

MALE SEXUALITY  
AND THE CONSTRUCTION  
OF MALE IDENTITY

Report of a Meeting

convened by

'Tathapi'

on Sunday  
26 March 2000

at the Indian Institute of Education, Pune

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Today many of us feel a need to work with men and boys around concerns linked with sexuality and male 'identity' – as part of building healthy social relations based on gender equity and other democratic values. Out of this concern, a meeting was convened at Pune on Sunday, 26 March 2000, by *Tathapi*. Of the 27 participants who attended, most were from Maharashtra while a few came from outside the State. The languages used were English, Marathi and Hindi.

### The Participant Group

Twelve men and fifteen women attended the meeting.<sup>1</sup> At least twenty of the participants had relevant work experience of more than 15 years. Five were medical doctors (4 men, 1 women), most in private practice. Their expertise included infertility, STD/HIV/AIDS, sexuality counselling and fertility awareness education. Seventeen participants brought experience of conducting various kinds of training with a 'health and gender' perspective. Of these, 12 had worked with boys and men and 14 with girls and women. There was a clinical psychologist and 10 others who had worked as counsellors - four specifically for infertility and sexual dysfunction, and the others in contexts of marital and family discord. Some had a focus specially on tackling violence.

At least eight of the women participants had experience in women's self-help groups. Similarly, three of the men had been part of group initiatives of men to explore gender relations and male identities. Six persons were researchers on issues of health and social concern. One participant was employed in an innovative health services project of the municipal government in Mumbai, and several had experiences with interacting

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<sup>1</sup> The participants' names, addresses and relevant areas of expertise or experience are listed in Annexure 1. In a spirit of equality, we refer in the text to the participants by their names without titles of Dr., Prof., Ms., and so on.

officially or as members of other government bodies at various levels. One man was an active political worker, and another a poet. Yet another runs his own small-scale packaging business and is also an artist.

Thus, there was a mix of persons working in private as well as social sectors – from clinical settings to fields of artistic, political, educational and media development activity, or engaged in local occupations and surroundings, both rural and urban. Some had worked directly with boys and men, others in mixed groups or with couples. Others drew inferences out of experience with women victims of household violence. Discussion was deepened by a few male participants' sharing of sensitive personal experience and thoughts. A binding thread was the common reaching for equitable relations between men and women to live together as mutually responsible and creative human beings.

## Overview of the Meeting

Welcoming the participants, Mira Sadgopal briefed them on the recent formation of the *Tathapi* Trust, which evolved out of the Documentation Unit of the Maharashtra WAH! (Women and Health) Programme. *Tathapi* is dedicated to resource development in the broad sphere of 'women and health' with a project focus on promoting 'Body Literacy'. With this reference, she presented the rationale for encouraging work with men on 'male sexuality' and allied themes and the objectives of this meeting, as summarized below.

Audrey Fernandes laid out the simple plan for the day. The morning was intended for sharing of experiences and concerns, and the afternoon for sub-group discussion on some issues that were expected to emerge. She distributed blue and white cards to the participants, who listed their experiences on the white ones and concerns on the blue ones. This guided the sharing in the morning session, and also helped later in sorting out the concerns. The experience sharing was rich, and it not only spilled but *poured* over into the afternoon session. Because of the extra time which this took, little space remained for the planned small group discussions.

Instead, a collective recapitulation of concerns was chaired by Ramesh Awasthi and Satish Tibrewala, who together summed up. Renu Khanna concluded the meeting with a commitment from *Tathapi* to collect, collate and circulate a list of initial information on the resources available within this network concerning gender identity and male sexuality. *Tathapi* also agreed to initiate the next workshop, which Nitin Paranjape offered to host on behalf of *Abhivaykti* in Nashik.

### Meeting Rationale and Objectives

As promoting 'Body Literacy' is to be a core work area over the next few years, the *Tathapi* team hopes to generate discussion and promote development of resources in the related areas of fertility awareness education, male sexuality and reproductive health. 'Male Sexuality' is the most under-developed and ambiguous of these areas. *Tathapi's* 'Conceptual Note' for this meeting referred to four different contributing streams of experience over the last two or three decades, namely...

- women's 'self-help' healthwork training
- STD/HIV/AIDS awareness and counselling work
- 'fire-fighting' in conflict situations and rehabilitation of victims
- groups of 'men overcoming violence', making space to work things out.

Expression of male sexuality in society today is intricately linked with violence. The alienation which underlies violence is vitiated daily by the effects of global capital expansion. Persons, communities and local cultures are threatened as never before with dispossession and disempowerment, while an elite crust benefits apace. Controlled by a few, the market and media cast their net of illusions and the myth of male superiority is one.

*With what perspective do we work with men?* Work in the 'sexuality' area refers not only to biological information, it also relates with a paradigm of social 'partnership' based upon valuing diversity, co-operation and creation of 'spaces' for social transformation. We commit ourselves to promote gender equity within this paradigm, avoiding and discouraging

the gender stereotypes and inequitous relations that have prevailed until now. We recognise the insight that '*the personal is the political*' which arose with the later twentieth century progressive movements, especially feminism. In this spirit, the objectives of this meeting were...

- to bring together some persons interested in working with men on issues of sexuality
- to bridge some gaps in our understanding of 'male sexuality and identity'
- to work together on a basic common perspective on issues related to male sexuality, and
- to document the concerns and resources represented here.

*Tathapi's* overall aim here was...

*to initiate a process to increase the pool of male facilitators and build up a training base to promote 'body literacy' work with men and boys.*

It was thought that evoking a genuine and positive 'men's perspective' might lead to a new dimension of 'gender sensitivity', beyond what we have known in women-centred training contexts.

## Background Materials

Some hand-out materials were distributed at the meeting by *Tathapi*. These included a Concept Note, a Bibliography, and a few articles from sources like Healthwatch, Planned Parenthood, etc. – some collected with the help of participants. Two of these articles had been translated into Marathi by Tulsi Parab, who joined the participants in the meeting.

There was also a two-page note sent by Radhika Chandiramani of *TARSHI*, Delhi – an invited participant who could not attend this meeting at the last minute.

## Concerns and Issues

As the meeting progressed, the participants grew to express themselves freely, including their views about each others' presentations, listening and responding or reacting forthrightly with respect for differing positions based on varying experience and perception. This report attempts to faithfully reflect the discussion and mood. At the onset, a spate of macro-level doubts were registered about the 'explosion' of interest in male sexuality and construction of masculinity.

*Why this workshop? Why this sudden interest in male sexuality? Is this a donor driven agenda? Has it become the catchword to attract funds? Or is it on the agenda of the population control interests? Have they now decided - since men have more decision-making power - that there is need to address men? Is so-called 'involvement' a need felt by men? Can it be part of a genuine search for a more gender-just society? What are the chances of being co-opted?*

Most of these issues were just touched, and while the questions were taken seriously they were left open. The various issues which stood out from the sharing and discussion of the day could be grouped as:

- Male Sexuality and Construct of Identity
- Lack of Information, and the Media's Role
- Gender Equity and Attitudes
- Violence as Power
- Men Sharing and Overcoming...
- 'Male Involvement' in Reproductive Health
- Sexual Orientations and Rights, and
- Educational and Training Contexts.

In the pages ahead we present a summary of the discussion and suggestions on these issues and concerns which emerged in the meeting.

## Male Sexuality and Identity

*Equating 'aggression and violence' or 'vigour and performance' with 'being a man'...*

Images of masculinity are linked to being strong and violent, and to notions that men with 'power' are 'real men'. Various participants expressed concern about modern *macho* male images spread through cable TV, Hindi movies, and pornographic materials. Right wing propaganda utilises traditional sexual images and language to provoke aggression and violence in men, pressuring them to act against minorities, as Sulabha Patole and Manisha Gupte pointed out. Thus, political figures like Bal Thackeray and even women in politics like Uma Bharati extol the male masses to be 'men'. Vigour and 'performance' are central to prevailing notions of maleness, and seem to cover up widespread anxiety about sexual inadequacies. In rural western Maharashtra, Ramesh Awasthi felt, a proliferation of sexual myths today is largely due to 'sex education' by quacks, with misconceptions also nurtured in peer groups. Quoting from men in villages near Dewas (M.P.), Dinesh Sharma offered a sample of the rural imagery of men's sexual strength linked with control over women:

*'Agar khunta majboot hai, to bhains idhar-udhar nahi jayegi.'*  
(If the pole is strong, a buffalo will not stray here and there.)

'Strength' in men gets invariably tied with sexual 'potency' the proof of which is progeny, particularly male offspring. But, as Satish Tibrewala observed from his infertility practice in Mumbai, knowledge gets linked to power in another sense when either spouse learns that a medical 'cause' of the problem lies with the other. The dynamics may be obvious from the way the person sits, walks or answers while taking the history. If a man has infertility, he tends to portray it as his wife's problem, or he may ask the doctor to keep the information secret from his wife.

In a study by SARTHI in Gujarat reported by Renu Khanna, boys were found to brag about their sexual behaviour when in groups. In one-to-one interviews with health workers, however, they would come out with their fears and doubts. These flip sides of male sexuality – public bravado and



private fears about 'performance' – exist together. But only the *macho* image of men is projected in the media and through the 'vigour and vitality' messages of quacks and market ads promoting myths and misbelief, like...

*Spicy and oily food heightens sexual desire.*

*Loss of semen (by masturbation or night emissions) is harmful.*

*Massaging with giant lizard oil can boost a man's 'strength'.*

Altogether, such images contribute to men's anxiety about performing in general and thus play a role in maintaining patterns of violent sexual behaviour. Reverse media stereotypes of women exploit the insecurities that men have in their minds. With the vast outreach of cable TV and Internet, a universal stereotyped imagery of men and women is being created. Reflecting the general concern, Nitin Paranjape voiced concern over developing a strategy to counter this.

At the level of social research, the area of male sexuality and identity seems to be little investigated. Lack of work on the social construction of masculinity was voiced as a concern by Ramesh Awasthi, who contrasted this with the large body of feminist-directed research into women's body and sexuality. Vijaya of ICRW suggested that space needs to be created to evolve masculinity studies in the present gender studies set-up. Gender studies perhaps need to adjust within a new theoretical paradigm. Applied studies of clinical and educational nature around sexuality and sexual attitudes being conducted through the KEM Hospital, Pune, were described briefly by Ujwal Nene.

## Lack of Information

The general lack of information about sexuality affects the health of everyone. Ignorance about women's bodies and sexuality leads to some amount of unintended sexual violence. Not being informed about the need for sexual foreplay and vaginal lubrication contributes to sexual behaviour in men that is unsatisfying for women and sometimes perceived as being violent. Anant Sathe, from his years as a surgeon and sexuality consultant, testified that patients' views are greatly affected by lack of legitimate sources of information, hence vulnerable to the myths and the advice of quacks.

Among boys in urban areas there is a growing tendency to depend on unhealthy sources like blue films and misinformation from peers. Because sex is considered 'bad', no one is prepared to listen or discuss it seriously with them. There are a cluster of issues for which men call the TARSHI telephone helpline. Men usually want information on matters such as size and shape of penis, masturbation, night emissions, erection and ejaculation difficulties, advice for one's wife 'not co-operating', infections including HIV, contraception and abortion, and so on.

Experience from infertility counselling tells us that, while lack of privacy and cramped living space impose their own limits, lack of knowledge about the body in both husband and wife is an important factor leading to inter-personal problems and sexual disharmony. A counsellor at KEM Hospital's reproductive health and sexuality clinic in Pune, Ujwal Nene, stressed the need to encourage people to seek early help. She felt that the problem is large, and she had seen couples seeking help after seventeen years of sexual dysfunctional behaviour or after eleven years of unconsummated marriage. Quacks are still preferred. Reproductive health education on a large scale may help, she felt.

## Gender... and Equality

*How do we involve men to work towards gender equality?  
How do we begin?*

The paper by TARSHI asked the question, *Why would men want to give up their privileges?* This provoked some to turn around the concept with the question, *Are men not missing out on something that women experience? Is it only an image of 'privilege'?* Others cautioned that this approach may work with some individual men, but on a general level it might raise people's defences.

Shanta and Anant Sathe, with years of conducting sexuality education activities together, felt that – as a 'cultured human being' – a man *would* be interested in equality. A positive man-woman relationship is based on '*saad-pratisaad*' (give-and-take) which evolves a feeling of '*ekrupata*' (oneness). A woman behaving passively and subserviently may satisfy a man's ego, but there is no depth in that. Relationships that both enjoy are

complete. They were of the view 'human sexuality' differs from that of animals as it extends beyond instinct to affirm the beauty of complimentary relationships, resulting in responsible adult behaviour.

However, some participants were of the view that 'clubbing' of sexuality merely as 'human' diminishes the diverse sexual experiences of men and women and of different communities and cultures. But more crucially, as Sabala asked, *How can we speak of complimentary roles when there is no equality among the sexes?* Ramesh Awasthi soberly testified to have known several otherwise 'empowered' women turn to suicide as a way out of non-acceptance by a partner.

A number of the men participants felt that men definitely stand to loose much within the stereotyped roles. Swati Pongurlekar observed that a man can biologically prove his 'maleness' by fathering a child. But if he interacts with children sensitively he can also enjoy parenthood, and the children will benefit from his fatherhood. She and her two sisters had experienced this with their father.

Anant Sathe urged that correct notions of gender in the division of work be instilled or corrected right from childhood and at home. In most cases that he deals with, problems stem to a large extent from domestic gender discrimination. 'Double standards' in society accept promiscuity in a man but not in a woman. Even in adulthood, change could start with men deciding to share household jobs like cleaning and cooking.

Mukund suggested that a good way to start is by really trying to understand *why men (and boys) would give up what they hold on to*. It needs skilled communication to delve inside themselves, see, reflect and try new ways. In the same way, we must lead towards tolerance and fairness about other basic differences in people, including to respect and accept sexual minorities.

### Seeing Violence as 'Power'...

Manisha Gupte reflected that within the women's movement earlier, men were considered a necessary evil – at that time there was little or no communication with them. However, now it is realised that the spaces

created for women must be shared by men. Without that the work for gender equality will not be complete. She listed other issues that had evolved in the feminist movement related to men as partners, including...

- ✓ the dichotomy of 'nature' and 'culture' (*prakriti, sanskriti*), with the dominant notion of 'wild' as 'bad', including women and minorities, who needed to be tamed...
- ✓ the experience of both women's and *dalit* issues being sidelined in the 'larger' interests of the progressive movements, yet the failure of men in the *dalit* movement to recognise or accept the common struggle with women...
- ✓ women talk in a non-threatening atmosphere, about menstruation as a big event in their lives, but men cannot talk about 'night emissions' (*swapna dosha*) because it is 'bad'...

At various points participants raised other concerns that required interventions and work among men. For instance, in the early 'nineties, Renu Khanna, Sarojini and Anu Gupta had been involved the multi-regional 'Shodhini' network of women activists working with women healers in treating reproductive tract infections. This had brought forward the need to involve men as partners, who needed both treatment and involvement to deal with women's recurrent infections.

Many participants' concerns centred around violence. Ramesh Awasthi expressed dismay that violence against women in marriage is socially accepted to such a great extent. While in a neighbouring country a General can say, "I have a right to beat my wife," and have it appear as a newspaper headline, in our own villages we hear of men jesting at Gram Sabha meetings about setting their wives afire with kerosene.

*Why do men sexually abuse women? Is it low self-esteem?* Men often feel they are 'pushed' to become violent. Prasanna Invaly, working with newly married couples towards trusting each other, said that sometimes elders at home needlessly intervene and sow the seeds of violence. Sabala, speaking from experience of women's self-help healthwork training, stressed the importance of seeing that all forms of violence involve the use of power and are linked with power relations. Manisha Gupte of *MASUM* felt that steps 'to make men unafraid' are needed to

move towards changing role patterns. If ways are found to reduce the insecurities that stoke aggression, it might be removed from sex.

Mira Sadgopal of *Tathapi* said that the unwholesome or unreal attitudes that people have towards their own bodies may serve as another factor encouraging or allowing violence. Women are generally more in touch with their bodies, she felt – perhaps partly because of menstrual and reproductive experience, or as Manisha suggested, because comparatively they are walled in – whereas men tend to mentally detach themselves from the body, straying more quickly into fantasy. Understanding, relating with and accepting one's own real body is important for both men and women. While men don't menstruate, they do go through mood cycles. Sometimes these swings may play into habitual 'binges' of violence and alcoholism or over use of drugs. If a man gains insight that his behaviour often aggravates in cycles, it may help him to overcome violence. Spaces need to be created for sharing such discoveries among men.

In the socio-political arena, especially in caste and communal politics, participants observed that violent sex is used like a weapon with women's bodies making up a part of the battlefield. Thus, *dalit* communities are attacked with molestation and rape of their women. However, when alternative cinema confronts male and casteist sexual domination as in *Bandit Queen* – or sidesteps it, as in *Fire* – it is met with stiff resistance from the fundamentalists seeking to protect the political and religious patriarchy. Sulabha Patole observed that even progressive men in left and *dalit* organisations are not above gender bias. They could fight for social justice with sensitivity to caste and class issues, but to women in their homes and organisations they are often unjust and discriminative. Gender is not recognised easily as being a real basis of exploitation.

Print and motion media generally project women as sex objects. In the popular cinema soft porn has a similar effect to watching blue films. Male youth are at the receiving end of these messages. Can we reduce the impact of cinema on their personality development? Some participants who had arrived the previous night had watched the movie *When Four Friends Meet* by Rahul Roy. It shows how the youth keep receiving and imbibing contradictory messages from the films that they see. It was suggested that this film can be used as part of a counter strategy.

Vijaya, producing 'media capsules' in ICRW at Delhi, stressed the need to develop positive images of men. There are a few new images of men coming into the popular media, and they need to be recognised. Also, any positive facets in prevalent beliefs of and about men need to be seen.

### Men's Personal Sharings

Men participants who had shared in groups before – particularly Mukund, Nitin Paranjpe and Abhay Kanta – said they experience a lack of positive definitions, role models and images of masculinity to introspect enough on the issues. One expressed how uncomfortable he was with the simple questions by his little daughter about his body – *How do I explain why anybody is different?* – and about discomfort at facing the expectations people have of him as a man. They talked of how hard it is for a person to accept the changes taking place towards gender equity. For example, Mukund said a sudden downpour of rain set him to remembering the lines of a poem, but it made his sister and mother run to bring in the washed clothes. Striving to break out of the 'male' privileges, role and identity meant a painful conflict with self. It is a confusing struggle to grasp how little of behaviour is natural and how much has to be re-learned in the journey towards becoming a good human being (*'sahi insaan'*). Boys can be coached to verbalise the positive aspects of being a man. But coming to believe and taking personal stands is a very difficult part of growing up.

Nitin shared an interaction he had started for sharing among the male staff in his organisation, *Abhivyakti*. On initiation of discussion they were all very uncomfortable about talking. Through gradual sharing, however, everyone realised they had such a lot to talk about and so many similar concerns. They talked about their fears, fantasies, women, sex, relationships, companionship and so on. They also drew the body parts and discussed their feelings about them.

One of these participants shared very personally that, even as he deeply sensed and resented women's oppression, it had been more difficult for him to relate as intimately with women as he could with men. He wondered, *Do I experience a different side of masculinity?* He also shared that he wished to adopt a girl baby, but that he is frustrated by the adoption law which permits single parenting by women only.

## Men and 'Reproductive Health'...

*Does this mean men's reproductive health?  
...or men's involvement in women's health?  
How does it link with sexuality?*

Whereas sexual decision-making is in men's hands, women are targeted for family planning, and paying the price with their health (which real 'family planning' is supposed to preserve). Several participants felt that the Government's current policy formulation of 'Reproductive and Child Health' is another garb for population control. As such, it is aimed at globally controlling *women's* fertility and therefore there is this focus on women's 'reproductive health'.

On the other hand, as N. Sarojini stressed from her varied experience with tribal groups in Andhra Pradesh, U.P. and the North-East, the complex issues of sexual and reproductive health are region-and-culture specific, so they can not be addressed uniformly. One has to decide in each context what issues are needed for men (and women) to address, whether it is contraception, parenthood, infertility, STDs or whatever.

From another angle, Ramesh Avasthi pointed out that men just being concerned about understanding women's problems and helping *women* towards liberation was not enough any more. Men should have genuine concern about *themselves* and their health as human beings. Mindless sexual behaviour affects men's own as well as their partners' health. Adding a further dimension from his infertility practice, Satish Tibrewala drew attention to how environmental degradation is now directly affecting reproductive health and sexuality. Auto pollution, toxic chemicals and pesticides are starting to reflect as reproductive health imbalances including lower sperm counts. With regard to slowing the spread of STD/HIV/AIDS, while Vinay Kulkarni called for 'safer sex' messages to be made understandable to people, others underlined the equally important need to address the gender and social inequalities at the roots.

Gender bias is embedded in medical education and practice. It was pointed out, for instance, that most male doctors are not trained to perform the vasectomy operation and prefer to perform tubectomies.

Changing the attitudes of doctors is one of the most difficult tasks. In spite of being a doctor who is sensitive to social and gender issues, Satish Tibrewala confessed that ninety-five percent of the time he finds himself advising the woman for cPontraceptive use.

Anant Sathe spoke of the prolonged effort to get sexuality included in the medical studies curriculum. A course for medical undergraduates was prepared by Prakash Kothari and handed to the IMA some years back, but no action has been taken. Manipal Medical College is the only place where the medical council has approved sexual health as part of medical education.

Ujwal Nene described the facilities for sexual and reproductive health counselling offered at a special clinic in KEM Hospital which caters mostly to patients of lower economic stratum with employment problems or on daily wages, so keeping appointments is a problem. Generally men hesitate to bring their wives – some wanting to leave them due to infertility. She reported a usual minimum therapy period of four months, with weekly scheduled sessions including relevant family members, and that results are good in about fifty percent.

### Sexual Orientations: Rights and Responsibilities

Among the participants, there was a spectrum of views on sexuality – those at one end seemed to see it firstly as a question of rights, and at the other end, some seemed to reflect it as an issue of values or morality. As an STD consultant and counsellor of persons living with HIV/AIDS, Vinay Kulkarni reflected on how we are brought up in the cultural belief that sex out of marriage is 'bad'. So we think that in India our culture does not allow it. However, a lot of pre-marital and extra-marital sex does happen. People relate with the TV serials that show it, and would-be couples come for HIV testing knowing that this is somewhere endorsed by society. But culturally we close our eyes to all this sexual behaviour.

Therefore, we need to reflect on the very terminology we use. For instance, *Do all relationships form 'families'? Why is sex education referred to as 'family life education'? Why is it not 'adulthood education'?* Vinay felt that doctors in general lack insight about their patients' sexual



behaviour, and they almost always link STDs with prostitution without accounting for other sexual networking. Moral attitudes – such as 'homosexuality is harmful' and extra-marital relationships are 'promiscuous' – interfere with doctors' abilities to gain their patients trust. Doctors should come to accept that, basically, sexual relationships could be between a man and a woman, two men or two women.

While most participants saw the need to respect sexual preferences and choices, during their self-introductions, Arun Dolke and Sanjay Deshpande – in the context of their joint plan to implement sexuality education in schools of the Vidarbha region – surprised others by listing the need to protect adolescents from 'harmful effects of sexuality such as homosexuality and masturbation'. This provoked considerable reaction in which several persons sought to stress that neither masturbation nor homosexuality is in itself harmful to persons. Through the discussion, a consensus was reached among the participants on the need to accept personal sexual orientations – *as long as they involve consenting adults*.

Some participants felt that, while space does need to be left for learning about and accepting sexual orientations, striving for gender equality should be stressed first. When we learn to be tolerant towards the basic differences in society we will learn to accept the sexual minorities. The need is to create spaces for all, doing away with labels which stereotype persons and which confine them to so-called 'normal' behaviour only. Instead, we must stress *responsibility* in sexual relationships.

## Educational and Training Contexts

Sex education presently tends to be directly problem-based – to stop the spread of HIV, for instance – whereas some participants felt that it should be grounded first in positive human values and relations. Further, rather than putting persons and types of relations into compartments, the aim should be to create spaces for all persons to adjust into the healthy society we are working towards.

Anant Sathe spoke of the large numbers we have to consider in the planning, to make any impact. Also, there are vagaries in the political powers as far as instituting changes within the educational system. He

had himself spent years of work and negotiation through the Pune branch of the FPAI with the Government of Maharashtra, yet this has not yielded the hoped for and expected acceptance of sex education (or 'family life education' or FLE) in schools. He looked towards the younger generation of trainers like the group in Vidarbha represented here by Arun Dolke and Sanjay Deshpande to carry the work ahead. The main question for the group was, *How can 'gender' work among boys and men gain a wider reach and impact?* It was suggested that, following this meeting, a letter be put out addressed to a set of Government officials at both State and national levels.

Arun Dolke, Sanjay Deshpande and their colleagues in 'Open Secret', Nagpur, were inspired by a three-day TOT workshop on 'family life education' for adolescents (FLE), conducted by Anant Sathe in February 2000. It was attended by 61 participants, including doctors, counsellors, teachers, social workers and NGO representatives. The sessions were video-taped, and this is available on request. The persons who were trained there would be conducting sessions with school students in the Nagpur region after holding orientation sessions for principals, teachers and parents.

At school level, Dinesh Sharma had found the school teachers in western Madhya Pradesh hesitant to impart sex education to boys. They say that the boys would get spoilt and rapes will increase by giving them the information. On the other hand, work with boys is handicapped without positive role models for them to identify with. Dinesh had found some scope in the images expressed through the songs of Kabir, popularised through traditional *kabir mandals* in that region.

To contend with common and constricting male-female stereotypes, one needs to guide away from the biological and towards the social constraints which persons face. In the Maharashtra WAH! Training Programme, interactions showed that the women trainees understood social constraints faster than the men because they experience them more. Interestingly, however, the men saw 'balding' as a *social* process caused by 'tension' – one of the restraints they experience.

Many shared their inability to locate male facilitators who would relate their personal experiences of growing up to become sensitive and aware

men – not just clinicians or social workers. Staff members who act as trainers generally feel inadequate to share feelings about their own voice changes, starting to grow beards, or to acknowledge having sexual feeling. In fact, the need to encourage and enable men as sensitive resource persons and facilitators was repeatedly felt. One of the participants said that his experiences as a trainer had itself helped him to understand and become comfortable with his own sexuality – which is necessary for any effective male facilitator.

Experience of organising sessions for parents by sexuality trainers shows that usually only mothers attend, and hardly ever fathers. Some felt, in fact, that working with men and women is more difficult than working with school teenagers. Furthermore, younger children or pre-adolescents are felt to be more open and sensitive to gender issues. Prasanna Invaly explained that *Susamvad* in Pune now puts effort into 'personality development' activities with students of seventh standard, rather than at the higher secondary level. The younger students can easily list the advantages and disadvantages of being a boy or a girl, whereas older students find this more difficult.

As a parent in Pune and from five years of helping to edit the parents' newsletter/magazine *Paalak Niti*, Vinay Kulkarni had come to the view that we cannot stop children from reading anything. Rather, they should be helped to make choices between good and bad materials themselves. Unfortunately there are few good books that they can read, so they do not have a real choice. From his experience in *Abhivyakti* and of *Sujan Paalak Manch* in Nasik, Nitin Paranjape agreed that the same holds good with films – there are no choices for the young generation.

In sessions on family life education conducted for young people at the KEM Hospital, Ujwal Nene said that physical and emotional changes in puberty and anxieties regarding the opposite sex are addressed. KEM Hospital also co-ordinates training of trainers in the RCH Programme, within which she is a resource person on reproductive health counselling.

For developing any consensus curriculum for men we need to decide the list of what should be included, within a suitably flexible framework. Does it include men taking responsibility for contraception or parenthood? Do we want them to address sex determination, domestic violence and work

inequities, which women have extensively addressed? *What about rape in marriage?* Some felt that violence should be the central concern.

When men are decision-makers, leave aside sensitisation, *How to even initiate a dialogue?* And then, *How to monitor the changes?* *What time scales are we looking at?* *What realistic, measurable indicators can we find to measure intervention effects, beyond KAP tools?*

## Sharing of Resources

During the course of the meeting and between sessions, various kinds of interesting and relevant resources were shared by participants. For instance...

- ✓ Sarojini demonstrated a spinnable 'Fertility Wheel' which her colleagues in SAMA have developed and found very useful in helping men to understand the man's part in conceiving a child.
- ✓ Anu Gupta and Dinesh Sharma of *Eklavya*, Dewas (M.P.) shared book *Beti Kare Savaal* and materials developed in their programme with school girls and boys. It includes mixed sessions on topics of gender, sexual and reproductive health, mental health and personality development. Issues touched are child marriages, infertility, sex determination, how female foeticide affects the sex ratio, forms of violence, and developing good relationships.
- ✓ Arun Dolke of Open Secret, Nagpur demonstrated the CD ROM called 'HIM' (Help Involve Men) which he had acquired from Johns Hopkins University by using the internet. He was willing to share his collection of books, articles, CD-ROMs, videofilms, and eager to support this network through email communication, through which he could pass on news of relevant Government policy communications which he monitors. Apart from this, he expected to have a draft of a FLE Curriculum Manual (for three levels – 5-7<sup>th</sup> standard, 8-9<sup>th</sup> standard and senior college) by May 2000.
- ✓ On the evening before the meeting, Renu Khanna shared the videofilm, *When Four Friends Meet* by Rahul Roy. She also shared

some field based studies and publications on participatory research methodology in which she has been involved in Gujarat.

In addition to the materials given by *Tathapi* (listed in Annexure 2), various persons shared other printed items or clippings among themselves. As time was short, there was little chance to fully comprehend all the resources brought or mentioned by the participants. Also, this was just a sample. Sharing resources and assisting each other in resource and methodology development was seen to be an important function of a network of persons which might arise out of this meeting.

Manisha Gupte voiced the need to map the various relevant resources in our region and elsewhere. She suggested that *Tathapi* develop a systematic format and procedure for eliciting, collecting and collating so that this body of resources would become accessible to all who need it, especially in remote places.

## Summing up, Tasks, and the Future...

The final discussion centred around gathering what we need to do. The question persisted,

*Are men ready for self-help groups and to work towards constructing their own new identity?*

There was caution not to look at male sexuality in isolation. Neither should one cleave masculinity from femininity either in men or in women. Sexuality and identity is contextual, interwoven with larger issues. Every person exists within a particular set of political, economical and social complexities. Thus, it is not always necessary or possible to reach common views on all issues related to masculinity and sexuality.

Because of the unexpected shortness of time, a few concrete tasks were listed for *Tathapi*, and we give them a little later below. However, below is a summary of suggestions – both implied and specific – which emerged during the whole day's discussion:

- ✓ To lead children as early as possible towards gender equity and

positive views of sexuality.

- ✓ To generate positive images of men's roles and identity
- ✓ To create spaces for men to discuss and explore sexuality and identity related matters
- ✓ To provide the youth access to relevant language, sources and means of expression
- ✓ To find ways to reduce men's insecurity and lessen aggression
- ✓ To focus on building responsible relationships within/outside family
- ✓ To develop consensus curricula for boys and girls, men and women
- ✓ To generate sound take away messages for young people on HIV/AIDS
- ✓ To develop a strategy to answer the global media onslaught on youth consciousness.
- ✓ To use films like *When Four Friends Meet* to address the influence of media on youth
- ✓ To support the rights of sexual minorities
- ✓ publish articles in the mainstream media based on experiences
- ✓ To push for space in gender studies for research in 'masculinities'
- ✓ To encourage gender sensitivity in medical education
- ✓ To expand sources of sound sexual information
- ✓ To encourage wide public education on reproductive health issues
- ✓ To sort out the politics of 'men's involvement' in women's reproductive health
- ✓ To plan in stages for impact on larger numbers
- ✓ To develop common indicators for monitoring.

These suggestions would help in planning follow-up and in structuring the next meeting.

Participants suggested that, until then, *Tathapi* should...

- put out a letter reporting this meeting to some selected Government officials
- start an inventory of resources within and outside this group
- think about starting a newsletter dealing on this issue, and
- organise a follow-up meeting.

Nitin Paranjpe offered to host the next meeting at Nasik on behalf of his organisation, *Abhiviyakti Media for Development*. There should be a two-day workshop, it was felt. The focus should be on

- reviewing existing 'curricula' – including participants' own and those available from government and other agencies,
- building up the inventory of resources, and
- working out a minimum common perspective.

In concluding the meeting, Renu Khanna thanked the participants for joining *Tathapi* and addressing the objectives of the meeting. The group of persons who came was larger than originally planned or expected, and that had constrained the time available in just one day. Yet, a first step had been taken. The extensive sharing of concerns, experience, insights, relevant methodologies and material resources would certainly help *Tathapi* to clarify its own role and plan collaborative link-ups. The possibility of a regional network – focussed towards healthy male sexuality – had also emerged.

Also, a beginning had been made towards identifying and bridging crucial gaps in understanding. The need for forging a *basic* common perspective had been re-confirmed with the call for 'consensus curricula' (with flexible frameworks) raised during the meeting. Therefore, the next meeting at Nasik would focus on the sharing of the various curricula already developed (or being developed) for school children, college youth, and others and reviewing the areas of common and differing perspective. Regarding insights from the sharing, Renu remarked that new facets of

gender relationships, popular notions and constructs of sexuality arise every moment, evolving within the complex matrix of society. Biomedical and social research, clinical and training experience, and daily life give mere hints to us of how to contend with the myths in the media and marketplace. There will be no single correct view nor easy straightforward answers. Creation of spaces for safe sharing of experiences and elaboration of thoughts is crucial at this stage.

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In concluding this report, we would like to recall the specific and serious doubts raised at the beginning of the meeting regarding the correct motivations and commitments in this kind of work, and the possibility of extraneous interests interfering and co-opting. These issues are still around, and the questions remain alive. In this first meeting, hopefully, a step was taken to create an honest space dedicated to evolving the full contribution of men along with women in fostering *healthy sexuality* – with its diverse aspects – that plays a rightful, joyous and sustainable part in society.

– The *Tathapi* Team



## List of Participants

Name (with title)	Affiliation(s)/Expertise	Postal Address	Telephone/Fax, Email
1. Mr. Abhay Kanta	Editor, <i>Vatsaru</i> ; was member of <i>Purush Uvach</i> group; PhD student	104 ShivPrasad Soc'y, Anandnagr Main Rd, Sangvi, Pune 411027	Res: 020-7285054 c/o dinamira@ip.eth.net
2. Dr. Anant Sathe	FPAI (Family Planning Association of India), Pune Branch; sexuality counseling & education	'Swanand' Flat No. 2 Prabhat Rd, Lane No. 6 Erandwane, Pune 411004 MS	Res: 020-5676442 makdhan@vsnl.com
4. Ms. Anu Gupta	<i>Eklavya</i> team; experience with school teachers, women and girls; children's fairs	EKLAHYA Field Centre 6, Arena Road, Radhaganj, Dewas 455001 MP	Off: 07272-56096, -74096 eklavayad@flashmail.com
5. Mr. Arun Dolke	<i>Open-Secret</i> group for initiatives in sexuality linked issues in Vidarbha	'Sakshi', 18/7 Ujwal Nagar Wardha Rd, Nagpur 440025 MS	Res: 0712-260709 aaasn@nagpur.dot.net.in
6. Mr. Dinesh Sharma	<i>Eklavya</i> team; experience with school teachers, puberty education with boys; literacy	EKLAHYA Field Centre 6, Arena Road, Radhaganj Dewas 455001 MP	Res: 07272-74096 eklavayad@flashmail.com
7. Ms. Manisha Gupte	<i>MASUM</i> ; women's health issues including violence, abortion, sex pre-selection, sexual orientations	11 Archana Apartments 163 Solapur Road, Hadapsar Pune 411028 MS	Res: 020-6875058 Off: 020-6875871 masum@vsnl.com
8. Mr. Mukund S.N.	Editor, <i>Purush Spandan</i> , member of <i>Purush Uvach</i> group; artist	c/o PACKERA, S. No. 4 Ganapati Mitha, NDA Road Warje-Maiwadi, Pune 411029 MS	Res: 020-5652324/ 5292206 Off: 020-5290565 packera@vsnl.com
9. Ms. Nandita Ambike	Consultant & trainer in Sexuality & Reproductive Health; Jana Kaiyan Blood Bank	'Shree Krupa', 12 Shiva Prasad Housing Society, Ganeshmala Pune 411030 MS	Res: 020-4330747, 5440175 prasadmirasdar@vsnl.net nandita_ambike@yahoo.com

10. Mr. Nitin Paranjpe  
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16. Dr. Sanjay Deshpande  
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17. Ms. Sarojini N.  
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18. Dr. Satish Tibrewala  
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 Lecturer & PhD student (Econ.)  
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- |                               |   |  |   |
|-------------------------------|---|--|---|
| 20. Ms. Swati Pogurtekar      | Women Centered Health Project of the Bombay Municipal Corporation                               | BMC Building, First Floor<br>Nehru Road, Ville Parle (E)<br>Mumbai 400057 MS | Res: 022-8090414<br>Off: 022-6162436<br>admin@wchp.libom.ernet.in   |
| 21. Mr. Tulsi Parab           | Poet, Translator, in 1970s, full time in <i>Shramik Sanghatana</i> (Dhule)                      | 1 Chaitrali, Prabhat Road Lane 7<br>Erandwane, Pune 411004 MS                | Res: 020-5677836<br>tulisiparab@rediffmail.com                      |
| 22. Ms. Ujjwal Nene           | Clinical psychologist, KEM Hospital Research Center, Pune                                       | A-1 Indradhanu Housing Society<br>Tejas Nagar, Kothrud<br>Pune 411029 MS     | Res: 020-5383520<br>Off: 020-6125600 x 336<br>ujjwal_nene@yahoo.com |
| 23. Ms. Vijaya Nidadavolu     | International Center for Research on Women (ICRW); researcher                                   | N-126, 2 <sup>nd</sup> Floor, Greater Kailash 1, New Delhi 110048            | 011-6553690/ O:6283933<br>icrw@ndf.vsnl.net.in                      |
| 24. Dr. Vinay Kulkarni        | STD Consultant & HIV counsellor; <i>PRAYAS</i> ; Editor, <i>Paalak Niti</i>                     | Amruta Clinic, Deccan Corner,<br>Karve Road, Pune 411004 MS                  | R: 020-5673596 O:-5441230<br>prayas@vsnl.com                        |
| 25. Ms. Audrey Fernandes      | Tathapi; Health researcher; women's movement  | Tathapi, 425-DP, 77 TMV Colony<br>Mukundnagar, Pune 411037 MS                | O: 020-4270659<br>tathapi@vsnl.com                                  |
| 26. Dr. Mira Sadgopal         | Tathapi; Medico Friend Circle; WAHI Network; fertility awareness education (as 'body literacy') | Renuprakash A, 3 <sup>rd</sup> Floor<br>817 Sadashiv Path<br>Pune 411030 MS  | Res: 020-4470314<br>Off: 020-4270659<br>tathapi@vsnl.com            |
| 27. Ms. Vrunda Vaze           | Tathapi; MahWAHI Programme; 'self-help'; mass communication                                     | Tathapi, 425-DP, 77 TMV Colony<br>Mukundnagar, Pune 411037 MS                | Off: 020-4270659<br>tathapi@vsnl.com                                |
| 28. Ms. Radhika Chandiramani* | TARSHI (Talking About Reproductive & Sexual Health Issues)                                      | 49, Golf Links, 2 <sup>nd</sup> Floor<br>New Delhi 110003                    | Res: 011-4610711, 4611138<br>tathapi@vsnl.com                       |

\* Radhika Chandiramani could not be present, but the paper she sent on behalf of TARSHI contributed significantly to the discussion.

## List of Materials Distributed in the Meeting by Tathapi

Description	Pages
1. Concept Note by Tathapi	2
2. Time-Table (with List of Materials on back)	2
3. Bibliography on Male Sexuality/Involvement in Reproductive Health	4
4. 'Lessons from Experience' (paper extract, with <u>Marathi translation on back</u> )	1+1
5. TARSHI – Talking About Reproductive and Sexual Health Issues	2
6. PPFA Factsheet on Male Sexuality (also, <u>Marathi translation</u> )	2+4
7. Concrete Ways to End Sexism in Men (from a website)	1
8. Healthwatch: Men's Roles & Responsibilities	1
9. Hearing Ourselves Talk... (article from a book, from Dr. A. Sathe)	12

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### Note:

With reference to the Letter to Government Officials with Brief Report, given in the previous Annexure, there has been no acknowledgement or otherwise any response until now (January 2001) from any of these persons.

## Letter to Government Officials... with Brief Report

in Central  
Government:

1. Dr. Sujata Rao, IAS  
Joint Secretary, Govt. of India  
Min. of Health & Family Welfare  
Nirman Bhavan, ND 110001

2. Dr. A. R. Nanda  
Secretary, Govt. of India  
Min. of Health & Family Welfare  
Nirman Bhavan, ND 110001

3. Dr. Kiran Agarwal  
Secretary, Govt. of India  
Min. of Human Resource Devtpt.  
Dept. of Women & Child Devtpt.  
Nirman Bhavan, New Delhi  
110001

4. Dr. Sarojini Ganju Thakur  
Joint Secretary, Govt. of India  
Ministry of Human Resource  
Devtpt.  
Dept. of Women & Child Devtpt.  
Jeevan Deep, Parliament Street  
New Delhi 110001

in Maharashtra  
Government:

5. Dr. S. B. Chavan  
Additional Director  
Mah. Govt. Health Services Dept.  
Govt. Dental Hospital Bldg. H  
St. George Hospital Campus  
Mumbai 400001

6. Dr. B. R. Shende  
Deputy Director (Pune Circle)  
Mah. Govt. Health Services Dept.  
New Administrative Building  
Opposite Council Hall  
Pune 411001

7. Dr. S. D. Mehta  
Special Officer  
Department of F'ly Welfare (MCH)  
3<sup>rd</sup> Floor/F, Ward Office Bldg.  
Parel, Mumbai 400012

8. Dr. Mandakini Megh  
Deputy Director  
Department of Health Services  
Govt. Dental Hospital Bldg. H  
Mumbai 400001

26 April 2000

**Subject:** Participation of Men in Reproductive and Sexual Health

Dear Dr.....,

This letter to you is with reference to clauses in the National Population Policy 2000 on 'Increased Participation of Men in Planned Parenthood' and 'Increasing Male involvement in the Reproductive and Child Health Programme'.

'Tathapi' is a newly registered Trust which has emerged out of the Maharashtra Women and Health (WAHI) Programme, a health training and advocacy initiative in this State. We would like to share with you the contents of a recent meeting on 'Male Sexuality' held in Pune on March 26, 2000. Enclosed is a brief account of the Meeting. We hope this helps to provide you with some relevant information about some current Indian work in this field. We would be happy to communicate further should you so require.

On behalf of the participants, we as the members of the Drafting Committee look forward to your response.

With best regards,

Yours sincerely,

(Members of the Report Drafting Committee)

Dr. Mira Sadgopal, MBBS  
Tathapi Trust, Pune

Ms. Renu Khanna  
SAHAJ, Baroda

Dr. Satish Tibrewala, MD  
Gynaecologist, Mumbai

**Annexures:** Brief Report: 'Meeting on Male Sexuality in Pune'  
List of Participants in the Meeting, with their organisational affiliations

Brief Report (sent as Annexure to Government Officials, with letter above):

## Meeting on Male Sexuality In Pune

A one-day meeting on 'Male Sexuality' was held under the auspices of the Tathapi Trust at the premises of the Indian Institute of Education, Pune on Sunday, 26 March 2000. Attended by about thirty concerned professionals, the proceedings focused on enhancing the pool of men facilitators for educational and gender sensitization work with boys and men.

### The Participants and their Experience

The persons who participated in the Meeting fall into the following broad categories:

1. health professionals working in the areas such as HIV/AIDS, Infertility, Andrology and Sexology
2. educators and trainers working with girls, boys, women and men on reproductive and sexual health issues
3. professionals in development communication and producing training resource materials
4. coordinators of community based women's health and development programs, and
5. activists working with people's movements.

Amongst them, there was a rich pool of specific experience in:

- research on issues of men's health and male sexuality
- education of adolescents on gender, sexuality and health
- training for gender sensitization of various groups (*panchayat* members, healthcare providers, men's groups, etc.)
- workshops on sexuality with women, men, girls and boys.

Around a dozen of them are involved in developing training curricula on adolescent health and sexuality. Some reported having produced resource material to support training curricula. They expressed a willingness to share all these resources.

Experience sharing revealed consensus on several issues. For instance, there was agreement that, when working with males on gender and sexuality,

- ✓ The younger the men, the more receptive they are; boys of classes 7, 8 and 9 are generally more open than older boys in discussing anxieties and fears, and more sensitive to ideas of equal relationships with girls and women.
- ✓ Male dominance cuts across class and caste, and that even politically aware and progressive movements are not free from elements of male dominance.

Mixed opinions were voiced about whether the sex of a facilitator is a barrier in helping groups of men to face issues linked with male sexuality. Several women participants felt that it is difficult for them to create a non-threatening atmosphere for reflection on what it means to be male in a particular society. A few, however, experienced that being women was not a barrier to generating

discussion among men about their health and sexuality. Reflecting on his own experience, a male participant questioned whether men working on issues of gender equity would have to 'feminise' themselves. This discussion concluded with an assertion that each has to start from the ground upon which one stands, man or woman. While we should certainly try to develop attitudes of self-reflection and sensitivity to others, everyone should remain true to his or her own internal self as one is, and not aspire to be 'male' or 'female' or the 'other' sex.

### Concerns and Questions

A number of specific concerns were also shared. Why is there suddenly so much interest in construction of masculinity and male sexuality? Is this a donor driven agenda? Or is it an interest of the population control lobby to reduce fertility by promoting further control of men over women? Or is it part of a genuine search for a more gender-just society? Participants felt that we must be aware of all the forces which are influencing the work on male sexuality and construction of masculinity in India.

The sharing also brought out clearly that there is need for developing a common perspective which would guide this work. While two participants felt that we had to "protect adolescents from harmful effects of sexuality for example, homosexuality and masturbation", others felt that we have a right to our own sexual preferences and orientations. Instead, we have to emphasise responsibility in sexual relationships. We have to give information, which will promote non-judgmental acceptance, and safe and respectful sexual behaviours.

There was a discussion on whether it is realistic to expect men to give up their privileges and power as a result of the search for gender equity. What could or should replace the privileges that male dominant societies have given men? A counter viewpoint was, Do men really have privileges?

Participants were concerned that there is a real shortage of sensitive male facilitators who can undertake the task of experiential and participatory training and sensitization for construction of masculinity and male sexuality. Another question which was raised was, How can we measure the changes in gender relations which occur as a result of training and sensitization? Do we have sensitive indicators in place for monitoring such efforts?

The debates on these and several other issues are documented fully in the longer Report.

### Future Intentions

Participants decided to network amongst themselves and share resources. Tathapi took the responsibility of compiling a list of the resources and experiences available among the group members. It was agreed to convene a longer meeting after about six to eight months to discuss certain issues that had come up and work towards building a common perspective. Participants would also look closer at the various curricula for adolescent health and sexuality.

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[A List of the Participants was also enclosed, with a brief indication of their expertise and concerns, and their places of residence.]

## A Partial List of Resources (compiled by Tathapi)

The following is a listing of information gathered from the meeting, supplemented by response to the questionnaire circulated by *Tathapi* in mid-2000:

Participant: Sabaqa and Kranti, IWID, Mumbai

Expertise: Training in sexuality for NGO workers, mainly with women, but recently started with men. Also conducts training in gender sensitisation for men and women workers in NGOs, including construction of gender, gender and patriarchy, socialisation process and role-behaviour patterns. Focusses on sexuality in marriage, power relations in sexual partnerships, relationship with oneself and others.

Resources: Main resources evoked from the self-exam/self-help context, including 'live visuals'. Uses 'trust' exercises to heighten body awareness, video cassettes on sexuality and relationships including films like *Doghi*; various self-made charts. Published the book *Na Shariram Nadhi – My Body is Mine* (with Mira Sadgopal, editor).

Participant: Vijaya Nidadavolu, ICRW, New Delhi

Expertise: production of images through media

Resources: written material, articles and videos related to sexuality of men and violence against women available with ICRW, on request through Email - icrw@ndf.vsnl.net.in

Participants: Anant and Shanta Sathe, FPAI, Pune

Expertise: sexuality counseling and training of large groups of youth; planning of sex and family life education.

Resources: With the Pune branch of FPAI, printed and audio-video materials.

Participant: Arun Dolke, Open Secret, Nagpur

Area of concern: Developing and implementing a curriculum of family life education for school children in the Vidarbha region.

Expertise: Resourcing and networking through internet.

Resources: Individual collection of reading material, books, CD-Roms, videos, etc. on reproductive health and related subjects from NGOs all over the world (through the internet); CD ROM called 'HIM' from Johns Hopkins University; obtained a copy of National Population Policy 2000 through email request to the Secretary, Dept. of Family Welfare, GOI; policy information and addresses/phone numbers available through internet site <nic.in>.



discussion among men about their health and sexuality. Reflecting on his own experience, a male participant questioned whether men working on issues of gender equity would have to 'feminise' themselves. This discussion concluded with an assertion that each has to start from the ground upon which one stands, man or woman. While we should certainly try to develop attitudes of self-reflection and sensitivity to others, everyone should remain true to his or her own internal self as one is, and not aspire to be 'male' or 'female' or the 'other' sex.

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The sharing also brought out clearly that there is need for developing a common perspective which would guide this work. While two participants felt that we had to "protect adolescents from harmful effects of sexuality for example, homosexuality and masturbation", others felt that we have a right to our own sexual preferences and orientations. Instead, we have to emphasise responsibility in sexual relationships. We have to give information, which will promote non-judgmental acceptance, and safe and respectful sexual behaviours.

There was a discussion on whether it is realistic to expect men to give up their privileges and power as a result of the search for gender equity. What could or should replace the privileges that male dominant societies have given men? A counter viewpoint was, Do men really have privileges?

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The debates on these and several other issues are documented fully in the longer Report.

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Participants decided to network amongst themselves and share resources. Tathapi took the responsibility of compiling a list of the resources and experiences available among the group members. It was agreed to convene a longer meeting after about six to eight months to discuss certain issues that had come up and work towards building a common perspective. Participants would also look closer at the various curricula for adolescent health and sexuality.

.....

[A List of the Participants was also enclosed, with a brief indication of their expertise and concerns, and their places of residence.]

Participant: Vinay Kulkarni, *Prayas*, Pune

Expertise: HIV/AIDS counseling, research and education; parenting – has edited (with Sanjeevani Kulkarni) *Paalak Niti*, a magazine for guardians of children, for last 3 years.

Resources: Published 3 booklets including *Pudhe Kai?* ('What Next?', for survivors), on Management of HIV for physicians, and on Women and HIV; future publications on Pregnancy and HIV for doctors, and on comprehensive health care in a general hospital set-up.

Participant: Nitin Paranjape, *Abhivyakti*, Nasik

Expertise: Study and use of media for development; Has trained volunteers to work with parent groups, and developed sessions and exercises spread over one year on building relationships. This methodology has shown positive results with youth groups

Resources: Posters and a booklet on sexuality for children developed by *Abhivyakti*.

Participants: Dinesh Sharma, Anu Gupta, *Eklavya*, Dewas (MP)

Expertise: Teacher training and school health education with inclusion of changes in puberty and sexual and reproductive system.

Resources: Developed simple to understand material in Hindi on sexuality issues; a curriculum with mixed sessions on gender, sexual health, mental health and personality development education.

Participant: Mira Sadgopal, *Tathapi*, Pune

Main concern & expertise: Fertility awareness education as part of 'body literacy'; works with various groups (non-literate to highly educated, in Hindi, Marathi and English) and now to focus on early teen years.

Resources: Has designed and tested some original educational materials; some are to be finalised for production and some have been produced by others (like the human body cut-out puzzle distributed by Eklavya and Third Wave...). Various articles on 'fertility awareness' education and now 'body literacy'.

*Tathapi* has a resource library on topics broadly related under 'Women and Health', set up for the Documentation Unit of the Maharashtra WAH! Programme.

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Further listing and mapping of resources would be done in the follow-up meeting.

# Glossary of Terms and Abbreviations

<b>Abhivyakti</b>	'expression'; Abhivyakti Media for Development, Nashik
<b>dalit</b>	Literally 'crushed' or 'oppressed'; refers to communities or persons of the formerly "untouchable" castes, also referred to as S.T. ('scheduled castes')
<b>Eklavya</b>	A voluntary organization for innovations in education in Madhya Pradesh
<b>FLE</b>	Family Life Education, a term that encompasses 'sex education'
<b>FPAI</b>	Family Planning Association of India
<b>HIV/AIDS</b>	Human Immuno-Deficiency Virus/Acquired Immuno-Deficiency Syndrome
<b>ICRW</b>	International Centre for Research on Women
<b>IWID</b>	'Initiatives - Women in Development'
<b>macho</b>	From Spanish, meaning like 'hero', 'rambo', etc.
<b>MASUM</b>	Mahila Sarvangeen Utkarsha Mandal: a women's voluntary organization in Pune District involved in health, economic and legal aid activities.
<b>M.P./U.P.</b>	Madhya Pradesh/ Uttar Pradesh (States)
<b>Paalak Niti</b>	( <i>paalak</i> =guardians, <i>niti</i> = policy/principles/values) a voluntary Pune bi-monthly parents newsletter; in Nasik there is the <i>Sujaan Paalak</i> group.
<b>RCH</b>	Reproductive & Child Health: a Govt. Policy/Programme
<b>RTI</b>	Reproductive Tract Infection
<b>SARTHI</b>	A voluntary organization in Gujarat
<b>Shodhini</b>	(from 'shodh' meaning search, in the form of a woman's name) a multi-regional network of women health activists working with women healers
<b>STD/STI</b>	Sexually Transmitted Disease/Infection
<b>Susamvad</b>	'good communication'; a counseling group in Pune focusing on dealing with domestic violence and fostering personality development in children.
<b>TARSHI</b>	Talking About Reproductive and Sexual Health Issues: a voluntary organization in Delhi that has a telephone helpline
<b>Tathapi</b>	('even so' or 'but still') a new Trust in Pune, which arose out of the Documentation Unit of the Maharashtra WAHI Programme, 1999-2000.
<b>TOT</b>	A term Training of Trainers
<b>WAHI</b>	(Women And Health) a multi-regional training programme for health project co-ordinators, so far carried out in three regions of India.

'Tathapi' ('and even so' or 'but still...') is a small organization established in September 1999 out of the Documentation Unit of the Maharashtra WAH! (Women and Health) Programme. It is dedicated to promoting resource development in the broad area of 'women and health', including access to information and help in skill-building at grass-roots levels throughout the Maharashtra region.

As part of Tathapi's work in its focal area of 'body literacy', the team has initiated a collective process with others on issues related to male sexuality and construction of male identity. Tathapi is especially interested in helping to increase the number of men who are prepared work with men and boys in these areas, and to build up a training resource base. This document is a report of the first meeting.

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