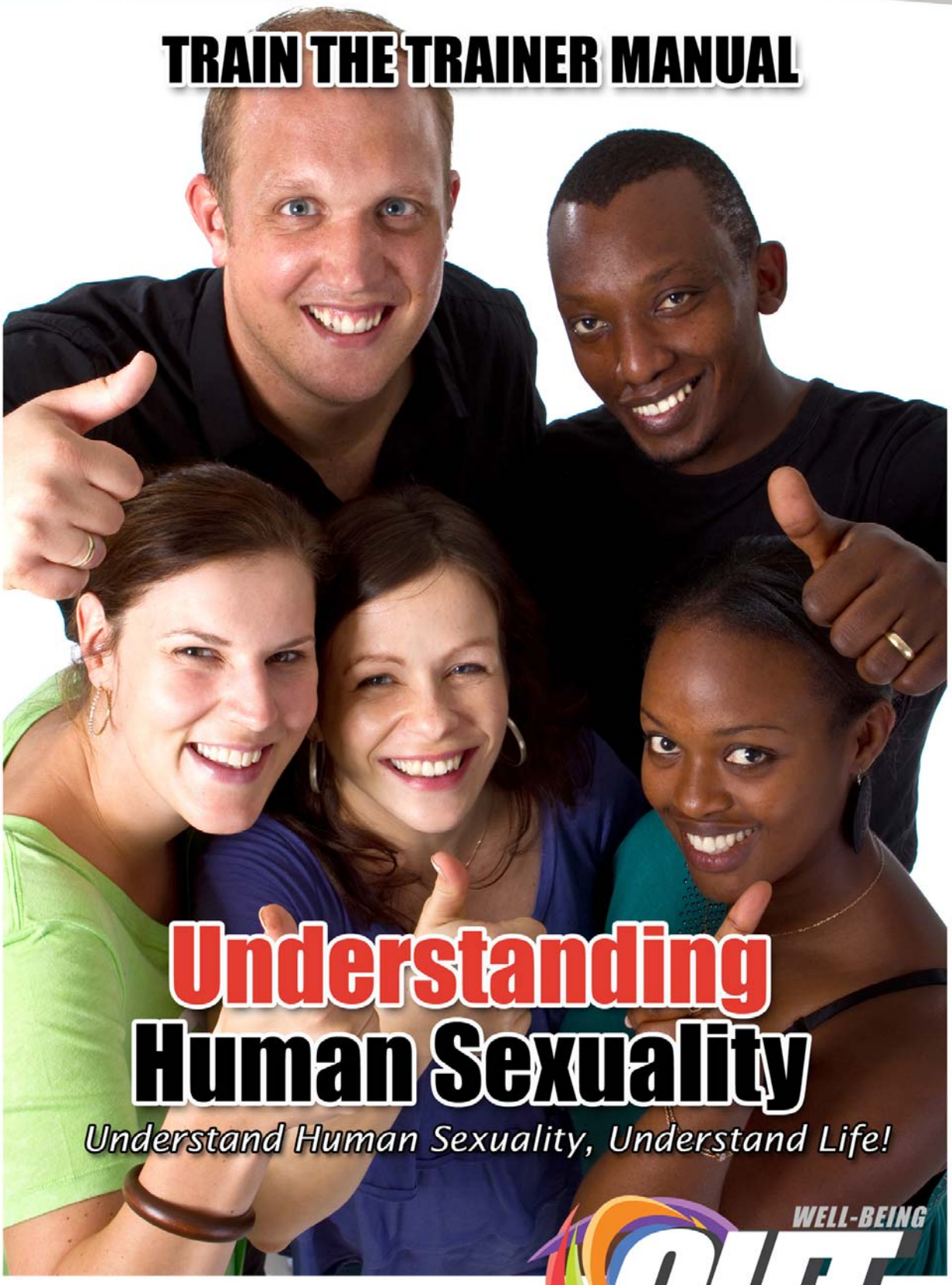
TRAIN THE TRAINER MANUAL



Understanding Human Sexuality

Understand Human Sexuality, Understand Life!

WELL-BEING OUT

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A c k n o w l e d g m e n t s

Delene and Jay would like to thank the more than 3000 individuals who have been trained in using the contents of this manual, the past four years. The experiences during training and the feedback afterwards allowed us to develop a model for LGBTI Sensitization Training, called ***"Binaries & Boxes"***, which is what this manual is all about.

A special thanks to Dawie Nel, Director at OUT Wellbeing and Gerhard Lombard (former H4M Programme Manager), for believing in us as trainers and the power of this specific form of training.

To all future trainers and trainees: Thank you for taking this important message, 'Understanding Human Sexuality', forward. Although this training is just the tip of the iceberg concerning human sexuality, talking about the things people have difficulty talking about, is an important start. This training adds to the understanding of the health challenges LGBTI's, MSM and WSW individuals face.

I N T R O D U C T I O N

About the manual

This manual has been designed to assist trainers to train service providers and all interested parties in understanding human sexuality through a human rights lens. This manual provides a means by which to disseminate information pertaining human sexuality. The activities outlined in this manual, explore the different concepts and constructs of human sexuality through an active learning approach.

This approach focuses on:

- involving participants in identifying learning goals
- facilitating a process of understanding their own sexuality
- relating the subject matter so that it is relevant to participants
- structuring activities so that participants brainstorm solutions to problems identified
- engaging participants in high levels of thinking such as analyzing, critiquing, and assessing
- using a variety of didactic approaches, such as small group activities, lecture and experiential exercises
- meeting the participants' needs by remaining flexible
- providing ways of linking familiar and new information
- reiterating and reinforcing information throughout the workshop

Goals of the training

The goals of the training is to equip trainers to equip others to train in the challenging field of human sexuality, and to ultimately understand the challenges faced by LGBTI people, including MSM and WSW. During the training, the trainers will be confronted by their own sexualities and preferences. These issues will be explored and discussed in an understanding and affirmative environment. This process of understanding the self will enhance the development of insight into the world of sexual minorities. The activities will help the participants to feel more comfortable in talking about a theme that is often not talked about. This will lead to good quality group facilitation.

Who is the training for?

Workshop participants may come from a wide range of experiences and organizations. Ideally they will include:

- Staff or community members who are well-positioned to train others
- Trainers of community based organizations or NGO's
- Trainers within government institutions
- Individuals who are actively involved in their communities and have training / facilitation experience
- Peer educators

Overview of the units

Each unit contains an activity or set of activities. Each activity provides the facilitator with the objectives, materials, preparation, and suggested process for the facilitator to follow. Related handouts and power point presentations follow each activity.

UNIT 1: GETTING STARTED

This unit provides participants and facilitators with a chance to introduce themselves and to establish the objectives of the training. It also reviews the concept of human sexuality and the challenges that the participants experience in their communities or field of practice. It includes an exploration of stereotyping through an experiential exercise.

UNIT 2: DISCUSSION ON HUMAN SEXUALITY

This unit focuses on the various concepts of human sexuality, including sex as a biological concept, gender as a social construct, sexual orientation and sexual practices. This is the most important part of the training.

UNIT 3: IDENTITY DEVELOPMENT & COMING OUT

This unit concentrates on the development of an individuals' sexual identity and the challenges surrounding coming out within a heteronormative and heterosexist society. This unit is complimented with a high impact experiential exercise.

UNIT 4: SPECIFIC ISSUES / CHALLENGES OF LGBTI / MSM / WSW

In this unit, the specific challenges that lesbian, gay, bisexual, transgendered and intersex people, as well as men who have sex with men and women who have sex with women, experience. These experiences include discrimination and hate crimes.

Notes to the facilitator

Preparing yourself

- In order to effectively facilitate this workshop, you must have a thorough knowledge of human sexuality and be prepared to answer any questions about it.
- This knowledge should include biology of the body (e.g. anatomy, endocrine system, and reproductive system), psychology (with regard to sexuality), counselling and exceptional facilitation skills.
- You may also wish to read other material human sexuality, broader than LGBTI issues, to enhance your knowledge of the subject.
- Try to obtain as much information as possible about workshop participants ahead of time. You need to know about them both as individuals and in terms of their experience working in the area of sexual health promotion.
- You also need to have a thorough understanding of the issues they would like to see addressed in the workshop.
- Obtaining the above information can be done in a variety of ways. For example you can arrange a meeting with a representative of the group ahead of time, or send a letter/questionnaire to the participants.
- It is best to have the information sent to you prior to the workshop to give yourself additional time to prepare.
- Knowing as much as you can about the participants and their interests will help you choose the most appropriate activities for the workshop.

Selecting and preparing participants

- As far as possible, recruit participants who will be in a position to train others in the community in the field of human sexuality.
- The ideal number of participants per workshop is about 12-18.
- Potential participants should represent a variety of backgrounds, and not necessarily just from the LGBTI or sexual health community.
- Try to ensure that participants prepare for the workshop by reading and reviewing the training content and all materials provided.

Organizing the workshop

- Although a sample agenda is provided at the end of this section, you may adjust the material to the time available and the expectations of the client.
- For the training to be even more effective, a co-facilitator is of utmost importance. The relationship between the two trainers should be supportive and respectful

Tips for Effective Facilitation

Prepare yourself

- ✓ Gain as much understanding about the group you are facilitating in advance of the session as is possible (numbers, work done to date, issues and concerns).
- ✓ Think through the issues or problems that may arise in the facilitated session and plan how you will respond.

Fine-tune your skills

- ✓ The key skills for facilitation are listening, synthesizing, discussion and identifying ways to move the discussion or learning forward.

Define your role

- ✓ Make sure participants understand that your role as a facilitator is to assist the group to identify key issues and challenges within human sexuality, and develop strategies to respond to these issues. You will keep them on track and ensure that the workshop objectives are met, share your experiences and expertise, but the answers to their issues and concerns rests with the participants themselves.
- ✓ You must trust that the group you are facilitating will take responsibility for their own learning and problem solving. Your role is to provide a structure or support for doing this.

Organize

- ✓ As a facilitator you must have a very clear understanding of what needs to be accomplished by the end of the session and the means you will use to guide the group to this end.

Remain open

- ✓ Be flexible. Plan your process in advance, but be ready to change or adapt to meet the needs of the group. When training in the field of human sexuality, various challenges and surprises might pop up.

Keep it simple

- ✓ Don’t make the process too complex. You do not want the process to get in the way of learning and discussion. The larger the group, the simpler should be the process and the tools used.
- ✓ Don’t try to cram too much activity into the time you have. Allow time for meaningful discussion. Often, the sharing of ideas and discussion has the most value for participants.

Start off on the right foot

- ✓ Ensure that all participants have a common understanding of the purpose and intended results of the session.
- ✓ An introductory exercise is always advisable as it breaks the ice and allows you to develop rapport with the group.

Build trust

- ✓ For effective facilitation the group must trust you. For trust to develop you must be genuine in your interest and desire to make the facilitated session beneficial for all participants.

Strike a balance

- ✓ There is a balance to strike between giving people time to express themselves and keeping the process on track.

Stay neutral

- ✓ Ask questions. As a neutral party you can help a group think through issues by simply asking questions.
- ✓ If conflict emerges, identify the issue that is at the centre of the conflict. Acknowledge that there is conflict and emotion.

- ✓ In heated discussions or conflicts, make sure that participants continue to show respect for one another. Refer to the group norms if you have to. Keep discussions focused on the issues rather than letting things get personal.

Make them laugh

- ✓ Humor is important. It is a non-threatening way for participants in a group to see issues or acknowledge challenges, especially when talking about a sensitive topic like human sexuality.

Write it down

- ✓ For future learning, record the training sessions as far as possible.
- ✓ Before discarding any flip charts, ask the group if they would like to have notes written up and sent to them after the workshop.

Get feedback

- ✓ Ask for evaluative feedback. Learn from your experience.

Watch group vibes and body language

- ✓ If people seem bored or inattentive, you may have to speed up the pace of the meeting.
- ✓ If people seem tense because of unvoiced disagreements, you may have to bring concerns out into the open.

Ask open-ended questions

- ✓ Effective, open-ended questioning will provide participants with the opportunity to share their experience and knowledge with the group, and helps to get necessary feedback.

Set and follow ground rules / group norms

- ✓ Developing ground rules with the group and sticking to them helps to create an environment in which everyone feels comfortable participating.

Encourage participation

- ✓ Involve everyone in the training. This includes drawing out the quiet participants and controlling the domineering ones.

Stick to the agenda

- ✓ Groups have a tendency to wander far from the original agenda, sometimes without knowing it. When you hear the discussion wandering off, bring it to the group's attention.

Check in with the group

- ✓ Be careful about deciding where the training should go. Check back after each major part of the process to see if there are questions and that everyone understands and agrees that they are on track.

Be self-aware

- ✓ Take a break to calm down if you feel nervous or are losing control.
- ✓ Take a couple of deep breaths often throughout the training.
- ✓ Watch that you're not repeating yourself, saying "ah" between each word, or speaking too fast.
- ✓ Watch your voice and physical manner. (Are you standing too close to people so they feel intimidated, are you making eye contact so people feel engaged?) Your behaviour will have an effect on the way participants feel.

Summarize results and needed follow-ups

- ✓ Before ending the meeting, summarize the key themes and what else happened.
- ✓ Be sure also to summarize the follow-up actions that were agreed to and need to take place, if any.
- ✓ Remind people how much good work was done and how effective the training was. Refer back to the objectives or outcomes to show how much you accomplished.

Thank the participants

- ✓ Take a minute to thank people who prepared things for the training, set up the room, brought refreshments, or did any work towards making the training happen.
- ✓ Thank all of the participants for their positive attitude, input and energy and for making the training a success.

Effective Facilitation—things to avoid

Don't memorize a script.

- Even with a well-prepared agenda and key points you must make, you need to be flexible and natural.
- If people sense that you are reading memorized lines, they will feel like they are being talked down to, and won't respond freely.

Don't talk to the flipchart, Powerpoint, white or black boards or walls — they can't talk back!

- Always wait until you have stopped writing and are facing the group to talk.

Don't be defensive

- If you are attacked or criticized, take a "mental step" backwards and breathe before responding. It is a good idea if the co-facilitator can step in for a moment.
- Once you become defensive, you risk losing the group's respect and trust, and might cause people to feel they can't be honest with you.

Don’t fidget

- Hold onto a marker, chalk, or the back of a chair. Don't play with the change in your pocket!

NEVER, EVER, CHEW GUM!!

Proposed Agenda for a one day Human Sexuality Train - the - Trainer Workshop

Human Sexuality Train - the - Trainer Workshop	
30 min	Activity 1: “Give & Get” Icebreaker
15 min	Activity 2: Workshop objectives
45 min	Activity 3: “Stereotype” experiential exercise
15 min	Break
60 min	Activities 4 –5 Human Sexuality
15 min	Break
60 min	Activities 6 – 7 Human Sexuality
30 min	LUNCH
45 min	Activity 8: Identity Development and Coming OUT + experiential exercise
45 min	Activity 9: Discrimination & Hate Crimes
45 min	Activity 10: MSM / WSW
15 min	Break
45 min	Activity 12: Small group preparation
30 min	Evaluation & Check out

Summary of main ideas

Definition of Human Sexuality, Sexual Health, Sexuality Education and Sexual Rights

Human Sexuality is so much more than what's in your pants and what you can do with it! Not only are biology important, but also a deeper understanding of gender constructions and its impact on how we view the world through a sexual lens. Add to that; sexual identity formation and sexual practices, but more importantly, the impact of the voices of the past - the voices that added fear and shame to the mix, unfortunately, not understanding and compassionate.

According to the World Health Organization (WHO) the working definition of **sexuality** is stated as:
“Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical and religious and spiritual factors.”

Again, according to the WHO, the definition of **sexual health** is stated as follows:
“Sexual health is a state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled."

On **sexuality education**:
"Sexuality education is a lifelong process of acquiring information and forming attitudes, beliefs and values about identity, relationships and intimacy. It encompasses sexual development,

reproductive health, interpersonal relationships, affection, intimacy, body image and gender roles. Sexuality education addresses the biological, sociocultural, psychological and spiritual dimensions of sexuality from 1) the cognitive domain, 2) the affective domain, and 3) the behavioral domain, including the skills to communicate effectively and make responsible decisions." **UNFPA**

Sexual rights embrace human rights that are already recognized in national laws, international human rights documents and other consensus documents. These include the right of all persons, free of coercion, discrimination and violence, to:

- Seek, receive and impart information in relation to sexuality;
- Sexuality education;
- Respect for bodily integrity;
- Choice of partner;
- Decide to be sexually active or not;
- Consensual sexual relations (not be forced to have sex through the use of violence or non-physical force);
- Consensual marriage;
- The highest attainable standard of health in relation to sexuality, including access to sexual and reproductive health care services;
- Be protected from the risk of disease such as HIV and other STDs;
- Decide whether, and when, to have children;
- Pursue a satisfying, safe and pleasurable sexual life.

Definition of Terms

These are common terms used throughout this manual. It ensures that all participants are on the same page with regard to the concepts used during the training.

AIDS

Acquired Immune Deficiency Syndrome, a disease in which there is a severe loss of the body's cellular immunity, greatly lowering the resistance to infection and malignancy. The cause is a virus (the human immunodeficiency virus, or HIV) transmitted in blood and in sexual fluids

Androgyny

Not having clear masculine or feminine physical characteristics or appearance

Anilingus

Oral stimulation of the anus. Also called rimming.

Asexual

Lack of (interest in and desire for sex) sexual attraction

Bisexual

A sexual orientation and identity. Bisexual people have an attraction to people of the same and opposite sex on various levels (emotionally, physically, intellectually, spiritually, and sexually). Not necessarily at the same time and not necessarily an equal amount of attraction.

Cisgender

People whose gender identity matches their sex at birth. The Latin prefix *cis* stands for 'on the same side,' while the prefix trans stands for 'on the opposite side.' This has a more positive connotation than 'normal' or 'non-transgender.'

Coming Out

A term describing the complex process where an individual realizes they are not heterosexual and the process of resolving related conflicts due to heteronormativity (where heterosexuality is being internalized and viewed as the norm) Coming out is a process of how one wants to be

identified. There are two stages, firstly to acknowledge to the self, then secondly to come out to others.

Condom-compatible lubricants

Water and silicon based lubrications which do not increase the risk of a condom tearing during sexual intercourse

Conversion Therapy

Also known as reparative therapy. To change the sexual orientation of an individual from homosexual or bisexual to heterosexual through a specific form of therapy. It is a homophobic act.

Cunnilingus

Oral stimulation of the vulva / vagina.

Dental Dams (or OUT's Silk-e's)

A latex sheath (square) that serves as a barrier of protection against the transmission of sexually transmitted infections (STIs) during oral sex (Anilingus and cunnilingus) or tribadism (where genitals rub directly against each other)

Discrimination

The unjust or prejudicial treatment of different categories of people on the grounds of race, age, sex, sexual orientation, gender and gender identity and presentation

Female condom (Femidom or Woman's condom)

A device that is used during sexual intercourse as a barrier contraceptive and to reduce the risk of sexually transmitted infections

FTM/Trans Man

A transman, or female-to-male, starts his life with a female body, but his gender identity is male. Always use male pronouns in reference

Gay

A male - same sexual identity and orientation. Attraction between two males on various levels (emotionally, physically, intellectually, spiritually, and sexually)

Gender

Socially constructed characteristics assigned that may vary according to the times and the society or group one belongs to, and which are learned or assigned to women and men. It is a broader concept than the mere biological differences between men and women, and includes masculine and feminine traits.

Gender-based Violence

GBV encompasses various forms of violence directed at women, because they are women, and men, because they are men, depending on the expectations of each in a given community. For LGBTIs the violence is directed towards them because of them challenging notions of sexuality and gender identity and presentation.

Gender dysphoria

The medical diagnosis for someone who experiences a disconnection between their assigned and preferred gender. Some transgender people disagree with the categorisation of gender dysphoria as a medical condition because it relies on an understanding of what “normal” gender is.

Gender Identity

Refers to a person’s persistent and consistent sense of being male, female or androgynous. An internalised representation of gender roles and anawareness from infancy which is reinforced during adolescence.

Genderqueer

An umbrella term for gender identities other than man and woman that are outside of the gender binary (male and female) and heteronormativity. Genderqueer people may think of themselves as both man and woman (bigender), neither man nor woman (agender), moving between genders (genderfluid), and/or third gendered.

Gender Role

Socially constructed or learned behaviors that condition activities, tasks, and responsibilities viewed within a given society as "masculine" or "feminine"

Hegemonic Masculinity

This is the 'normative' ideal of masculinity to which men are supposed to aim. It is not necessarily the most prevalent, but rather the most socially endorsed. It is supported by the heteronormative model.

Heteronormative

A social construct that views all human beings as either male or female with the associated behaviour and gender roles assigned, both in sex and gender, and that sexual and romantic thoughts and relations are normal only between people of opposite sexes and all other behaviour is viewed as "abnormal"

Heteronormative Model

The typical heteronormative family consisting of a father (male bodied person), mother (female bodied person) and offspring.

Heterosexual / Straight

Attraction between two people of the opposite sex on various levels (emotionally, physically, intellectually, spiritually, and sexually)

Homophobia

Irrational fear of homosexual feelings, thoughts, behaviours, or people and an undervaluing of homosexual identities resulting in prejudice, discrimination and bias against homosexual individuals

Homo-prejudice

Prejudice against people of diverse sexual identities

Homosexual

Attraction between two people of the same sex on various levels (emotionally,physically, intellectually, spiritually, and sexually)

Human Rights

The basic rights and freedoms that all people are entitled to regardless of nationality, sex, age, nationality or ethnic origin, race, religion, language, or other status. The other status refers to e.g. a person's HIV status. Sexual orientation and gender identity are also basic human rights.

HIV Human Immunodeficiency Virus

A retrovirus that causes AIDS by infecting helper T cells of the immune system. The most common serotype, HIV-1, is distributed worldwide, while HIV-2 is primarily confined to West Africa. It is one of many sexually transmitted infections.

Internalized Homophobia

When a homosexual individual internalizes (make it their own) the shame and hatred projected onto gays and lesbians by a homophobic society.

Intersex

Born with ambiguous genitalia, or sex organs that are not clearly distinguished as female or male.

Lesbian

A female sexual identity and orientation which is an attraction between two females on various levels (emotionally, physically, intellectually, spiritually, and sexually).

MTF / Trans Woman

A transwoman, or male-to-female, starts her life with a male body, but her gender identity is female. Always use female pronouns in reference.

MSM

Men who have sex with men. A sexual practice irrespective of sexual orientation or gender identity. An MSM can be hetero-, bi-,homosexual or trans. This term is more technical and is not necessarily an identity.

Patriarchy

A system of society or government in which the father or eldest male is head of the family and descent is traced through the male line. The wives / females are viewed as dependant. Roles assigned to men are considered superior and valued above females. Patriarchy forms the basis of discrimination against minorities like LGBTI's.

Serodiscordant couples

Refers to an intimate couple where one partner is HIV positive and the other HIV negative.

Service providers

In this handbook, service providers refer to anyone who could come into contact with sexual minorities accessing services for prevention, treatment and care. This could include nurses, doctors, counsellors providing voluntary counselling and testing (VCT) and HIV counselling and testing (HCT) or supportive services. It also includes the management staff responsible for designing and monitoring the services. It could also include those that provide an indirect service, e.g. secretary, whom the LGBTI client will have contact with.

Sex

A biological construct of a human being. Male genitals - penis, testes, testosterone and genetic make-up and females – breasts, vagina, oestrogen, progesterone and genetic make-up.

Sexuality

How people experience and express themselves as sexual beings, within the concepts of biological sex, gender identity and presentation, attractions and practices. Culture and religion have a huge impact on how individuals see themselves as sexual beings, especially within relations of power.

Sexual Fluidity

Sexuality varying across time and situation, particularly for women. Fluidity offers a more inclusive definition than the more limiting conventional labels we have become accustomed to using to define sexual identity. Sexual fluidity, quite simply, means situation-dependent flexibility in women's sexual responsiveness. This flexibility makes it possible for some women to experience desires for either men or women under certain circumstances, regardless of their overall sexual orientation. In other words, though women—like men—appear to be born with

distinct sexual orientations, these orientations do not provide the last word on their sexual attractions and experiences.

Sexual Identity

The overall sexual self identity which includes how the person identifies as male, female, masculine, feminine, or some combination, and the person's sexual orientation

Sexual Minority

A group whose sexual identity, orientation or practices differ from the majority of the surrounding society.

Sexual Orientation

Attraction between any two people on various levels (emotionally, physically, intellectually, spiritually, and sexually). Attraction to the other person's sex and or gender presentation is the point of departure.

Sexual Practices

All behaviour that creates sexual pleasure, practiced by one or more than one person, individually, or together

Stigma

This is when a certain individual, with certain characteristics, e.g. HIV positive individual or trans woman, is rejected by their community or society because of that characteristic which might be considered as "abnormal". These individuals' lives might be at risk, possibly being threatened and abused.

Transgender

An umbrella term which is often used to describe a wide range of identities and experiences, including transsexuals, FTMs, MTFs, transvestites, cross-dressers, drag queens and kings, two-spirits, gender-queers, and many more

Transphobia

The irrational fear of, and/or hostility towards people who are transgender or who otherwise transgress traditional gender norms. The most direct victims of transphobia are people who are

transsexual. Because our culture is often very transphobic, transgender people can often have internalized transphobia and experience feelings of insignificance and self-prejudice.

Transsexual

A transgender person in the process of seeking or undergoing some form of medical treatment to bring their body and gender identity into closer alignment. Not all transgender people undergo reassignment surgery.

Transitioning

The process of changing one's gender presentation to align with one's internal sense of one's gender. For transgender people this may sometimes include sexual reassignment surgery, but not always.

Transvestite

An individual who dresses in the clothing of the opposite sex for a variety of reasons and who has no desire to change or modify their body.

WSW

Women who have sex with women. A sexual practice irrespective of sexual orientation or gender identity. A WSW can be hetero-, bi- or homosexual. This term is more technical and is not necessarily an identity.

Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ARVs	Antiretrovirals
SW	Sex Worker
FTM	Female to Male Transsexual
GBV	Gender Based Violence
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
LGBTI	Lesbian, Gay, Bisexual, Transgender, Intersex
MARP	Most At Risk Population
MTF	Male to Female Transsexual
MSM	Men who have Sex with Men
MSP	Minimum Service Package
MSW	Male Sex Workers
PEP	Post Exposure Prophylaxis
PREP	Pre Exposure Prophilaxis
PLHIV	People Living with HIV
SOGI	Sexual Orientation and Gender Identity
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
TG	Transgender
VCT	Voluntary Counselling and Testing
WSW	Women who have Sex with Women

UNIT 1:

GETTING STARTED

Unit goals & objectives

- To build relationships among workshop participants and facilitators
- To share expectations and group norms
- To understand workshop objectives and learning expectations
- To review current knowledge of on human sexuality

ACTIVITY 1

30 – 45 minutes

“Give & Get” Icebreaker

Introduction

The “Give and Get” icebreaker is a useful way to begin the training for several reasons. First, it sets a friendly and open mood for the training, and helps to put the participants at ease. Secondly, it gives the trainers and the participants a chance to get to know each other a little, particularly in terms of the strengths and capacities they can offer the group, as well as their learning expectations for the training.

Materials

- Flip chart paper and pens

Preparation

Before the meeting, prepare a flip chart with three headings:

- **Who I am** (what I would like the group to know about me)
- **What I want to give** (what I can offer the group, my strengths as they relate to the training, and Human Sexuality and the promotion of sexual health)

- **What I want to get** (what I hope to gain by participating in the training)

The facilitators can demonstrate the activity themselves by asking each other the questions in advance and recording their answers on the flip chart, them introducing each other to the group. Make sure the sheet is within easy viewing distance of all participants.

Suggested Process

Part 1 (10 min)

- Ask the participants to pick a partner. Give each pair a piece of flip chart paper (they can each use half) and 15 minutes to ask each other the three questions. Tell the participants to try to come up with 1-2 points for each question.

Part 2 (5 min for each pair)

- After 10 minutes, ask the participants to volunteer to introduce their partners, bringing their flip chart paper to the front so all can see. Ask both members of the pair to remain in front of the group until both people have been introduced. After they are finished with their introductions, the participants can post their paper so that all can see. Wall space permitting; leave the papers up throughout the day, and even throughout the duration of the training.

Note to Facilitator/s:

You are welcome to make use of your own icebreaker exercise.

Remember to welcome each participant to the group after they've been introduced.

ACTIVITY 2

15 minutes

Workshop Objectives

Introduction

It is important to establish the objectives of the workshop right at the outset, and to keep them posted throughout the training to help the group stay focused, and to ensure that the learning expectations that you established as a group will be met.

Materials

- Flipchart paper & pens or
- Power Point Slide - Workshop objectives

Preparation

Facilitators should write out the workshop objectives on the Power Point projection or flip chart paper before the session. The participants will most likely come up with the same or similar objectives in the course of this activity, but you should have the official objectives on hand to refer to.

Suggested Process

Working with the participants' input from Activity 1, in which they stated what they hoped to get from the workshop, the facilitators can help the participants to brainstorm their own list of workshop objectives. Try to have participants describe the objectives as "To" statements

For example:

The objectives of the Train-the-Trainer workshop are:

- To equip participants with the skills and information necessary to train others on human sexuality in their own communities
- To provide the opportunity to discuss and understand the life experiences of sexual minorities, specifically LGBTI people, including MSM and WSW
- To provide an opportunity to explore in greater detail the challenges experienced by LGBTI people, including MSM and WSW

Note to Facilitator/s:

Your role as a facilitator is to help the group maintain its focus and ensure that the workshop's objectives are met. Participants may bring up many interesting and relevant issues in this exercise, but it might not be possible to address them all within the limited time frame of the workshop. Record these ideas and issues on a separate flip chart, and ask the group about how they would like to see these issues followed up.

ACTIVITY 3

45 minutes

Stereotype Experiential Exercise

Introduction

It is important not to mention to the group what the name of the exercise is up front, in order for them to be able to understand what the intention of the exercise is about. Rather call it and "exercise about identity".

AIMS:

- To let participants feel free to acknowledge and express their own stereotypes.
- To connect different kinds of stereotyping, such as sexual orientation, race and gender.
- To show all stereotyping have the same source and outcomes.
- To provide background information about stereotyping and discrimination.

Materials

- Flipchart paper & pens

Preparation

Facilitators should write out some of the following words, depending on the needs of the participants, in the middle of a flip chart paper, but keep it covered or hidden from the participants:

- Man
- Woman
- Black person
- White person
- Gay man
- Lesbian woman
- HIV Positive person
- MSM
- WSW

Note to Facilitator/s:

Always use 'lesbian' and 'gay', but not first or last.

Suggested Process

Instructions to the group

"A word will appear on the flipchart.
"When I say the word, you say any word or meaning that you think yourself or society attaches to the word, both positive and negative."
One facilitator calls, the other one writes. Write down all the answers/associations for each word on a piece of flip chart paper. Don't restrict the responses in any way.
Write in any language participants' use, don't translate. Use 2-3 minutes per word / category. Also ask people to add any words or labels they know or have heard, in relation to 'lesbian' and 'gay'
Say 'Stop' after 2-3 minutes. Do not exhaust each category. The facilitator that writes then turns to the next word on the flip chart paper. Continue: "When I say e.g. 'black person', you say…" (or continue with another word of the list) Continue until you have done all the words. The association exercise should take about 15 minutes.

PLENARY DISCUSSION:

Put all the flip chart papers on the floor. Tell people to stand in a circle and look at them. Facilitate a group discussion about the nature of stereotyping (without saying the word stereotyping at first).
First ask about participants' feelings when they see themselves described in a certain way.

Make it personal by asking questions like:

- "Are you THE man described here?"
- "How does it make you feel to see THE black person described like this?"

Try to get your audience to a point where they themselves say the words simply stereotype groups of people. Otherwise ask what the words on the papers are. If no answer, ask participants if they have heard of 'stereotyping'. Explain if unknown, but usually there will be people who know. Ask them to explain the word to each other.

Then ask questions like “Why do you think stereotyping happens? What is the function of it?”

Stereotyping is a natural process. It is way to structure the world and to position yourself in the world. Individuals also get classified into categories because of a fear of the “other” and a fear of the unknown.
Then you can focus on coping strategies to stereotyping. Some people change negative stereotypes into positive ones, others ignore the negative ones and only look at the positive stereotypes, etc. Draw on the fact sheet for further reflections in the plenary session.

Finally, zoom in on the lesbian and gay stereotypes and make the connection with the others. Discuss that exactly the same stereotyping happens to lesbian and gay people as happens to other groups. Stress the fact that sometimes it happens more often to lesbian and gay people because they are most likely to be in the minority in any given group. As all others, they internalize what the “world” says about them. Emphasize that THE lesbian and THE gay do not exist in the same way that THE woman or THE black do not exist. Ask your audience if they agree and how they feel about it.

This activity demonstrates how quick and easy it is to give other people a label, but how uncomfortable it is to be labeled oneself, especially with very derogatory names.
The discussion should be around the feelings that this evoked in the participants, which are often quite strong. This activity also highlights how much we operate out of stereotypes, and in particular how strong the stereotyping of especially gender often is. The discussion should focus around the validity of these stereotypes, checking them out in reality, as well as where they come from. The point needs to be made that stereotyping often has little basis in reality, and that it comes out of prejudice and is closely linked to labeling. Underline the idea that stereotyping is often unhelpful, and that it can also have a very negative impact on the way people are treated and interpersonal relationships. Also make the links between stereotypes and power relations in society.

Explain to the group that it is natural to stereotype, that we all do it in one way or another, but that it hurts, the self and others in the process. We should all be aware of how we stereotype others, and try our best to change that for the positive.

End of by saying something in the line of:

“Even though we stereotype to make sense of our world, from today, we should **never, ever assume**. This is the beginning. We know we cannot fit people into box. How boring life would be if we could fit all people into the same box? Our language, with only 26 letters, is too small to describe human beings in totality. Although these words are not necessarily something that is known in your own language, that doesn’t mean that the people described doesn’t exist. There may be an assumption that because there is no word for it in e.g. seTswana, it doesn’t exist. What this training covers is nothing new. Maybe some things will be new, but mostly we all know what we are talking about here. Now we are taking the puzzle apart, then we are going to put it back together again.

Note to Facilitator/s

Remember to summarize each session after you have finished it. Stress what was covered and why.

Remember to introduce each session. If the session is meant to be experientially based then don’t give away the details upfront, rather just provide the broad topic area that the session will focus on.

UNIT 2:

HUMAN SEXUALITY

Unit goals & objectives

- To understand the difference between sex, gender, sexual orientation and sexual practices
- To share knowledge of human sexuality
- To demystify sexual minorities and clarify concepts
- To share knowledge and experiences of the past with clients / patients / relatives / colleagues / media etc.
- To be able to link a human being's different facets with regard to their sexuality

ACTIVITY 4

30 minutes

Sex as a biological concept

Introduction

Although separate from Activities 5 – 7, this activity should not be seen as a separate entity. It is all part of the puzzle of human sexuality.

AIMS:

- To discuss sex as a biological concept.
- To make participants aware of misconceptions of the past.

Materials

- Flipchart paper & pens

Preparation

Facilitators should write out Activities 4 to 7 on one piece of flip chart paper, dividing it into 4 quadrants. This activity starts in the top left corner, the first quadrant. Only the word “SEX” is written on the top of the first quadrant (for now).

Suggested Process

Instructions to the group

Check if everybody can see the flip chart. Reassure the group that the information will be shared step by step and repeated often. Explain that the information is going to be unpacked, then later put back together again. This is the first part of the puzzle that we are taking apart. By the end of this session on Human Sexuality, the puzzle will be put together again.

The first section is “SEX” as a biological concept. When I say the word “SEX”, what comes to mind? Now allow the group to give their take on what the word mean to them. If a participant mentions “MALE” or “FEMALE”, write it down, the one below the other. Ask: How do you know what sex somebody is? Look in the pants - male has penis, female has vagina. Biological sex is about what’s in the pants, as well as the hormonal and genetic makeup which indicates a person as being biological male or female.

Then, ask if the group know of any other biological sex? Probe them on to what the have heard from the media. Write down the word “INTERSEX”.

Explain the word Intersex. We don’t know exactly what an intersex person have in their pants, but it is not important. However, it is important to know that they exist. The genitals are not clear. There are very many different ways intersex can manifest. Testes produce male hormones, testosterone, resulting in masculine features. It used to be called hermaphrodite, but it is a rude word and should not be used at all. In some cases the genitals is not clear at birth, in some cases they discover in later life that they are intersex. Explain that in olden days when baby was born intersex, the doctor would say to parents they can “choose” the sex of baby. If they chose the baby to be a boy, later in life, at about puberty, the boy develops breasts. This has a huge impact on the child. So these days they don’t make the choice immediately, but let the child grow up to see what the child will become. Having an intersex child can be very traumatic to parents. It is a very sensitive issue and clients should be referred to the correct health care providers to assist psychologically and with the physical challenges.

Because of stereotypes, we look for a penis or a vagina.

Explain to the group, that this info is just the tip of the iceberg, and that they should read more on the topic of intersex.

End this session with a statement e.g. Intersexuality challenges the notion that there are only two sexes!

Check with the group if it is all understood so far.

ACTIVITY 5

30 minutes

Gender as a social construct

Introduction

Although separate from Activities 4, 6 and 7, this activity should not be seen as a separate entity. It is all part of the puzzle of human sexuality.

AIMS:

- To discuss gender as a social constructs.
- To make participants aware of the subtleties of gender inequalities
- To understand the challenges experienced by transgendered people

Materials

- Flipchart paper & pens (continue with the one used in Activity 4)

Preparation

Continue with the flip chart used in Activity 4. This activity flows to the top right corner, the second quadrant. Only the word “GENDER” is written on the top of the second quadrant.

Suggested Process

Instructions to the group

GENDER - Ask what this word means. If sex is male, female and intersex, what is gender? The following two terms to be identified:

- **Masculine**
- **Feminine**

Most people express confusion between the terms sex and gender. Sex is biological, gender is a social construct.
Example can be used in the media, e.g. the well known beer advertisement of *"Real men don't drink pink drinks, Dave"*. It reinforces stereotypical masculine male model, in a very subtle way. So who only drinks pink drinks? Stereotypically women? Are men not real men when they drink a pink drink? Elicit a discussion around these notions.

Another example of a baby shower, girls get pink, boys get blue. Who decided? This is a social construction. We are born with a sex only, not with a gender, gender we are "taught".

Further examples - Female jobs - administration, teachers, nurses, housewife, counsellors. Male jobs - engineers, directors, doctors, preachers. Masculine - tough, hard, driven, while femininity represents soft and caring. The irony is that as whole human beings, we need both masculine and feminine traits. A man has to be in touch with his feminine side, and a woman with her masculine side, our masculine and feminine traits should be in balance in ourselves. When there is no balance, it may cause power imbalances, which can lead to different forms of abuse.
Example: Women wearing jeans or pants. 30 years ago only cowboys wore jeans. 100 years ago women were not allowed to wear pants at all. Now most women wear jeans or pants because it is comfortable and for various other reasons. What if a man wears a dress? What is the perception of such a man? Maybe in another 50 or 100 years men will wear dresses?

Some behaviour is perceived to be masculine traits, like drinking too much, and is accepted by society, even if it hurts or is pathological in nature. If a woman portrays masculine behaviour, e.g. being dynamic, what is the perception of that woman? That she is a bitch? That she wants

to be a man? As soon as a person is boxed or stereotyped, there is a danger of being discriminated against.

Repeat what has already been covered: Sex, Gender.

Next, introduce another word, **transgender**, an umbrella term that encompass two terms. Trans - think of transport, to move from one to the other. Write it somewhere between the blocks for "sex" and "gender".

Transgender is split into two - **transvestite** and **transsexuals**.

A transvestite is a cross dresser, meaning if a male who have the need wear female clothes, underwear, make up etc. It has nothing to do with who they are attracted to.
Although woman can where men's clothing, (and some men in Africa wears dresses) men as cross dressers are, sadly, not accepted by society.
Transvestites are most of the time heterosexual. Often OUT used to get calls from men who say they like to wear women's underwear or wear women's clothes; does that mean they are gay?
Transgender has nothing to do with sexual orientation.
Some gay men will wear women's clothes too and are commonly known as **drag queens**.

Transsexuals, on the other hand, are people who transition, or are in the process of transitioning, from one sex to another.
Example: A child is born, there is a penis, with the assumption is that it is a boy. When brought up, follows a masculine gender role, but feels uncomfortable with the self as a man, and feels more comfortable in feminine role, and being a woman. ***She*** **feels *trapped* in the wrong body**.

VERY IMPORTANT! This has nothing to do with sexual orientation. This is about the relation of the person to their intimate and sexual self, their gender identity.

Gender identity: This refers to how someone feels about themselves in the world as a woman or a man, i.e. a person's sense of themselves as male or female. While most people's gender matches their biological sex, this is not always the case, and for instance, someone may be born biologically male, yet have a female gender identity

Example: People who feel they cannot identify with their sex organs, feels like a woman inside but has a man's body or the other way around. They will try to change their bodies, through hormones and/or operations. A transsexual person can be of any sexual orientation. A man, married to a woman, felt trapped in the wrong body, had a sex change to become a woman, still married to the same woman. Now they are lesbians. In other words, a lesbian woman trapped in man's body.

Terms used: **MTF** (male to female) or **FTM** (female to male), with or without gender reassignment surgery.

Check with the group if it is all understood so far. Mention that we are now moving to the third part of the puzzle.

ACTIVITY 6

30 minutes

Sexual Orientation

Introduction

Although separate from Activities 4, 5 and 7, this activity should not be seen as a separate entity. It is all part of the puzzle of human sexuality, the third part.

AIMS:

- To discuss sexual orientation, from definitions to what it means in practice.
- To make participants aware of their own misconceptions and stereotypes.
- To understand the concepts of heteronormativity and heterosexism (homoprejudice).

Materials

- Flipchart paper & pens (continue with the one used in Activity 5)

Preparation

Continue with the flip chart used in Activity 5. This activity flows to the bottom left corner, the third quadrant. Only the word “SEXUAL ORIENTATION” is written on the top of the THIRD quadrant.

Suggested Process

Instructions to the group

Ask what the word “Sexual Orientation” means. Suggested questions: What do you think it is? Do you have a sexual orientation? Do all people have a sexual orientation? What is your sexual orientation? Do not give the answer immediately, allow people to think a bit.

Definition of a sexual orientation: Sexual orientation is about attraction and feelings. Attraction has many levels - sexually, physically, intellectually, emotionally and spiritually. **Thus, it is not only about sex!**

Now start to write down the different sexual orientations.

Heterosexual. Hetero - means opposite, therefore attracted to the opposite sex; a man attracted to women, or woman attracted to men. This attraction is sexually, emotionally, intellectually, physically and spiritually. (Straight).

Homosexual. Homo – means same, therefore attracted to the same sex; a man who is attracted to a man, a woman who is attracted to a woman, on **ALL** the different levels of attraction, not just sexually. Ask them if they understand what the words gay and lesbian meant, and what the difference is. Write down it down next to the term homosexual. Although being gay or lesbian is an identity, there are some women, especially in the Afrikaans contexts, who do not like to be called a lesbian, because the word is offensive to them. They prefer to be called a gay woman, although the term gay, refers to a homosexual man. The “label” is not important, what is important is that the person feels comfortable within their own identity.

Bisexual. Bi - means two, therefore attracted sexually to both sexes; a person attracted to people of both sexes on **ALL** the different levels of attraction, not just sexually (as mentioned above). This is a sexual orientation in its own right and often misjudged and stereotyped as promiscuity or people who can’t choose. This could be the case for some, but for most bisexual individuals, this is a slap in the face.

Very important to remember: People of all sexual orientations can be having multiple partners (preferably do ***not*** to use the “promiscuous” – it seems judgmental, rather use the term multiple concurrent partners).

Ask the group if there is anyone who does not have a sexual orientation. Often, there is a misperception that only homosexuals have a sexual orientation. Everybody has a sexual orientation. It is unclear what determines a person’s sexual orientation. Often the question is asked; “Where does homosexuality comes from?” Well, the same place as other sexual orientations. The question is often asked, because homosexuality and bisexuality is seen as different, or an illness or a sin, which it is not. It is because people do not understand human sexuality. It is because of all the limited information available. It is because of all the shame that used to be connected to homosexuality. It is because of heterosexism and homoprejudice (we’ll talk about these terms a bit later). For many years, people thought that homosexuality should be cured or fixed, especially if we listen to the horrid stories that some LGBT people have to share. But the irony is that it cannot be cured or fixed, because it is not a disease or illness, there is nothing to fix or cure.

Give an example to a heterosexual person in the group (always ask permission first!) by saying: “Change your sexual orientation now; choose to be a homosexual person”. Ask the person if they would feel comfortable with a change / to be cured / to be fixed?

In 1973, in the Diagnostic and Statistical Manual of Mental Disorders, homosexuality was taken out as a mental illness. Almost 40 years later, some professionals and lay people still look for a cause, like they would do with sickness. There is no cause for hetero or homo orientation. Statistically, one in every 10 people is lesbian or gay, according to the Kinsey study from the 1950’s.

Sexual orientation is not a choice. Usually participants want to talk about the nature vs nurture debate. Unfortunately, there is no clear answer. Maybe because there is nothing wrong with the homosexual person. It is natural to look for a cause for a problem / illness, but if nothing is the matter, why the need to look for a cause then? This just links to heteronormativity and heterosexism and believing in stereotypes, being ignorant and not knowing any better.

Example of what happens in life: A child is born, with a penis, society teaches the baby to be masculine, and therefore society assumes he must be straight.
Society says: If you are female, you must be feminine, and therefore straight.
The society further assumes: If a boy is gay, then as a male he must be feminine - that is how a homosexual man should look like…
Or if lesbian, you are female and therefore you must be masculine!!
It does not always work like that that. You can get a male, who is very masculine, who is homosexual. Or female, who is very feminine, and homosexual.
Behavior (masculine or feminine) does not determine a person's sexual orientation. There are males, with feminine traits, who are straight. There are females who have masculine traits, who are straight.
Sex does not inform gender does not inform sexual orientation. At this stage, start to make the links on the flipchart, by using examples of different people in terms of sex, gender and sexual orientation. Use a pen. You can use yourself as an example, or with their permission, a participant or two.
Mention that the pieces of the puzzle are getting together.

How do you know what a person's sexual orientation is? You will only know if that person discloses it to you. ***Never ever assume***. If you don't know, ask. Don't ask to intrude, but if necessary to know, ask, with a professional attitude (as a professional needing information from your client). Again, ***never ever assume***.

The world (or most in it!), assumes that everybody is heterosexual.

Relate this discussion back to the work the group does. Eg, if they are counsellors: A woman comes in, she tells you her problems, you automatically assume that person is straight and ask "how is your boyfriend or husband doing". You are assuming. Maybe she has a girlfriend, or a boyfriend AND a girlfriend. Maybe she is married, but to a woman. Surely, you would have lost your client?
Another example: A man, a dad sits next to you, he has problems. You assume he is married, maybe he is but also has sex with men on the side, you cringe - client lost. Don't let your own judgment and belief systems interfere with your job. If you let a person, your client, tell you more about their intimate lives, you will be surprised how much you learn.

Let's have a look at the term **Heterosexism or Homoprejudice**: Look at the -ism, think of racism - when one race acts as if it is better than all the other races. Sexism? What was the impact of racism and apartheid on this country/ how did racism play out in practice? Proper Health Services was not given to black people? Can you remember the signs on the clinics saying "Whites" and "Blacks", and the services to the latter was always of a substandard, or at the back of the building. People were abused, gross humans rights violations, even murder. Remember those times? Heterosexism means when heterosexuality is seen as the only sexual orientation, better than other orientations. Important to know, is that most of us are from heterosexual behaviour, from a heterosexual sexual act. (Some might be from artificial insemination). However we are not all heterosexually identified people.

Again, a lot of people assume that everybody is heterosexual. **Heteronormativity** - the belief that only heterosexuality is "normal" or accepted. Because most people, including homosexuals, look at the world through a heteronormative lens, they assume and even expect same sex partners in relationships to have male/female roles. They expect the one to be more masculine and the other to be more feminine. This comes from the **heteronormative model**.

Yes, sadly, even most gay and lesbian individuals and couples try to fit within the stereotyped gender expectations. Remember the internalization of stereotypes in the first session? Example: two masculine gay men in a relationship confuses people, or, the need to know who is the "wife" and who is the "husband", or some gay man whom refer to their partner as my "wife", because the other partner is more effeminate. Even though people joke about it, unfortunately it negatively validates the acceptance of negative stereotypes about gender roles and homosexual people.

In many societies, including most in SA, men are considered superior to women and their roles dominant. In these so-called ***patriarchal, heteronormative, heterosexist*** societies, males, 'masculine' characteristics (such as rationality and competitiveness) and roles assigned to men are considered superior and valued above females, those characteristics considered 'feminine' (such as emotionality and nurturing) and roles assigned to women. Gender and gender roles are, however, not fixed as society and culture are forever changing.

ACTIVITY 7

30 minutes

Sexual Practices

Introduction

Although separate from Activities 4, 5 and 6, this activity should not be seen as a separate entity. It is all part of the puzzle of human sexuality, the fourth and last part.

AIMS:

- To discuss different sexual practices, from definitions to what it means in practice.
- To make participants aware of their own misconceptions and stereotypes, especially in terms of and related to identities and actual practices.
- To discuss body parts and pleasure.

Materials

- Flipchart paper & pens (continue with the one used in Activity 6)

Preparation

Continue with the flip chart used in Activity 6. This activity flows to the bottom right corner, the fourth quadrant. Only the word “SEXUAL PRACTICES” is written on the top of the FOURTH quadrant.

Suggested Process

Instructions to the group

Now we move into the most exciting part of the training! This is the last part of the puzzle that we are putting together.

Ask the group: Name the different body parts that people use to experience sexual pleasure and reach orgasm. Write them down.

Examples:
Penis
Vagina or vulva
Breasts
Anus
Thighs
Fingers
Mouths
Etc.

Next, ask the group if a penis and a vagina can go together? And…
Can a penis and anus go together?
Can a penis and mouth go together?
Can fingers and vagina go together?
Can fingers and anus go together?
Can a mouth and vagina go together?
Etc.

Now, ask them if you mentioned who the body parts belonged to? What the sex of the two or three or more people was? The answer is NO! Thus it is all possible.

And it is all seen as sex. Ask the group if they agree.

Why is it important to know how people view sex? Because, in the early times, sex was only seen as penetration of the penis to the vagina. The risk linked to that kind of practice, was

limited to pregnancy. Nowadays we know, the risk is also in contracting an STI (including HIV), but still, many people think that because there is no vagina in the sex act, there are no chances of contracting an infection, because they link risk, consciously or unconsciously, with pregnancy. Therefore, it is perceived by many, as not being sex, and not being risky. As a matter of fact, we know that unprotected anal sex is the sexual practice mostly at risk for contracting HIV.

Let's talk about **MSM** (men who have sex with men) and **WSW** (women who have sex with women). These people may have sex with others of the same sex for a variety of reasons other than as an expression of their sexual orientation or identity. Some people may regularly have sex with others of the same sex, without seeing themselves as lesbian or gay (whether due to cultural, religious or personal reasons). Others may temporarily do so due to circumstances, such as being confined to a facility (i.e. a prison) or a period of separation from the opposite sex (i.e. during military training or operations).

VERY IMPORTANT! People have sex for different reasons. Men have sex with men for different reasons, but they could still be identifying as heterosexual. An MSM can have any sexual orientation.

How people perceive anal sex differs. As an example, you can refer to the Durex Sexual Health and Wellbeing Study. A percentage of the heterosexual men reported that they like to be penetrated anally by their female partners. The inside of the anus is a very sensitive place, like the inside of the mouth. Because it can easily hurt and damaged, it is highly suggestible to a sexually transmitted infection. Inside the anus, is a gland, called the prostrate, which is a very pleasurable spot when stimulated, for most men, no matter their sexual orientation. Even if you look at the Durex study results, some homosexual men do not prefer anal sex. Some lesbian women prefer anal sex.

Results from the Durex Study:

- Anal sex - giving (Durex study: 8%hetero female, 19% hetero male, 72% homo male, 10%homo female)
- Anal sex – receiving(Durex study: 18%hetero female, 11%hetero male, 67%homo male, 15%homo female)
- Oral sex – giving (Durex study: 56%hetero female, 58% hetero male, 83% homo male, 77%homo female)

- Oral sex – receiving (Durex study:55%hetero female, 56% hetero male, 81% homo male, 74%homo female)

Because of the guilt and the shame associated with some sexual practices, some people indulge in hidden, risky, shady sex. If a heterosexual man might feel too shy to ask his wife or girlfriend to perform anal sex on him, he might go out and find the sexual satisfaction he needs somewhere else, often putting himself and his partner/s at risk. Originally anal sex was seen as a gay sexual practice. If we look at the content of porn movies, more and more women are penetrated anally.

A challenge arises when trying to identify an MSM. You cannot say an MSM is 1.8 m tall, have a beard, and wears only blue shirts. Out of experience, we know, they can be difficult to identify and to would not necessary tell you as a service provider up front. Not all of them see the sexual practices they have with other men as sex e.g. anal penetration without a condom and waterbased lubrication. They might think that, since there is no vagina, and no chance for pregnancy, that it is not sex, just playing around with the boys! While in actual fact they might engage in high risk sex.

VERY IMPORTANT: Men who engage in anal intercourse, irrespective of whether this is insertive (TOP), receptive (BOTTOM) or both (VERSATILE) and whether it is with men or with women, or both, must be informed that the HI virus can pass through the delicate mucosal membrane of the rectum. For this reason, receptive anal intercourse poses a particularly high risk of infection.
Don't assume people know what sex is all about.

Again, ***never ever assume***.

When talking about responsible and safe sex strategies with a client, never assume as to what sexual practices the person are having. The message must be all encompassing. Example: When giving safe sex messaging to lesbian women: Here is safe sex pack, use condom on toys or when you have sex with men etc. Act as if it is the most natural thing in the world for you to talk about. To men: Here is condom, use it when you have sex with a male or female partner, anal or otherwise.

A closing statement could be: ***"Who we have sex with is not important, how we have sex with another – that is important!"***

UNIT 3:

IDENTITY DEVELOPMENT & COMING OUT

Unit goals & objectives

- To understand the process of a person's identity development
- To share knowledge and experiences of own identity development
- To demystify a LGBT person's coming out experience
- To understand the challenges LGBT people and MSM / WSW have when disclosing

ACTIVITY 8

45 minutes

IDENTITY DEVELOPMENT & COMING OUT

Introduction

AIMS:

- To let participants personally experience revealing or keeping a secret;
- To let participants reflect on the relevance of such an experience in this Workshop
- To allow participants to make the connection with the experiences of lesbian and gay people regarding revealing or keeping their sexual orientation a secret
- To provide information about the identity development of lesbian and gay people and the potential impact of a lesbian or gay sexual orientation on someone's life.
- To provide information about coming out as a lifelong process.

Materials

- None necessary, group activity and discussion.

Preparation

Ensure that the training room / space can accommodate all participants standing in two rows, looking at each other, with about two meters space available between them.

Suggested Process

Give the following instructions:
Tell the participants to stand up and, if required, put chairs aside or go outside.
Let the participants all stand on one side of the room/space. Tell them that they are going to do an exercise about revealing and keeping secrets. Make sure you stress the fact that it is allowed to hide the truth; if a participant does not want to be honest, they don't have to.

"I am going to say a sentence just now. If it applies to you, take two steps forward. While you walk take a look and see who else is walking with you and who stays behind. On my command, "walk back", you may walk back to join the group that stayed behind. Again, remember if you don't want to be honest, you don't have to take two steps forward; you can simply stay put." Also. Request from the group not to over analyze the question, but make to make a decision to walk or not as soon as the question is posed. Refrain from answering any questions while the questioning is proceeding.

Say the following sentences (and give participants the time to walk, wait a few seconds, before giving the "walk back" command:
Everyone who is wearing pants walk.
Everyone with brown eyes walk.
Everyone who lives in a township, walk.
Everyone who has a child, walk.
Everyone who does not have a partner, walk.
Everyone who feels overweight walk.
Everyone who has ever cheated on a partner walk.
Everyone who had an abortion or helped someone get an abortion walk.
Everyone who has ever, even once, had unsafe sex walk.
Everyone who has ever had an HIV test, walk.
Everyone who has regular unsafe sex walk.
Everyone who has been threatened or beaten by an intimate partner walk.
Everyone who has threatened or beaten an intimate partner walk.
Everyone who has ever, even once, felt attracted to someone of the same sex walk.
Everyone who has ever, even once, had sex with someone of the same sex walk

You can add or delete statements, make them safer or more daring according to the group. Don't be nervous to say the most daring sentences - everybody is allowed to hide the truth! Stop this exercise after 10 minutes and ask everyone to return to their seats in the plenary.

GROUP DISCUSSION

Have a feedback discussion without offering any information about the content of the group discussion. Before moving on to the lesbian and gay specific content, ask participants what they thought of the exercise, how it made them feel, what the impact was, what kind of thoughts went through their minds. If someone wants to share a personal remark, allow for that. If it is not already mentioned, ask the participants what the connection is between the exercise and lesbian and gay people. Emphasize that lesbians and gays often live with a secret, and many keep this secret for a long time. Telling someone the secret or being disclosed could for some be life threatening. Telling someone that you are gay or lesbian is called **coming out**. Ask if people have heard of this term, if they know what it means or what they think it means.

EXPLANATION OF THE COMING OUT PROCESS

Before this exercise write up key points for discussion on a flipchart, and refer to this while you speak. Give the stages of development as a lesbian or gay person including the moment of coming out. Explain the essence of coming out: how it is a lifelong process and not a once off event. Emphasize that although a lot of lesbian and gay people come out in their late teens, there is no specific age for coming out. Also stress that some people never come out, because it is too dangerous or for other reasons. Coming out is a choice, not a must!

Pointers to describe the phases of coming out:
Feeling of being different internal phase
Confusion – denial internal phase
Realization internal phase
Coming out -> telling another external phase
Discovering a new lifestyle external phase
(See also the info sheet about coming out for more information).
Ask the group to apply this information to themselves, other teachers and learners.

Can they imagine how it works and can they understand why it can be difficult to have a coming out, or to tell a secret? Check understandings around how much time a coming out process can take. A lot of people think it is a short and sudden experience, instead of a process. Emphasize the importance and duration of the process, which can last a lifetime.

STORYTELLING

If appropriate, facilitators may wish to briefly share their own experiences of coming out with regards to a “secret” in their lives. By giving prompting questions to each other, talk about self disclosure; reflections on how it has been for you and how it impacts on the work that you do. You could also then refer to the info sheet on coming out tips, as a guide.

UNIT 4:

SPECIFIC ISSUES / CHALLENGES OF LGBTI / MSM / WSW

Unit goals & objectives

- To illustrate the different levels at which issues such as discrimination and victimization can be addressed.
- To begin to explore practical ways in which LGBT / MSM / WSW issues can be addressed in the therapeutic or helping environment.

ACTIVITY 9

45 minutes

DISCRIMINATION AND HATE CRIMES

Introduction

AIMS:

- To let participants identify different forms of discrimination against LGBT / MSM / WSW;
- To let participants identify the impact of discrimination and hate crimes on ALL
- To identify mechanisms to provide affirmative services

Materials

- Flipchart and pens
- “SCENARIO” Handouts

Suggested Process

Explain the instructions for the next exercise and give each participant a handout.
Ask the participants to get into small groups of about four each. They need to scribe their discussions on flipchart. The groups should choose a spokesperson/s to feedback to plenary. Each group gets allocated one of the scenarios (hand out the scenario sheet and allocate to the groups).

Ask them to discuss it in their group and to respond to the following questions:

- What issues/challenges does the scenario below raise for LGBT / MSM / WSW
- What would you do when directly confronted with this kind of situation at work, the clinic, community etc?
- What would you do within the health system / community as a whole, about this kind of situation?

SCENARIO HANDOUTS

Scenario one: I walked down the road in my township. "It started with a group of young boys verbally attacking me. Things like, 'You lesbian, dyke, bitch!' At first it did not bother me. Later on it really started to hurt; it felt like being kicked in the gut. Nowadays, I keep to myself, hardly ever going out anymore. I know I have to go to the clinic, but I'm too scared…"
Scenario two: "My uncle said that he will 'help me to become a whole woman' and if I refused, he will tell the whole community, who will stone me to death. I was so afraid, I had no one to trust or tell…"
Scenario three: "It was Spring Day and I had my pink pants on, maybe a bit unusual for a young man from our township. I have to walk past the school yard to get to work, when a teacher told me to take another route, I am confusing the kids".
Scenario four: "When I visited the clinic, I wore the clothes that I have started wearing – high heels, jeans, the feminine type, with a bit of eye shadow and lip gloss…Afterwards, I had a comment from this nurse that I should dress like the man I am… The clinic doesn't cater for sissies!"
Scenario five: "I tried to tell the nurse that I have sex with men, but when she said 'Always use a condom when you have sex with your girlfriend' she just lost me…"
Scenario six: "And then the nurse asked me, 'Who do you sleep with?' …So I told her. The next day when I went back to the clinic for my results, I was refused to enter the door and the staff looked at me funny… On nurse said, 'you are disgusting, what about your wife and kids' I felt so ashamed"

POSSIBLE RESULTS

Scenario one:

I walked down the road in my township. "It started with a group of young boys verbally attacking me. Things like, 'You lesbian, dyke, bitch!'
At first it did not bother me. Later on it really started to hurt; it felt like being kicked in the gut. Nowadays, I keep to myself, hardly ever going out anymore. I know I have to go to the clinic, but I'm too scared…"

Suggested:

- Issues/challenges? – bullying, discrimination, victimization
- What would you do when directly confronted? – talk to the "boys", talk to a professional
- What would you do within the health system / community as a whole, about this kind of situation? - community talks, advertise LGBT affirmative services

Scenario two:

"My uncle said that he will 'help me to become a whole woman' and if I refused, he will tell the whole community, who will stone me to death. I was so afraid, I had no one to trust or tell…"

Suggested:

- Issues/challenges? – corrective rape, victimization
- What would you do when directly confronted? – talk to the family, talk to a professional, report it to the police, take to the clinic, get victim to an LGBT affirmative shelter
- What would you do within the health system / community as a whole, about this kind of situation? - community talks, including police

Scenario three:

"It was Spring Day and I had my pink pants on, maybe a bit unusual for a young man from our township. I have to walk past the school yard to get to work, when a teacher told me to take another route, I am confusing the kids".

Suggested:

- Issues/challenges? – gender non-conformity, discrimination
- What would you do when directly confronted? – talk to the school master / teachers
- What would you do within the health system / community as a whole, about this kind of situation? - community talks

Scenario four:

"When I visited the clinic, I wore the clothes that I have started wearing – high heels, jeans, the feminine type, with a bit of eye shadow and lip gloss…Afterwards, I had a comment from this nurse that I should dress like the man I am… The clinic doesn't cater for sissies!"

Suggested:

- Issues/challenges? – gender non-conformity, discrimination
- What would you do when directly confronted? – talk to the rest of the staff, suggest sensitization training
- What would you do within the health system / community as a whole, about this kind of situation? - suggest policy changes to include non discrimination against gender non conforming clients, sensitization training to all

Scenario five:

"I tried to tell the nurse that I have sex with men, but when she said 'Always use a condom when you have sex with your girlfriend' she just lost me…"

Suggested:

- Issues/challenges? – assumptions, heterosexism, discrimination

- What would you do when directly confronted? – talk to the rest of the staff, suggest sensitization training
- What would you do within the health system / community as a whole, about this kind of situation? - suggest policy changes to include non discrimination against LGBT clients, sensitization training to all, affirmative posters in clinic

Scenario six:

"And then the nurse asked me, 'Who do you sleep with?' …So I told her. The next day when I went back to the clinic for my results, I was refused to enter the door and the staff looked at me funny… On nurse said, 'you are disgusting, what about your wife and kids' I felt so ashamed"

Suggested:

- Issues/challenges? – .assumptions, discrimination
- What would you do when directly confronted? – talk to the rest of the staff, suggest sensitization training
- What would you do within the health system / community as a whole, about this kind of situation? - suggest policy changes to include non discrimination against gender non conforming clients, sensitization training to all, affirmative posters in clinic

ACTIVITY 10

45 minutes

MSM /WSW SPECIFIC CHALLENGES

Introduction

AIMS:

- To let participants identify specific challenges experienced by MSM / WSW;
- To identify mechanisms to provide MSM / WSW affirmative services

Materials

- Flipchart and pens

Preparation

- Write the myths below each on a flipchart
-

Suggested Process

Show the flipchart with the myth written on it to the group and request them to shout true or false:

- Same sex sexual practices do not occur in my culture or society.

- Same sex sexual practices is ‘un-African’, ‘un-Muslim’, ‘un-Christian’, ‘un-Natural’

- An MSM can be visually identified because they portray effeminate behaviour
- A WSW can be visually identified because she would look butch
- All MSM engage in anal intercourse
- MSM are not entitled to the same health care as others

Let's talk about reality. We know that MSM and WSW sexual behaviors occur in all cultures, societies and geographical locations, irrespective of whether this is acknowledged or not. Even with social sanctions on the grounds of cultural or religious norms, MSM and WSW behaviors continue to occur in secret and under cover in all cultures, societies and geographical locations. The majority of MSM present with a masculine identity and cannot be visually identified, the same for WSW, whom could present both masculine and feminine.
Whilst many MSM do engage in anal sex, many prefer not to and express themselves sexually in other ways. As discussed earlier in the training, anal sex is practiced between opposite sex partners as well (check pegging).
What is most important is that ethically and morally; all people irrespective of dynamics such as race, language, class and sexual behavior are entitled to the same health care.

As mentioned before, all people, especially men, who are made to feel guilty or ashamed of their sexuality, by either explicit or implicit attitudes conveyed by health care workers and society as a whole, find it extremely difficult to be honest when discussing their sexual health needs with a health care practitioner. Therefore, such men are unlikely to assume responsibility for their own sexual health if they consider their own sexual impulses or behaviours to be "bad".

When working with MSM specifically, we suggest making use of a 'sex positive' model, as used by Health4Men as well. As stated by Health4Men: "*This model is based on the need for MSM to experience their sexuality in a positive manner, in spite of hostile attitudes by others, in order to assume responsibility for their own sexual health. Provided it does not negate or negatively impact on the sexual partner's (or partners') human rights or dignity, all sexual interaction between consenting adults should be valued equally."*

For the purposes of this model, the following principles are upheld:

- HIV is not caused by sex – it is caused by a virus.
- HIV is not spread through sex – it is spread through body fluids.
- People need to be educated about the risks associated with specific body fluids
- Moralizing sexual practices only distances people and impedes the impact of good education about responsible sexual behaviour.

Tips or special considerations

- In your interview or messaging, use a different language, less threatening, all inclusive and reassuring e.g
- "*Some people find it difficult or uncomfortable to talk about their sexuality or sexual practices. In order for me to be able to help you optimally, I need specific information that may be of very personal nature to you. Would you mind if I ask you a few questions?*"
- Instead of using the word '*safer*', rather use "**responsible**'.
- Instead of using the word '*test'*, rather use '**screening**'.
- Instead of using the word '*wife*' or '*girlfriend*', rather use '**partner**' or **"Over the past six months, have you had sex with only women, only men or both?"**
- Confidentiality must be ensured from the first contact with the client.
- If you know your client to be an MSM, ensure that the health messages includes both his male and female partners (ensure to give both male and female condoms)
- By explaining HIV transmission biologically, as opposed to specific sexual acts, MSM are less likely to feel that they are being 'judged', become less defensive to messaging and are more open to learning about their sexual health.
- The physical environment of the service also needs to be conducive to men. For example, posters and other symbols displayed in the venue should not be restricted to heterosexual content.
- Many MSM are more comfortable interacting with male health care workers who have been sensitized to MSM dynamics. Many MSM are employed, and accessibility to health services could require a health facility to offer an after-hours service dedicated to men's sexual health needs.
- Ensure the use of water based lube during anal penetration. Oil based lubricants e.g. Vaseline, baby oil, body cream etc will tear the condom.

Appendix 1 Attendance Register

Facilitators1: Facilitator 2: Date:

No	Name & Surname	Tel No(w)	Tel No (c)	E- mail
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Appendix 2 Training Evaluation

Date:_____ Place:_____

1. Did you find the training beneficial? Explain why or why not:

_____

_____

2. How did you find the facilitation of the training? Please tick:

Excellent		Good		Average		Poor	

Comments:_____

_____

3. What part of the training did you find **most useful** and why? Please explain :

_____

_____

4. What part of the training did you find **least useful** and why? Please explain:

_____

_____

5. Do you have any **ADDITIONAL NEEDS** in relation to LGBT issues? Please explain:

_____

_____

6. Do you have any other comments about the training? Please explain:

_____

_____

Appendix 3 Suggested Agenda / Programme for future trainings

Date: Place:

No	Time	Activity	Facilitator	Time allocated
1	10h00	**Intro, Expectations, Ground rules & Ice Breaker**		60min
2	11h00	**"Stereotype" Experiential Exercise**		45 min
3	11h45	**Body Break**		15min
4	12h00	**Human Sexuality** Sex (biological concept) Gender (social construct) Sexual orientation Sexual Practices		60min
5	13h00	**LUNCH**		60 min
6	14h00	**Identity Development & Coming OUT**		45 min
7	14h45	**Special Issues –** Discrimination, Hate Crimes, MSM / WSW clients, etc		45 min
8	15h30	**Wrap up, evaluation, Check OUT & Closure**		30 min
9	16h00	**GO HOME!**		

Appendix 4 Fact Sheet: Stereotyping

Stereotyping is a learnt process. Stereotyping is a way we are taught to structure and understand the world and to think in terms of “us” and “them”. Stereotypes are not individual ideas, but are social ones. We learn them while growing up and influence how we might react to a grouping or think about a particular person. We watch them on TV; read about them in magazines, we are told them. We are socialized into believing them. This is often an unconscious process, they are ideas that inform how we think or react to people.

Men have stereotypes about women and vice versa; black people about colored people and vice versa; white people about black people and vice versa; Christians about Muslims and vice versa. We categorize people and reduce the other group to a handful of characteristics because it helps us to define them and ourselves. These characteristics can be positive or negative, or both.

When a member of the stereotyped group looks at these characteristics, he or she will probably only identify with a few of them. The positives are usually adopted, the negative ones dismissed. Groups that are less visible in society – minorities - often face more negative than positive stereotypes.

Some examples of common stereotypes about lesbian and gay people are:

- Gays and lesbians are mentally ill and unhappy,
- Lesbians really want to be men and gay men really want to be women,
- You can spot gay men and lesbians by the way they act and dress,
- Lesbian women are not feminine,
- Gay men are promiscuous.

The fact that there are more negative than positive stereotypes for gay men and lesbian women has to do with ignorance and the heterosexual unfamiliarity with them as “the other”. Lesbian women and gay men form a minority, are therefore less visible and more vulnerable to being stereotyped. For a lesbian or gay individual, this can make it difficult to replace negative stereotypes with positive ones.

As a result, a lesbian woman does not only have to deal with stereotypes that apply to her sex, race and religious beliefs, but she must also carry the extra burden of being stereotyped for her sexual orientation. The same applies to gay men. While in fact diversity in every group is high, most people think that stereotypes are facts about every member of a certain group. This belief leads to prejudice, which can result in marginalization and discrimination.

Appendix 5 Fact Sheet: Coming OUT

WHAT IS COMING OUT?

Most people have heard of the term 'coming out'. Coming out is short for 'coming out of the closet' and it means that you tell somebody else that you are lesbian or gay. That moment is not an isolated one - it is a lifelong process and happens again and again. It starts with coming out to yourself and continues with every person you meet. When you move house, change jobs, or join a club, you will have to decide again whether to disclose or not.

AGE

There is no specific age for coming out. Research shows that the general age for coming out for boys is 19 and for girls 21. But some people come out much younger, some much older - even after having been married – and some do not come out at all.

Most lesbian and gay people realize their sexuality as teenagers. Some have felt this way since they were little, but were unable to understand it. It is often when friends or schoolmates start having their first sexual encounters that young lesbian girls and gay boys find out that they are different. This can put them in a difficult position because most young people want to belong to a group and to be accepted. Discovering that they are different can be traumatic.

As teenagers, these kids have to deal with challenges facing everyone their age as well the extra burden of discovering they are lesbian or gay. This can therefore be a stressful and lonely time in a young person's life.

COMING OUT STAGES

Internal stages:

It starts with a vague idea of being 'different'. This can happen at quite a young age, but more likely at the beginning of puberty (adolescence).

The person considers the notion they are lesbian or gay, but initially they often deny this to themselves.

They then begin to think about it, read about it and slowly come to accept it. For many young people, this is a lonely and depressing time.

External stages:

They then come to a form of self acceptance and may tell someone else for the first time – usually someone close, like a best friend or their mother.

They start to discover a new world, make new friends and over time find a first special friend or lover.

Only in the external stages it becomes visible for the outside world. Sometimes years of internal stages have already passed by that time.

Each person comes out in different ways under unique circumstances. Some people move faster than others through the stages, others don't ever get to the point at which they can tell others or feel they can lead a lesbian or gay lifestyle. This all depends on the level of self acceptance, self value and the level of support in the social environment.

SUGGESTIONS ON 'COMING OUT'

- Be clear on your own feelings about the matter. If you are still dealing with a lot of guilt or depression, try to get some help in getting over that before sharing it with others. If you are comfortable with the issue, those with whom you share it will often sense that fact and be aided in their own renewed acceptance of you.
- Timing can be very important. Be aware of the health, mood, priorities, and problems of those with whom you would like to share this part of yourself or your history. The mid-life crises of parents, the relationship problems of friends, the business concerns of employers, and countless other factors over which you have no control can affect another's receptivity to your revelation.
- Never reveal something that may shock or disappoint during an argument. Never use this information as a weapon or to get back at someone by making them feel to blame for your issue.
- When sharing the information that may shock or disappoint try to affirm mutual caring and love before launching into your announcement.
- Be prepared that your revelation may surprise, anger, or upset other people at first. Try not to react angrily or defensively. Try to let other people be honest about their initial feelings even if they are negative. Remember that the initial reaction may not be the long term one. Ultimately the individual who has really faced and dealt with their own issues on the subject may be far more supportive than the person who gives a superficial-liberal expression of support.

- Emphasize that you are still the same person that you were before sharing the information. If you were loving and responsible yesterday, likewise you will be loving and responsible tomorrow.
- Keep lines of communication open with people after having shared the news with them - even if their response is negative. Respond to their questions and remember that they are probably in the process of coming to terms with what you have told them and re-examining their myths and stereotypes about the issue.
- Be sure that you are well informed about the subject. Read some good books and share them with others.
- Remember how long it took you to come to terms with the issue and that it took even longer to decide to share it with others. Therefore, be prepared to give others time to adjust and comprehend the new information about you. Do not expect or demand immediate acceptance. Look for ongoing, caring dialogue.
- If you are rejected by someone with whom you have shared this information about yourself, do not lose sight of your own self-worth. Remember that you were sharing an important part of yourself and that this was a gift to the other person that the other person has chosen to reject. If rejection does come, consider whether the relationship was really worthwhile. Is any relationship so important that it must be carried on in an atmosphere of dishonesty and hiding? Was the person really your friend or simply the friend of someone they imagined you to be? Decisions about sharing personal information about yourself must be made cautiously, but integrity and self respect are extremely important in the long run.
- Remember that the decision to share information about yourself that may shock or disappoint others is yours. Don't be guilt-tripped into it by people who think that everyone has a right to know everything about you and that they have the right to ask inappropriate questions. You can usually decide, when, where, how, and to whom you want to reveal something so important about yourself.
- Try not to let your family and close friends find out aspects that you wish to share with them from third parties, such as neighbors or the media. Try to tell them personally beforehand.

Appendix 6 Fact Sheet: Seven Common Questions

1. What causes homosexuality?

Often people wonder if being lesbian or gay is something you are born with (if it is genetic) or whether it is something that you change into (if it is learned behaviour). This question is not often asked of heterosexual people, even though being heterosexual is another of the three recognized sexual orientations. Things that are unfamiliar, such as being lesbian or gay, often make us ask questions of cause. It seems as if knowing the cause makes it easier for people to accept lesbian and gay people.

Fact is that it is not known what causes sexual orientation. Some studies suggest there are genetic influences, but not all researchers or experts agree with these research findings. Most researchers agree that sexual orientation, be it heterosexual, homosexual (lesbian or gay) or bisexual, is determined by a mixture of genes and social influences. We do know one thing for sure, though, being lesbian or gay is not contagious (in other words, you can't catch it from someone else) and people can't be talked into a sexual orientation that is not their own.

2. Is being lesbian or gay against religion?

Most religions started a long time ago, when having as many children as possible was important for people to survive. That is why the holy books mention sex only to have children (for procreation). Interestingly, sex between men is often strongly condemned in religious teachings, while sex between women is rarely, if ever, mentioned.

At the same time, the holy books mention compassion as a state that should be strived for. It is important to read any religious writing with this in mind. Remember too that not so long ago Bible texts were used to justify apartheid.

In all religions there is a difference between the texts and daily practice. Some people read the holy books literally, and are therefore against lesbian and gay people. Others use the texts as a source of inspiration, but in daily life they accept lesbian and gay people as human beings. There are many lesbian or gay and bisexual people who find ways to keep their faith and be

who they are. It usually takes time to get to that point, but it is possible. There are churches in South Africa that accept lesbian and gay people as members and even bless their unions.

Archbishop Desmond Tutu has publicly apologized for the persecution of lesbian and gay people by the church.

3. Can lesbian and gay people be cured?

This question suggests that lesbian and gay people are sick, which is untrue. In the past some psychiatrists and doctors tried to show that homosexuality was a mental illness, but they failed. From 1973, being lesbian, gay or bisexual is no longer described as an “illness” by the medical profession. However some people still wrongly send their gay sons or lesbian daughters to clinics, psychologists or sangomas to be “cured”. If being lesbian or gay was accepted by everyone, no one would feel the need to “cure” it.

4. Is being lesbian or gay only about who you have sex with?

Some people think that being lesbian or gay is just about who you have sex with. But in fact being lesbian or gay is about who you are attracted to sexually, who you fall in love with, have intimate relationships with, and share emotions with. In this sense there is no difference between being heterosexual, lesbian or gay.

A definition of being lesbian or gay is: To have romantic, sexual, intimate feelings for or a love relationship with someone of the same sex.

5. Is being lesbian or gay un-African?

Many years of research have shown that between 5 and 10% of people in every community are lesbian or gay. Yet, sometimes people think lesbian and gay people only live in Europe or America. They think in Africa lesbian and gay people do not exist. This is not true.

Being lesbian or gay has nothing to do with being African. In South Africa today, lesbian, gay and bisexual people live in every community, whether they are ‘black’, ‘coloured’, ‘white’ or ‘Indian’.

Our Constitution says that we are not allowed to discriminate against anyone because of their sexual orientation. However religious intolerance and negative attitudes from others still force people to hide their sexuality. As a result, some lesbian or gay people, including those living in African communities, do not disclose or openly show who they really are in public.

6. Do gay men want to be women and do lesbian women want to be men?

Some people think a man, for example, must be or should be a woman to love another man. This comes from the thinking that only men and women can be together. If one thinks like this then it seems logical that a man who loves another man must wish to change his sex. But this is not true.

There is a big difference between being a gay man and wanting to be a woman. A man can love another man and still look like a man, dress like a man, and talk like a man.

For lesbian women and gay men, traditional male and female roles often need to be abandoned to survive. Some lesbians enjoy gardening and taking care of their cars themselves, but others have to learn these skills as there is no husband around to perform these tasks on their behalf. Similarly, gay men need to learn how to cook and clean, as there is no wife to depend on to get these things done.

Gender roles in society are in any case changing, and nowadays it is much more acceptable for men to stay at home and take care of the children and for women to make a success in business, a traditionally “man’s world”.

7. Do gay men sexually abuse children?

Child sexual abuse is deviant and criminal behaviour and is not restricted to any specific group of people. Studies have shown that the ‘average’ child sex offender is a heterosexual male who is known to the child. The adult male who does sexually abuse boys is often a man who is attracted to children regardless of their sex. Child sexual abuse has nothing to do with being gay.

Appendix 7: Binaries & Boxes

SEX – biological concept (what you are born with…)

- What's in your pants? Incl Chromosomes and hormones etc
- Biologically **Female**?
- Biologically **Male**?
- ***Challenged by*** – intersex?
- Intersex is a set of medical diagnoses that feature "congenital anomaly of the reproductive and sexual system." Intersex people are born with chromosomes, external genitalia, and/or internal reproductive systems that are not considered "standard" for either male (penis, testes, and XY chromosomes) or female (ovaries, vagina, uterus, and XX chromosomes).
- Intersex is a fairly common occurrence. It is estimated that 1 in 2000 babies are born obviously intersex. That number does not include the large number of people who are diagnosed as intersex later in life
- Intersex people's bodies have historically been, and continue to be, viewed as "social emergencies" by doctors. When discovered at birth in most Western countries, unnecessary cosmetic surgery is performed on the majority of intersex babies to force them to conform to either male or female aesthetic binary standards. These surgeries often require multiple follow-up repair surgeries and are ridden with complications. Obviously, an infant cannot consent to having surgery, and adult intersex people are often haunted by a lifetime of these unnecessary procedures that rob them of their sexual sensations and have long term affects on their ability to feel present and safe in their bodies.

GENDER – social construct (you are NOT born with…)

- Learned behavior, culturally and socially determined, sometimes subtle, often not challenged
- What is **female and feminine** or
- **Male and masculine**?
- Certain tasks and behaviors are considered appropriate for a person's biological sex
- **Gender identity**: This refers to how someone feels about themselves in the world as a woman or a man, i.e. a person's sense of themselves as male or female. While most people's gender matches their biological sex, this is not always the case, and for instance, someone may be born biologically male, yet have a female gender identity
- In many societies, including most in Africa, men are considered superior to women and their roles dominant. In these so-called ***patriarchal, heteronormative, heterosexist*** societies, males, 'masculine' characteristics [such as rationality and competitiveness] and roles assigned to men are considered superior and valued above females, those characteristics considered 'feminine' [such as emotionality and nurturing] and roles assigned to women. Gender and gender roles are, however, not fixed as society and culture are forever changing.
- ***Challenged by*** – transgender – umbrella term for transsexuals and transvestites
- **Gender presentation**: Most biological males [sex] identify as men [gender] and females identify as women. However, there are people whose gender identity differs from the general pattern.
- **Transsexuals**: People whose gender does not match their sex. E.g., a person who is biologically male but feels like a female. Transsexuals often explain being "trapped in the wrong body".
- **MTF** or **FTM** (with or without gender reassignment surgery)
- **Transvestites (cross dressers)**: The term refers mostly to men, usually heterosexuals, who enjoy wearing female clothes and adopt traditionally female character traits for personal satisfaction. This satisfaction may take the form of sexual arousal and/or gratification, but may just as easily be of a non-sexual nature. ***Transvestites generally self-identify as men and have no interest in being women***.

SEXUAL ORIENTATION – emotional & sexual expression towards others

Feelings, attraction (on all levels) and self concept

- How a person expresses themselves in relation to others, i.e. the lasting (more than 2 weeks) emotional, romantic, intellectual, sexual or intimate feelings (all levels, psychologically, physically, intellectually, spiritually) they have for individuals of a specific sex
- 3 sexual orientations: heterosexual (straight), ***challenged by*** homosexual & bisexual - ***ALL HUMANS HAVE ONE!***
- **Homosexuality** – 2 identities – lesbian or gay
- A **gay** man is someone who has romantic, sexual, intellectual and intimate feelings for or a love relationship with another man [or men] and ***identifies as gay***;
- A **lesbian** woman is a woman who has romantic, sexual, intellectual and intimate feelings for or a love relationship with another woman [or women] and ***identifies as lesbian***.
- **Bisexual**: The ability to have romantic, sexual, intimate feelings for or a love relationship with someone of the same sex and/or with someone of the opposite sex. *Note, being bisexual doesn't mean that they will have these feelings necessarily at the same time or with an equal amount of attraction to both sexes. Or that these individuals are promiscuous.*
- ***Internalized homophobia***: The link between heteronormativity, patriarchy (even matriarchy), heterosexism & L(esbian)G(ay)B(isexual)T(ransgendered)'s internalized hatred, shame etc.

SEXUAL PRACTICES – behavior + meaning

- **MSM** (men having sex with men) or **WSW** (women having sex with women) - These people may have sex with others of the same sex for a variety of reasons other than as an expression of their sexual orientation. Some people may regularly have sex with others of the same sex, without seeing themselves as lesbian or gay (whether due to cultural, religious or personal reasons). Others may temporarily do so due to circumstances, such as being confined to a facility (i.e. a prison) or a period of separation from the opposite sex (i.e. during military training or operations).
- What is sex? What is the definition of "having sex"? Not all people have the same understanding of what "having sex" means. Never assume that someone is aware that their sexual practice is actually "sex" – this could lead to them with holding important information, that without you (or them) knowing it, possibly put ting them at risk.
- Body parts used to experience sexual pleasure or orgasm.
- The anal taboo. More heterosexual couples practice anal sex, but it is not talked about because the practice, anal sex, is seen as a gay practice only.
- ***Sexual fantasies*** do not necessarily match / reflect sexual orientation / identity. Often people feel guilty and ashamed of their secret fantasies.

Appendix 8 LGBTI & MSM Support & Service Organizations

Place	*Name*	*Services*	*Contact*
Pretoria, South Africa	**OUT Wellbeing**	LGBT Psychosocial Support, Health Services, Clinic, Research, Advocacy, Peer Education & Sensitization Training	+27 (0)12 430 3272 Helpline 0860 688 688 (OUT OUT) info@out.org.za www.out.org.za 1081 Pretorius Str, Hatfield, Pretoria
Durban, KZN, South Africa	**Durban Lesbian & Gay Community & Health Centre**	LGBT Psychosocial Support and Health Services, Advocacy & Sensitization Training	+27 (0)31 301 1245 info@gaycentre.org.za www.gaycentre.org.za 320 West St, Durban
Pietermaritzburg, KZN, South Africa	**Gay & Lesbian Network**	LGBT Psychosocial Support, Health Services, Research, Advocacy & Sensitization Training	+27 (0)33 342 6165 info@gaylesbiankzn.org anthonyw@telkomsa.net 185 Burger St, Pietermaritzburg
Soweto, Jhb, South Africa	**Simon Nkoli Centre for Men's Health**	Men's (MSM) Health Services & Peer Education	+27 11 989 9865 info@health4men.co.za www.health4men.co.za First Floor, New Nurses Home, Chris Hani Baragwanath Hospital, Soweto, Johannesburg
Cape Town, South Africa	**Ivan Toms Centre for Men's Health**	Men's (MSM) Health Services, Peer Education & Sensitization Training	+27 21 447 2844 +27 21 421 6127 info@health4men.co.za www.health4men.co.za Top Gate, Woodstock Hospital, Victoria Walk Road, Woodstock, Cape Town or 1st Floor Anatoli Building, 24 Napier St, De Waterkant, Cape Town
Cape Town, South Africa	**Triangle Project**	LGBT Psychosocial Support, Health Services, Clinic, Research, Advocacy & Sensitization Training	+27 (0)21 448 3812 Helpline: +27 21 712 6699 info@triangle.org.za www.traingle.org.za Unit 29, Waverley Business Park, Dane Street, Mowbray Cape Town
Cape Town, South Africa	**SWEAT**	Sex worker Advocacy, Research, Outreach and Development	+27 (0) 21 448 7875 0800 60 60 60 www.sweat.org.za 19 Anson Street, Observatory 7925, Cape Town.
Cape Town, South Africa	**GenderdynamiX**	Transgender Advice Information & Support, Advocacy & Sensitization Training	www.genderdynamix.org.za
Cape Town, South Africa	**Intersex SA**	Intersex Advice Information & Support, Advocacy & Sensitization Training	Tel: +27 (0)82 788 4205 +27 (0)82 788 4205 www.intersex.org.za PO Box 12992, Mowbray 7705 Cape Town, South Africa
Soshanguve, South Africa	**Transgender & Intersex Africa**	Transgender Advice Information & Support, Advocacy	Transgender.intersex@gmail.com +27 (0) 73 432 4499

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