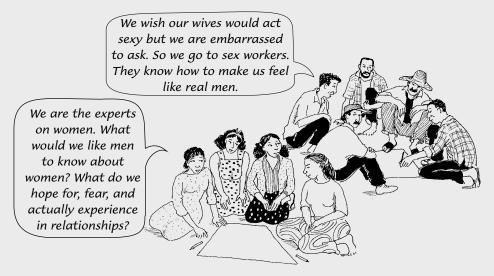
If I were brave enough, I'd tell him that lickina me down there feels better than having his penis inside me.



I think my partner was relieved when I guided his hand to where I wanted it. And he could definitely tell when he found the rhythm that worked for me! And all that happened without me saying a word!

Group discussion helps women and men understand differences in sexuality

An organization called Strategies for Hope leads "Time to Talk" workshops to help groups of women and men talk honestly with each other about their expectations in relationships. First, the men and women meet in separate groups and discuss preferences and desires that are important to them in their sexual relationships. Then the groups come together to exchange their ideas and work toward a better understanding of their differences.



One person in each group writes down the ideas as the men and women talk separately. After each group presents its ideas, the women can comment on the men's views and the men can comment on the women's. These are some of the things women and men told each other in workshops held in Malawi and Zambia:

Men want women to know:

- Good sex comes first. Love of a caring, friendly kind is less important.
- A husband wants to be welcomed when he comes home. He also wants to be praised and thanked for what he does right.
- Men like women to keep themselves and their house clean.
- Men want to be able to keep secrets from their wives, including their income and other personal relationships.
- Men fear impotence and other men having sex with "their" women.
- Men fear appearing weak if a woman has a strong role or is assertive.

Women want men to know:

- Love of a caring, friendly kind is most important.
- Women want husbands to be reliable providers.
- Women wish for a husband who comes home in the evenings and who will talk with them about things that matter to him.
- Women fear beatings and abandonment. They fear their husbands taking second wives, disgracing them in front of other people, or making unreasonable rules.

In the large group discussions, men learned that women are aroused more by touch than by sight, and that women's sexual arousal takes longer than men's does — they did not know these things before. Men said they had never felt much responsibility for women's arousal and pleasure, but they were willing to learn.

Both men and women saw that sex can be better for both partners when women's and men's rights and responsibilities are evenly balanced. They would like to be able to discuss things that would give both partners pleasure. But men and women both fear being shamed for violating cultural expectations or being accused of adultery. This workshop also showed that women are able to get support from their friends. Men said they felt alone and unsupported in comparison, with no one to confide in about problems.

Gain confidence to talk about sex with a partner

Girls are often taught from an early age to accept what they are given and not ask for what they want — whether it is a preference for food, a desire to attend school, or the chores they are assigned. Girls and women are often not supposed to know about sex at all, making it more difficult for them to ask for what they want when talking about sex with a partner. If a young unmarried woman wants to have sex, she may feel she has to pretend that it "just happened" without planning, which makes it difficult for her to negotiate.

Learning and practicing assertive communication can help women negotiate what they need or want, especially in their sexual relationships. See page 100 for information about ways for women to better express what they want. The following pages offer some ideas to prepare to talk more confidently about sex with a partner.

Practice talking about sex with a partner

This role-playing activity can help women be more comfortable saying what they want or need. It can also help them negotiate more respect for their rights to health and pleasure. (See role play instructions, pages 146 to 148.)

- Ask the group to think of situations in which partners might communicate about different needs or expectations in their relationship. For example:
 - The woman wants intercourse to last longer, and the man does not want to do anything other than what feels natural to him.
 - A woman wants to have sex to get pregnant, but the man wants to use a condom.

You can also use one of the story ideas from the activity on pages 96 to 97 or create your own.

2 Have the group role-play one or more of these situations or stories.



- After all the role plays, you can lead a discussion about how the couples in each situation communicated about sex. Here are some possible discussion questions:
 - Were the role plays realistic? Is this how a couple would negotiate in real life?
 - What felt uncomfortable to talk about? Why?
 - What was different about the ways the women and men negotiated?
 - How did gender roles influence the way the women and men negotiated?
 - Did gender, age, race, ethnicity, or disability matter? Why?
- To end, ask what the group has learned from this activity, and if there is anything they think they will try to change in their own relationships.

Women build each other's confidence to discuss sex

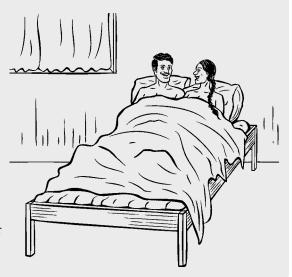
Rahnuma, a holistic family health organization in Pakistan, organized a project in the city of Lahore to help married women reflect on their sexual experiences and gender roles, and how these might affect their ability to negotiate about sex.

When project organizers asked women why they could not discuss sex with their husbands, the women said it was because of modesty, lack of confidence, and not having enough to say. Women also worried about what would happen to them if they tried to ask their husbands to use condoms. They were afraid their husbands would be angry, or think they were having sex with others, or deny support in some way.

However, these women worked together using discussions and role plays, and were able to develop many possible arguments and things to say in negotiating about sex. This had seemed impossible to many of them, but after 2 months of meeting together, they were more knowledgeable about their bodies and more comfortable discussing sex with their husbands. They had become confident enough to negotiate in a friendly way things such as when to have sex, or using a condom.

Before participating in the workshops, many women thought that sex was an obligation. After seeing how much they were able to discuss sexual matters with their husbands, they began to feel their relationships should be based on mutual pleasure and respect, and they saw that this might actually be possible.

Since then, many women have reported that their sexual relationships are more satisfying for both them and their husbands, their marriages are happier, and their families closer.



Want, Willing, and Won't: Exploring our desires and boundaries

This activity encourages people to think and then talk about sexual desires and boundaries. Exploring these topics is an important way to strengthen a girl's or woman's ability to negotiate in a sexual relationship.

This activity works best with a group of young women who know and trust each other. Before beginning the activity, establish a group agreement that nothing anyone says will be shared with others (see page 84 for more on group agreements).

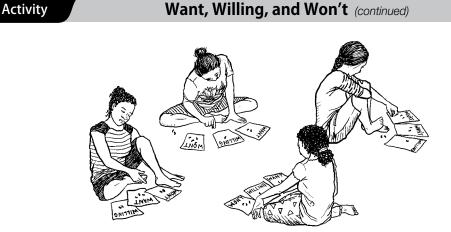
To prepare: Give 3 squares of paper for each participant: 1 square with a smiley face (Want), 1 square with a serious or undecided face (Willing) and 1 square with a frown (Won't). Give a handful of dried beans to each participant.







- Explain that everyone is going to think about what they Want, are Willing to do, and Won't do. A good way to introduce this is to ask the group to say out loud a few foods they really like to eat, a few foods they are willing to eat, and a few things they absolutely will not eat. (You can use some humorous examples to get the group laughing.)
- Form small groups of 3 to 4 participants. Explain that everyone is going to think about sexual activities whether they have experienced them or not does not matter. They will be thinking about sexual activities that:
 - they want, or think they would enjoy.
 - they would be willing to do, if their partner were interested.
 - they would not do, and would want to refuse if a partner asked.
- Then ask each participant to work on her own for a few minutes. Have each woman put the 3 squares in front of her and think of different sexual activities. For each one, she will place a bean on the paper that matches the category of something she would enjoy, would be willing to do, or would not do.



- 4 Ask that each person share with the others in their small group something from each of their squares. They should just choose what they are comfortable sharing with the others. Give the groups a few minutes to share.
- Then ask each small group to discuss questions such as these:
 - Was it hard to be specific, even just with yourself, about what you want in a sexual relationship and what you do not want? What was it like to do this?
 - What would make it easier to ask for what you want?
 - What would make it easier to set a boundary and let a partner know you won't do something?
 - How do you feel about the things on your "willing" list? How do you want to balance "wants" and "willings" in a relationship?
- **6** Then bring everyone back together in one large group. Ask questions such as:
 - How does knowing more about your own desires and boundaries help you be a healthier or more empowered person?
 - How would talking about desires and boundaries with your partner (current or a future one) help to make a healthier relationship?

Be sure to remind everyone about the group agreements before ending the workshop.

Stepping Stones method makes lasting changes in relationships

Stepping Stones is a training program that helps health promoters lead community workshops on problems in personal lives and relationships. The workshops help community members discuss questions about gender and sexuality, and how belief systems and values affect relationships. The training program takes about 10 to 12 weeks, and helps women and men of all ages change how they act and what they expect in relationships — individually and together.

For the first session, organizers lead an open discussion with the whole community about relationships between women and men. People who want to discuss the issues further then form smaller peer groups of 10 to 20 people. Peer groups could be older women, young women, older men, and young men. Being in peer groups helps most people talk more honestly than they could in a group with both sexes or with both older and younger people.



The peer groups meet several times. With the help of trained facilitators, each group discusses problems they experience in relationships with the other sex, and possible causes. Then a full meeting of all the peer groups is held. Each peer group presents the most important ideas and conclusions they have come to so far.

This process continues 2 or 3 more times, and each peer group comes to a deeper understanding of the issues that are important to them. They also explore ways to communicate about these issues with their partners and with the other groups. Each time all the groups come together, more information and ideas are exchanged. At these large meetings, people learn things they never knew about the feelings and experiences of people in the other groups. Finally, everyone in the community is invited to a meeting where each peer group presents the problem they think is most important for them to resolve in their relationships. They also present a request to the community for help with this problem.

Because of the time and care that go into this process, many groups have been able to get strong community support for real and lasting changes in the ways men and women treat each other.

Stepping Stones is used in many countries around the world, and more than 1,000 people in 100 countries belong to a network of facilitators and supporters, the Stepping Stones Community of Practice.

