

TRAINING MANUAL

**An Introduction to
Promoting Sexual Health
for Men Who Have Sex with
Men and Gay Men**



The Naz Foundation (India) Trust

Naz provides training on the uses of the various exercises in the manual. Interested organizations are encouraged to contact Naz for further details at the following address:

**The Naz Foundation (India) Trust
P .O. Box 3910 Andrews Gunj
New Delhi, 110 049
India**

The Naz Foundation (India) Trust is an HIV/AIDS and sexual health agency registered in 1994. Naz provides services to address a range of issues related to HIV/AIDS including educational programs, HIV testing and counselling, discussion groups, outreach and support, for particularly marginalized groups such as women, men who have sex with men and people living with HIV/AIDS.

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*Designed & Printed by : Samrat Offset Pvt. Ltd., B-88, Okhla Industrial Area, Phase-11,
New Delhi-110 020., Ph. : 6844549, 6918520.
E-mail: samratpress@hotmail.com*

Table of Contents

	Page No.
Background	
● How to Use This Manual	1
● Role of the Facilitator	2
● The Learning Process	4
● Language	6
● Information About Men Who Have Sex with Men and Gay Men, Sexual Health and HIV	7
● Acronyms and Definitions	7
Part I Introduction to Issues Affecting the Sexual Health of Men Who Have Sex with Men and Gay Men	
Section 1 Introduction	
1.1 Welcome and Introductions	13
1.2 Logistics	14
1.3 Ice Breaker	15
1.4 Expectations	17
1.5 Goals of the Training	18
1.6 Outline of the Training	19
1.7 Ground Rules	20
Section 2 Human Sexuality	
2.1 Sexuality Circle Game	23
2.2 Developing a Sexual Vocabulary	26
2.3 Body Mapping	28
Section 3 Sexual Behaviours of Men Who Have Sex with Men and Gay Men	
3.1 MSM/Gay Erotic Zones	32
3.2 Attitudes Towards the Sexual Behaviours of MSM and Gay Men	34
Section 4 Social Context of Men Who Have Sex with Men and Gay Men's Sexual Behaviours/Identities	
4.1 Gender Exercise	37
4.2 Cultural and Social Expectations of Men	39
4.3 MSM and Gay Men's Sexual Behaviours/Identities	42
4.4 Race Course Game	45

Section 5 Sexual Health of Men Who Have Sex with Men and Gay Men		
5.1	What is Sexual Health?	49
5.2	Transmission of STIs and HIV	50
5.3	Brainstorming Knowledge of STIs	51
5.4	Prevention of STIs and HIV	55
5.5	Vulnerability and Risk Taking	57
5.6	Reducing Vulnerability to STIs and HIV	61
Part II Introduction to Programming Issues and Approaches		
Section 6 Integrating Services for Men Who Have Sex with Men and Gay Men into Existing Programs		
6.1	Why Have Services for MSM and Gay Men?	67
6.2	Reviewing Major Services of the Organization	70
6.3	Diagnosis, Treatment and Care	72
Section 7 Developing Programs Specific to Men Who Have Sex with Men and Gay Men		
7.1	Working with MSM and Gay Men in a Community Context	76
7.2	Advocacy	78
7.3	Involvement of MSM and Gay Men	80
7.4	Peer-Based Programs	84
Section 8 Networking		
8.1	Building Networks and Partnerships	89
Section 9 A Short Term Action Plan		
9.1	Developing a Short Term Action Plan	92
9.2	Wrap Up/Closure	94
Appendix		
	Organizations Working with MSM and Gay Men	95
	Sample Training Agenda	98
	Role Plays for Exercise 5.4	101
	Case Studies for Exercise 7.4	102
	Energizers	105

Acknowledgements

This manual is developed with technical collaboration and financial support from the **International HIV/AIDS Alliance**. Funding for the project was provided by UNAIDS and the MacArthur Foundation.

Project Coordinator and Editor : **Brent Patterson**

Alliance Consultant - Workshop Facilitator and Editor: **Tim Mackay**

Layout & Design: **Shaleen Rakesh**

Contributors:

Anjali Gopalan, Ashok Row Kavi, Shaleen Rakesh, Anne Scott, Deep Purkayastha, Owais Khan, Mahbooba Akhter Kabita, Mohammed Ahsanul Abid, Rajiv Dua, Mirza Mohammed Shahid, Anto James, Sunil Menon, Anindya Hajra, Roshan Uyanwatte, Sagara Palihawadane, Vijay Salunkhe, Pramada Menon, Shale Ahmed, Mohammed Bayzid, Kamrul, Kumar, Willie, Rudra, Tahir

Partner agencies:

Humsafar Trust - Mumbai

Praajak and Pratyay - Calcutta

Bharosa - Lucknow

LGBT India - Bangalore

Sahodaran - Chennai

HASAB - Dhaka, Bangladesh

Bandhu Social Welfare Society - Dhaka

Organization of Development Programme for the Underprivileged (ODPUP) - Dhaka

Companions on a Journey - Colombo, Sri Lanka

Special thanks to the Naz Foundation International for the use of their material.

Background

This manual provides training modules on issues related to the sexuality and sexual health of men who have sex with men (MSM) and gay men. The training is intended for non-governmental organizations (NGOs) and community-based organizations (CBOs) in South Asia.

Currently very few services exist which address the needs of MSM and gay men. This represents a large gap in services for a large and increasing group of people infected with HIV and other sexually transmitted infections (STIs). MSM and gay men also experience discrimination when accessing many health care services. Innovative strategies are necessary to improve health care and other services for MSM and gay men.

The manual can be used to train participants who have no prior knowledge on the issues affecting MSM, and gay men. The objective of the training is to give participants a clear understanding of a wide range of issues including those related to sexual health.

The manual can also be used to train other NGOs and CBOs to develop services for MSM and gay men or incorporate their issues into existing services. This will be achieved by imparting the necessary knowledge and skills to the participants and help them develop a short term action plan.

This manual was developed in the context of South Asia. It may be possible, with appropriate changes, to use it in other countries where similar aspects of MSM and gay men's behaviour, identity and sexual health exist.

How to Use This Manual

This manual assists facilitators to introduce and explore issues related to MSM and gay men and sexual health through interactive exercises and discussions. The manual is designed to assist facilitators in their delivery of the training. It contains important information on the role of the facilitator and the suggested curriculum. The manual also includes topic-by-topic exercises to be used in the training's delivery.

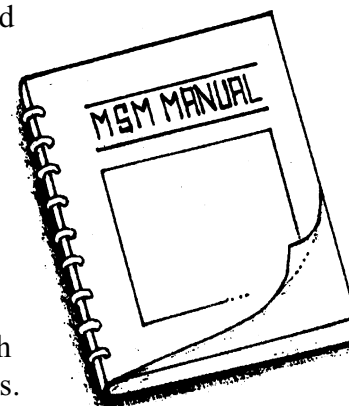
The manual is divided into two parts, which are equally important. The first part raises awareness of issues affecting MSM and gay men in relation to their sexual health. The second part focuses on how to integrate issues related to MSM and gay men into NGO programs.

Each part of the manual has a number of sections. These all begin with specific objectives. Within each section there are a number of exercises.

1

Background

*How to use
this manual*



Background

Role of the Facilitator

For each exercise the purpose, timing, materials used, and the process are described for the facilitator.

The exercises use a variety of tools to develop participants' knowledge. They include: case studies, role-plays, small group work, brainstorming and other learning techniques. Varying the learning techniques throughout the sessions ensures a more vibrant environment for the training. Facilitators are encouraged to be creative in presenting the material. It is also important to select learning techniques appropriate for the audience and time frame. A great deal of thought has gone into the selection and writing of each exercise. Each exercise included in the manual was chosen because it was felt that it best achieved the objectives for the section. However, the facilitator is encouraged to adapt or change exercises to make them more relevant to the culture or region.

The entire training takes four, intensive days or five, more relaxed days. Where funding allows, a residential training is recommended. The manual is planned in such a way as to cover issues affecting MSM and gay men in the shortest possible time. Nonetheless many training's may not allow for even the amount of time allotted. If this is the case, carefully select those activities which best meet the objectives of the training and the needs of the facilitators. The combination of activities possible would depend on the specific objectives of the training.

Remember to allow sufficient time for people to discuss and reflect. This is particularly important given the sensitive nature of the subject matter. People need time to become comfortable with new ideas and often deeply rooted beliefs. You may want to add unstructured time into the training for this purpose. If possible, allow time at the beginning of each day for the participants to reflect on the previous day. This will enhance learning.

Attention: This manual is intended to be used by an experienced facilitator who is familiar with issues related to MSM, gay men and sexual health. Given the sensitive nature of the material, it is recommended that anyone wishing to use the manual contact either the Naz Foundation (India) Trust or one of the MSM/Gay organizations listed in the Appendix. This training manual is recommended for use with NGO workers. It may not be appropriate for use with other organizations or institutions. For further advice contact Naz or one of the MSM/Gay organizations.

Role of the Facilitator

The goal of the facilitator is to enable participants to develop their knowledge of issues affecting MSM and gay men, sexual health and HIV. In order for them to do this, you must provide useful information and resources. This training was

designed to be delivered by a facilitator who has previously viewed the training material and who has experience working with MSM, gay men and sexual health.

The role of the facilitator is not only to pass on information, but also to provide a learning environment in which participants can share their experiences and become comfortable with new ideas/information. Facilitated learning is based on the notion that people learn best in an atmosphere where they interact with others, are encouraged to ask questions, exchange ideas, and feel supported by the facilitator.

In addition to presenting information, discussing issues about MSM, gay men and sexual health involves learning more about yourself.

Ask yourself the following questions:

- *Why is it important to talk about sex and sexual health?*
- *Why is it important to talk about sex between men?*
- *Do you feel sufficiently comfortable discussing issues affecting men who have sex with men and gay men?*
- *How are you yourself sexual and how do you express your sexuality?*
- *What are the attitudes and values that you hold in regard to your own and other's sexuality?*

We each have a strong set of attitudes and values which guide our lives and can help or hinder our work. It is essential to be aware of how your own attitudes and values might affect the way you present information and how this can make others feel. Once you know your strengths and limitations, match the goals you set for your training to your capabilities.

Next you should know your audience.

Ask yourself the following questions:

- *Who are your participants?*
- *What is their gender, cultural background, work experience, education, etc.?*
- *What region are they from (e.g. which state, rural or urban setting)?*
- *Do they have previous knowledge of the subject or special, applicable skills?*

- *What are their attitudes about MSM, gay men and sexual health issues?*
- *Do cultural or religious taboos exist in your audience that create a barrier to discussing these topics?*
- *What will your participants need help with?*

Think ahead of time about some ways to overcome any potential concerns that might arise.

In planning your training, remember that you are providing information about MSM and gay men which may very likely be new and, for many, in opposition to a whole life-time of learning and experience. Keep the information simple. It also takes time to overcome well-rooted beliefs and attitudes. Allow for this in your training. The more time you are able to spend on the topic the more chance of success you will have. Allow extra time for discussion and reflection.

It is preferable to have two co-facilitators to deliver the training in order to share the workload and offer different experiences.

Note: Facilitators must read the training manual thoroughly, as well as some of the suggested resource material. It is essential that you understand the issues raised in the manual. You should feel comfortable dealing with these issues, and also understand the different cultural contexts of MSM and gay male sexual behaviors and identities.

The Learning Process

Facilitating Participation

For this process to produce an effective and cohesive group, facilitators must ensure that all participants are encouraged to take part in the training. However, they should not be pressured to do so.

Humour

Humour is an important tool in the training process. Issues related to MSM, gay men, sex, sexuality and sexual health may raise fears, embarrassment and concerns which can, in turn, produce stress. Humour can be used sensitively to reduce some of the stress and increase participants' comfort in the training. In using humour the facilitator must be sensitive to the humour of the group and avoid offending anyone. Having an understanding of the background of the participants and being at ease with the topics being discussed will enable the facilitator to use humour appropriately.

Effective Learning

People have different ways of learning, but everyone needs certain things:

Respect

Participants need to feel heard and respected. Facilitators should ensure that respecting other people's right to an opinion is covered in the ground rules for any training.

Immediacy

Participants should be able to identify how they can use their knowledge and skills in the process of learning what is being taught.

Experience

Participants should have opportunities to actively participate and see how what they are learning is connected to their own life experience.

What Makes a Learning Experience Good?

Usefulness

Participants feeling that they can make a difference through using the information in the training to assist in their work. Feeling affected by what is being learned and be able to relate it to working with real people dealing with real issues. Also, to be able to develop a shortterm action plan to integrate the learning into present work.

Doing

Participants having the opportunity to gain practical exposure, having the opportunity to practice procedures, and experience the outcomes.

Comfort and Safety

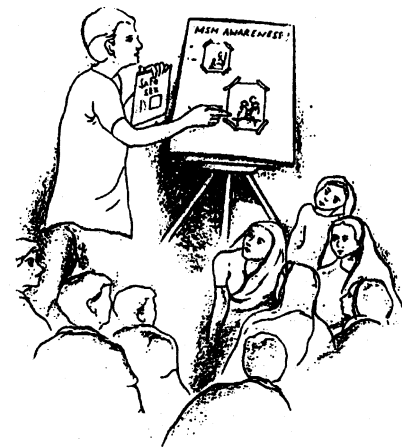
Providing a comfortable and safe environment is essential. The environment of the training should include: confidentiality, an easy exchange of information, non-threatening, no pretence, not patronizing, open sharing, good interactions between participants and facilitators, all participants being treated equally.

5

Background

*The Learning
Process*

*What Makes
a Learning
Experience
Good*



Background*The Learning
Process**Language*

Desire to Learn

The learning should be enjoyable and there should be freedom to choose what is learnt.

Sharing

Having the opportunity to work with others, working with others with different experiences, working things out together.

Empowered

Doing something that gives a sense of pride, overcoming challenging tasks, feeling more able to make decisions, in control.

What Not to Do

The facilitator should not:

1. Behave in a manner that is unfriendly
2. Appear not to care about responses or not being responsive generally
3. Be inflexible
4. Lack humour
5. Speak too fast
6. Tell people they are wrong
7. Give information and instructions that are too confusing
8. Discuss things inappropriate to the situation
9. Make participants feel self conscious
10. Not allow opportunity for participants to share knowledge and experience
11. Use language or terms that are difficult to understand

Language

This manual has been produced in English, Hindi, Bangla and Sinhala. It is possible that participants may not know any of these languages in either written or spoken form. If the facilitators do not speak in the local language, then an

appropriate translator will be necessary. This could be one of the training organizers. If this is not possible, then a translator will need to be recruited. It is essential to ensure that the translator will not have any difficulties working with issues related to MSM, gay men and sexually explicit material.

Where possible, relevant materials should be provided to participants in their language. If translation of materials is necessary, these translations will have to be carefully monitored to ensure that the correct terminology and meaning have been used.

Whenever possible, equivalent terms in the local language should be used in the training.

Information About Men Who Have Sex with Men and Gay Men, Sexual Health and HIV

Information about MSM and gay men, sexual health and HIV is constantly changing. It is important that you, as the facilitator, keep up-to-date on these issues. Before conducting a training session the facilitator should consult a number of the organizations listed at the back of manual to get up-to-date information and material. Internet searches, for those who have access, can also be a useful way of gathering recent information. Further information, including journal articles, pamphlets and other resources are available through the organizations listed in the Appendix.

Listening to the experiences of MSM and gay men is an essential part of keeping abreast with these issues. Encourage participants to do the same, as MSM and gay men are the best source of information about the issues affecting their lives!

Acronyms and Definitions

AIDS	Acquired Immune Deficiency Syndrome
CBO	Community-Based Organization
HIV	Human Immuno-deficiency Virus
MSM	Men who have sex with men
NGO	Non Government Organization
STIs	Sexually Transmitted Infections

In South Asia there is an ongoing dialogue among MSM, gay men and service providers (many of whom are also MSM and gay men) about the language used to describe sexual behaviours and identities. As a result, sometimes the language can be confusing. People use the same term to mean different things and

Background*Acronyms and
Definitions*

occasionally different terms are used interchangeably. It is important to always clarify with the individual you are speaking to what they mean by the term they are using.

Men who have sex with men (MSM)

This term is used for a variety of reasons. One reason is that it recognizes that many men may have sex with other men, but do not necessarily consider themselves to be homosexual or gay. They do not consider their sexual encounters with other men in terms of a sexual identity or orientation. Social situations such as lack of availability of female sexual partners or social taboos preventing socializing between members of the opposite sex may play a role in such same sex sexual behaviour.

A man who has sex with another man may not eroticize the fact that he is with another man. He is having sex with a "man" but not because he is attracted to his "maleness." In fact, many men look for other men who act feminine and who are sexually passive to have sex with because they want the experience to be similar to having sex with a woman.

Many men who have sex with men are married or are also having sex with women.

This term has become popular in the context of HIV/AIDS work where it is used because it addresses a behaviour that puts men at risk for HIV infection. For this same reason some argue that the term is too focused on sexual behaviour and not enough on other aspects such as emotions, relationship, sexual identity, etc.

Males who have sex with males

Some use the term "males who have sex with males" because they argue that it includes a broader group of individuals engaged in sex with members of the same sex. In particular, it does not have the age limitation implied by the use of the term "men". It therefore includes boys who are having sex with each other and also sexual relationships between men and boys.

Some have expressed a concern that "males who have sex with males" is too general and includes pedophiles which is a different issue and one that is quite politically charged.

Gay men

This term is generally used interchangeably with the term "homosexual" in South Asia. It is used to describe those men whose sexual orientation or attraction is predominantly, if not exclusively, directed towards other men.

For some, being gay is more of an identity or "lifestyle." They see their gay identity as a determining or defining characteristic for making certain lifestyle choices. These may include not getting married, living with a male partner, etc. In some cases the gay man may be "out" or open to family, friends, work colleagues and others about their sexuality.

Some men who identify as "gay" do so as a means of politicizing homosexuality. They are interested in increasing the visibility of the homosexual men and the struggle for their rights. In this sense, the term "gay" is increasingly being adopted as a social and political identity.

Some argue that the notion of a sexual identity, and in particular the use of the term "gay". is a Western import that may not be relevant or appropriate for South Asian countries.

Homosexual

The term homosexual is used to describe the behaviour and often even the identity of those men who are predominantly, if not exclusively, attracted to other men. The word is often used interchangeably with the word "gay" although some consider "homosexual" to be pejorative and stigmatizing.

Kotis

The term koti is often used to describe effeminate, transgendered homosexual men or boys in parts of South Asia. Most kotis belong to lower middle class or working classes. They assume 'feminine' roles in certain social spaces and particularly in their relationship with their 'giras'.

Giras

The term used to define the 'partners' of kotis. More often than not, it is the kotis who label and identify girias. They are also referred to as 'husbands' or 'real men' by the kotis and assume 'masculine' roles in these relationships. Generally, girias are the ones who penetrate during anal sex. Outside of their relationship with kotis, girias could identify themselves as heterosexual, bisexual or homosexual.

**PART I: INTRODUCTION TO ISSUES
AFFECTING THE SEXUAL HEALTH OF MEN
WHO HAVE SEX WITH MEN AND GAY MEN**

PART I: INTRODUCTION TO ISSUES AFFECTING THE SEXUAL HEALTH OF MEN WHO HAVE SEX WITH MEN AND GAY MEN

This part of the manual introduces issues that agencies need to understand if they are going to work with MSM and gay men. This section addresses issues affecting MSM, gay men and their sexual health.

This part of the manual has five sections:

Section 1 : Introduction

Section 2 : Human Sexuality

Section 3 : Sexual Behaviours of Men Who Have Sex with Men and Gay Men

Section 4 : Social Context of Men Who Have Sex with Men and Gay Men's Sexual Behaviours

Section 5 : Sexual Health of Men Who Have Sex with Men and Gay Men

Section 1: Introduction *(Total Time 2 hours 20 minutes)*

This section enables participants to become acquainted with each other. It also establishes the goals and objectives and the agenda for the training. It encourages the participants to be active learners.

- 1.1 *Welcome and Introductions:* To welcome participants to the training. To allow facilitators to introduce themselves and their agency.

Time: 15 minutes

- 1.2 *Logistics:* To clarify break, lunch, and end times. To ensure people are aware of arrangements made for lunch and where the bathrooms are located.

Time: 5 minutes

- 1.3 *Ice Breaker:* To establish a relaxed and participatory learning environment. To allow participants to share information about themselves. To make participants aware of diversity.

Time: 40 minutes

- 1.4 *Expectations:* To learn participants' expectations of the training and address any concerns they have.

Time: 30 minutes

- 1.5 *Goals of the Training:* To outline the goals of the training.

Time: 10 minutes

- 1.6 *Outline of the Training:* To give participants a clear understanding of the topics to be addressed in the training.

Time: 10 minutes

- 1.7 *Ground Rules:* To have participants adopt ground rules for the training that will enhance communication and learning.

Time: 30 minutes

1.1 Welcome and Introductions

Purpose:

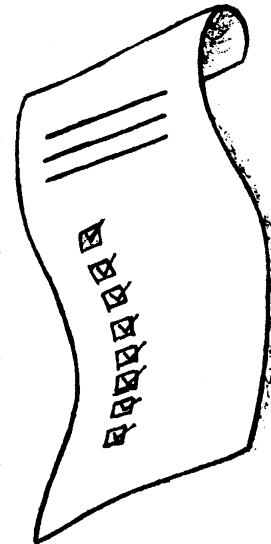
To welcome participants to the training. To allow facilitators to introduce themselves and their agency.

Time : 15 minutes

Materials : None

Process:

- 1) Facilitators welcome participants to the training. Facilitators introduce themselves to the group, naming themselves as a facilitator for their respective agencies and include a brief explanation of their background and involvement in issues affecting MSM, gay men and sexual health. This should be kept very brief as the facilitators will also participate in the ice-breaker and will have an opportunity to say more about themselves then.
- 2) One facilitator will give a brief background of the Project. The background should include:
 - The Naz Foundation (India) Trust received a grant from the International HIV/AIDS Alliance of the UK to develop the training manual.
 - The first meeting was held in Delhi in September 1999 with participants representing MSM and gay organizations across India, Bangladesh and Sri Lanka. The participants at this meeting gave input on the content and provided feedback on subsequent drafts.
 - The manual was completed in February 2001. It has been translated into Hindi, Bangla and Sinhala.
 - The manual was field tested in Calcutta, Hyderabad, Dhaka and Colombo.
 - The manual was completed in February 2001. It has been translated into Hindi, Bangla and Sinhala.



1.2 Logistics

Purpose:

To clarify break, lunch, and end times. To ensure people are aware of arrangements made for lunch and where the bathrooms are located.

Time : 5 minutes

Materials : copies of the workshop agenda with start times, breaks, end times, and the titles of the exercises that will be covered.

Process:

1) Handout the workshop agenda.

Note: A sample agenda is in the Appendix.

2) Review the logistics for the day: training time commitment and go over "housekeeping" items (e.g. break, lunch, and end times, location of bathrooms, etc.). Check that everyone has received the resource material for the participants.

Notes for Facilitator: If handouts are not possible then put the agenda on flip chart paper.

1.3 Ice Breaker

Purpose:

To establish a relaxed and participatory learning environment and allow participants to share information about themselves. To make participants aware of diversity.

Time : 40 minutes

Materials : none

Process:

- 1) Begin by asking the participants to stand up. Ask them to choose a colour they identify with. Ask them to think about why they chose that colour. Facilitators should also participate.
- 2) Ask participants to quickly state which colour they have chosen.
- 3) Ask participants to place themselves in a semicircle according to which colours are most closely related (e.g. yellow, then orange, then red, then violet, then blue, then green, etc.). Encourage the participants to discuss with each other where they should stand in relation to the colours they have chosen. For example, if two people both choose blue, does one identify more with a lighter or darker shade of blue? If so, move accordingly. The end result will resemble a rainbow.
- 4) Ask participants to introduce themselves, saying their name, organization and what type of work they do. They must also explain why they identify with the particular colour they chose. For example, someone may say, "I identify with the colour red because to me the colour stands for passion and a zest for life."
- 5) After everybody has had their say, discuss the choices. More than one participant may identify with the same colour but for a different reason. For example someone may say " I identify with the colour red because red stands out among all the colours." Raise the point that similar colours can signify different meanings to different people as also different colours might signify the same emotion or value.
- 6) Conclude by stating that it is important for participants to see and accept the diversity of human experiences, behaviours and attitudes because this will enable them to work with people different from themselves and to do so in a non-judgmental manner. This will be an important theme throughout the training!

- 7) Comment on the variety, range and length of experience in the room, and suggest that participants are welcome to share their experiences during the training, especially as it relates to MSM, gay men and sexual health.

Notes for Facilitator:

- It is recommended that colours be used for this exercise because they are relatively simple to work with. Also, there is a limited number to choose from which ensures that more than one participant will choose the same colour.
- Limit the information requested from the participants (name, work place, position, colour and reason why they identify with it) so that the exercise remains simple and the questions do, not need to be repeated.
- The information being shared does not need to be written as it will slow down the exercise and is not required.

1.4 Expectations

Purpose:

To learn participants' expectations of the training and address any concerns they have.

Time : 30 minutes

Materials : Flipchart paper, markers

Process:

- 1) Ask the participants as a group what they expect from the training and any concerns they might have about it. List the key points on the flipchart paper.

For example:

Increasing the participants' comfort with issues affecting MSM and gay men

Learn more about MSM and gay men (identities and behaviours) conceptual clarification

Understand how class and gender affect MSM and gay men

Information about STIs and HIV in the context of MSM and gay men

Issues related to the sexual health of MSM and gay men

Understanding factors related to risk and vulnerability for these populations

How to integrate services for MSM and gay men into existing programs

Identifying issues for advocacy and how to do advocacy for MSM/gay men

How and where to access MSM and gay men

How to network with other organizations

- 2) Discuss the responses as a group. Address any questions or particular concerns that are raised.
- 3) Check the extent to which it looks realistic to achieve participants' expectations.
- 4) If possible, direct those who have expectations that may be outside the scope of the training to other resources or organizations.

1.5 Goals of the Training

Purpose:

To outline the goals of the training.

Time : 10 minutes

Materials : Overheads or Prepared Flipchart Paper

Process:

- 1) Tell participants the goals of the training. Present the goals on prepared flipcharts or overheads:

Goals

Overhead 1.5.1

Goals of Training:

- 1) To assist participants in gaining a clear understanding of the issues affecting MSM, gay men and issues related to their sexual health.
- 2) To enable participants to gain an understanding of why and how services for MSM and gay men could be developed at their organizations.

Comment on the goals:

"In addition to identifying issues affecting the sexual behaviour of MSM and gay men and sexual health, the training will emphasize developing skills and strategies to help you address these issues. These skills and strategies will be informed by community-based models and are intended to help you in making changes in your own practice and do your organizations, or in strengthening practices that are already addressing these issues. "

1.6 Outline of the Training

Purpose:

To give participants a clear understanding of the topics to be addressed in the training.

Time : 10 minutes

Materials : agenda for the training

Process:

The facilitator informs participants:

- 1) The training addresses issues affecting MSM and gay male sexual and social behaviour, sexual health, and how to integrate services for this population into existing programs. This will be accomplished through a number of exercises over the 4-5 days of the training.

Topics include:

Part I

Sexuality, Sexuality Orientation
Sex
Erotic Zones
Sexual Behaviours and Identities of MSM and Gay Men
Attitudes, Stigma and Discrimination
Sexual Health
HIV/AIDS
STIs - Symptoms, Transmission and Prevention
Risk and Vulnerability

Part II

Organizational Programming Issues
Community Input
Advocacy
Peer-based Programs
Networking
Developing an Organizational Action Plan

- 2) Have participants review the workshop agenda briefly. Do not discuss the agenda in detail. Allow participants to review it and ask any questions if they have.

1.7 Ground Rules

Purpose:

To have participants adopt a set of ground rules for the training that will enhance communication and learning.

Time : 30 minutes

Materials : Flipchart Paper and Markers

Process:

- 1) Introduce the need for ground rules in the following manner:

"Quite a bit of the next week (four-five days) we will spend discussing issues as a large group. Because some of these issues can be quite sensitive, it's worthwhile to establish some ground rules for participation that will help everyone to feel comfortable participating. "

- 2) Ask participants to suggest ground rules for the training.

Who has suggestions for guidelines we could use for the training?

- 3) Record responses on a flip chart. Expected responses include:

Confidentiality

Right to pass or remain silent

Respect for feelings, beliefs, cultural differences

No interrupting

Good listening

Equal participation

Being non-judgmental

Punctuality

Speak for yourself and not for others

Keep an open mind

No whispering

No smoking in the training room

No sleeping

Don't be politically correct (say what needs to be said)

Turn off mobile phones

- 4) Elaborate on some of the suggestions, and propose the following if they are not suggested by participants:

Confidentiality - what is shared in the training is confidential. Participants may share ideas and experiences with people outside the group, but no information referring to personal identities should be shared.

Respect when people don't want to respond - everyone is free to choose whether they participate in an activity or share personal information. Furthermore, they have a right not to have to explain why.

No criticism of feelings - in discussion, no one has the right to criticize someone else's feelings. It is appropriate to acknowledge differences in feelings, but with the understanding that there is no correct feeling.

Open debate - everyone has the right to challenge someone's factual statement on the accuracy of the facts.

- 5) Get agreement from the group on the ground rules.

"Can we agree upon these guidelines?"

Suggest to participants that all, not just the facilitators, are responsible to see that the group adheres to these rules.

- 6) Stick the list of ground rules on the wall for people to refer to.

Notes for Facilitator:

- The group may devise a reasonable penalty for those who do not follow the ground rules. For example, people could be asked to dance, sing or buy sweets for the other participants.

Section 2: Human Sexuality (Total Time 3 hours 30 minutes)

In this section the participants are encouraged to explore the role of sexuality in their lives. This section also aims to uncover the connections between our ideas about our bodies and our overall sexual health.

- 2.1 *The Sexuality Circle Game:* To enable the participants to reflect on how they understand sex and sexuality and make the connection between social conditioning and their attitudes towards themselves as sexual beings. To increase awareness of sex and sexuality and increase participants' comfort level with these issues. To begin to explore the social conditioning we go through about sex.

Time: 1 hour 15 minutes

- 2.2 *Developing a Sexual Vocabulary:* To enable the participants to become more aware of various words related to sex and sexuality, and increase their comfort level in discussing sex and sexuality. To explore how attitudes and values associated with sex are evident in language.

Time: 45 minutes

- 2.3 *Body Mapping:* To increase participants' awareness of different perceptions about the sexual organs of the body, how they function, and the "erotic zones." To bring out levels of comfort and discomfort with sexual parts of the body. To increase comfort with verbalization of parts of the body related to sex.

Time: 1 hour and 30 minutes

2.1 Sexuality Circle Game

Purpose:

To enable the participants to reflect on how they understand sex and sexuality and make the connection between social conditioning and their attitudes towards themselves as sexual beings. To increase awareness of sex and sexuality and increase participants' comfort level with these issues. To begin to explore the social conditioning we go through about sex.

Time : 1 hour 15 minutes

Materials : Flip Chart Paper, Markers

Process:

- 1) Write the following questions on different pieces of chart paper before the session starts and tape them on the wall. Pair participants off and ensure they have enough space so that they can talk comfortably amongst themselves without being disturbed by people around them and without having to leave the room. Encourage the pairs to spend a couple of minutes discussing the following questions openly and honestly.

Flip Chart 1

Recall the first time you heard the word "sex."

How old were you and what did you feel?

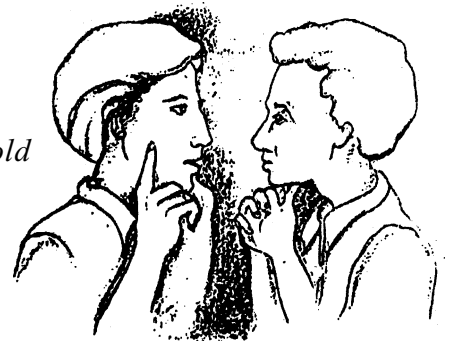
Flip Chart 2

Recall the first time you asked someone about sex or were told about it, and under what circumstances.

Flip Chart 3

Have you seen yourself naked in the mirror?

- 2) Ask the participants to come back to the larger group. Ask someone to begin by volunteering to share their experience with the whole group. Participants can either talk briefly about their own or their partner's experiences.
- 3) The facilitator then focuses on the similarities of the experiences, (e.g., sex was not discussed in the family, learned about sex from friends, sex is only



for procreation, sex is bad, boys/men have stronger sex drives, girls don't like sex, men must lead in sex, certain types of sex are wrong/bad, etc.)

- 4) The facilitator should now take a few minutes to emphasize the fact that sex is a natural and pleasurable activity. It is not for procreation alone. Everyone should recognize and respect themselves as sexual beings and not feel ashamed to talk about their sexuality.
- 5) Facilitate a larger group discussion around the following issues (do not use flip chart paper for this):

What do most people think and feel about sex?

What information about sex do you feel you lacked growing up? (For example, what were women told about their periods?)

What information about sex do you feel you lack today?

How did you feel about the information or messages you received about sex as you grew up?

Why is it important to have accurate and detailed information about sex?

Would you have felt differently about sex if you had had accurate and detailed information about sex? About yourself? About others?

What might you have done differently had you known more about sex before?

- 6) Ensure the discussion addresses the fact that we learn these messages about sex at an early age and that affects how we think about ourselves and our behaviours. Also, it is possible, through education and experience, to change how we think and feel about ourselves and our behaviours by challenging these messages and changing them.

Notes for Facilitator:

Talking about sex openly is often difficult. Feelings of embarrassment, shame, fear, honour, stigmatization, and denial can all affect the discussion.

Messages about sex are learned at an early age. They can come from parents, other members of the family, siblings, friends, etc. Often we do not question these messages because they come from parents or because we are too young at the time to fully understand the issues. These messages become internalized and often shape not only how we think about sex (e.g., shame, embarrassment, etc.), but also our sexual behaviour (e.g., inhibited, shy, passive, etc.).

Just because we believe these messages, does not make them true.

It is important to challenge and change these messages.

It is important for anyone working in the area of sexual health not to feel ashamed about their own sexuality and behaviours, as well as those of clients. Being comfortable with sexual language is a central component of effective education.

The word sex used in the training relates to any activity that produces sexual arousal and/or orgasm, or being a recipient of sexual arousal and/or orgasm, whether by oneself or with any other(s).

2.2 Developing a Sexual Vocabulary

Purpose:

To enable the participants to become more aware of various words related to sex and sexuality, and increase their comfort level in discussing sex and sexuality. To explore how attitudes and values associated with sex are evident in language.

Time : 45 minutes

Materials : Flip chart paper, Markers

Process:

- 1) This exercise is intended to be done initially with small groups (4-5 participants). The groups will need to elect a person to be a recorder. Each group will have a large flipchart sheet with markers. Ask the participants to list as many different words related to sex and sexual parts of the body as they can in the local language, slang and English. The recorder will write the words on the flip chart. Each group will also select a spokesperson to report back to the larger group.

For example: *sex, love, satisfaction, vagina, penis, power, gender, semen, erection, desire, pleasure, masturbation, orgasm, lust, feelings, ejaculation, kissing, hugging, penetration (vaginal and anal), oral sex*

After writing each term ask the participants to react with whatever thoughts, feelings or associations they may have about them. Write down the words or feelings they express (e.g. with "sex" they may associate dirty, enjoyable, having children, etc.)

- 2) Bring the larger group back together. Each group makes a presentation briefly reporting the words they came up with and the group's reactions.
- 3) Add any terms that have been missed.
- 4) Facilitate a discussion about the words and their responses. Ensure that participants are aware of the importance of using the same language as their clients to increase their comfort levels.

Have all participants heard of these terms?

How did it feel to use These words?

Which words were the hardest to say? Why are these so difficult?

Which words don't you like? Why?

Which words would you use? Why?

(If applicable:) Why are there such different? even contradictory-responses to the words?

(If applicable:) Why so many derogatory (negative uses) terms? In what instances are the words used as derogatory terms?

What kinds of people use these words?

(Good people/bad people/Doctors/adults with each other/adults with children/ young people with each other/women/men/mixed groups)

What are the cultural and sexual attitudes that are revealed in the language we use?

2.3 Body Mapping

Purpose:

To increase participants' awareness of different perceptions about the sexual organs of the body, how they function, and the "erotic zones." To bring out levels of comfort and discomfort with sexual parts of the body. To increase comfort with verbalization of parts of the body related to sex.

Time : 1 hour and 30 minutes

Materials : Flip chart paper, tape, markers

Process:

- 1) Divide the participants into two groups. Give each group several pieces of flipchart paper/newsprint, some tape and a marker pen. Ask the first group to draw a picture of a naked man and the second to draw a picture of a naked woman - for example asking someone to lie down and then asking another member of the group to trace their outline.

Note: In preparation for the next exercise (exercise 3.1) facilitators must make an additional outline of a man at this time or prior to the workshop.

- 2) Now ask the participants to label all the possible parts of the body that can be used for sex between a man and a woman. Ask them to either draw these directly onto the drawings or to draw them on pieces of paper and then stick them on.

The list should include, but not be limited to the following: penis, urethral opening (men), testicles, scrotum, vagina, labia, vulva, clitoris, urethral opening (women), pubic hair, buttocks, anus, breasts, nipples). Explain or clarify the different "sex organs" or functions.

- 3) When the groups have had a chance to do this, ask participants to explain what they have drawn on the map and why. Encourage others to ask questions about the drawings and to make any comments.

Discuss:

Sexual practices - How to sexually stimulate a man?...a woman?

The erotic parts/zones of the body - what is "erotic" vs. "sexual"

Sensitivity - pain and pleasure of different areas

- 4) Ask the larger group to further discuss how a person can be sexually stimulated. Ensure that participants list the names of heterosexual sexual acts. Write the names of these acts on a flip chart. The list should include:

kissing

hugging

oral sex/sucking/going down on someone/fellatio/cunnilingus

licking/rimming (licking the anus)

touching/caressing

masturbation and mutual masturbation

rubbing and pressing bodies together (frottage)

massage

thigh sex

breast sex

anal sex

fetishism (being sexually excited by a particular object, e.g. leather)

sadomasochism (S/M)

golden showers (urinating on someone else)

scatting (using faeces during sex)

voyeurisme

exhibitionism

telephone sex

sex toys

making videos

transvestism

fingering and fisting

Note: Keep this flip chart for use again in exercise 5.3

- 5) Address the importance of having choices about sexual practices and erotic stimulation, particularly related to HIV/AIDS prevention.

Alternative Processes:

Depending upon the group dynamic it might be fun to have men identify women's erotic zones and women do the same for the men. And then have the two groups swap diagrams and compare notes as a larger group.

Notes for Facilitator:

Think carefully about how to introduce the body mapping - because it can raise sensitive issues. For example, it might be useful to divide the group according to gender - to reduce participants' embarrassment. In particular, you may want to have another woman trace the outline of the woman.

It is important for participants to be aware that many MSM (and perhaps to a lesser extent - gay men) are married or will get married. A significant number of MSM and gay men will also have sex with women. For this reason participants will also need a clear understanding of a woman's body and sexuality in order to answer questions that may arise.

Section 3: Sexual Behaviours of Men Who Have Sex with Men and Gay Men (Total Time 1 Hour 45 Minutes)

To enable participants to examine the variety of MSM and gay male sexual behaviors and attitudes toward them. Through raising awareness we develop the skills to make positive lifestyle choices.

- 3.1 *MSM/Gay Erotic Zones:* To enable participants to gain basic knowledge about MSM and gay male sexual behaviour. To increase comfort with the sexuality of MSM and gay men.

Time: 45 minutes

- 3.2 *Attitudes Towards the Sexual Behaviours of MSM and Gay Men:* To enable participants to further explore attitudes towards the sexual activities of MSM and gay men. To create a better understanding of different sexual orientations. To raise awareness of the different responses and opinions about sexual orientation.

Time: 1 hour

3.1 MSM/Gay Erotic Zones

Purpose:

To enable participants to gain basic knowledge about MSM and gay male sexual behaviour. To increase comfort with the sexuality of MSM and gay men.

Time : 45 minutes

Materials : The sketch of the naked man from the previous exercise on erotic ones (exercise 2.3), flip chart paper and markers.

Process:

- 1) Continuing in the large group and returning to the same sketches/overheads used in the above exercise (2.3) about erotic zones. Explain that because the training is addressing issues related to men who have sex with men and gay men, the image of the woman will now be replaced by the image of another man.



- 2) Ask the participants whether the erotic zones of men change in the context of MSM and gay men? Given what they already know about the functions of the sexual organs and the erotic zones of men generally, how might two men give each other sexual pleasure?
- 3) Reviewing the flip chart list of sexual acts from the previous exercise (2.3 part 4), have the group identify which of these acts two men can do together. Place a check beside them. Put a line through those acts they cannot do.

Allow time for questions and discussions on these issues. For example, is male orgasm the same as ejaculation? What are participants' perceptions of anal sex? Remind participants that anal sex is a sexual behavior which is also practiced by heterosexual couples and that not all men who have sex with men or gay men have anal sex.

- 4) Expanding on the above list, ask participants to identify any benefits – sexual and emotional? they could see to same sex relationships. Are there any sexual behaviours that can only be enjoyed by two men?

- *Two men can touch and rub their penises together.*
 - *Two men can enjoy the feeling of their hairy legs intertwined.*
 - *Two men can enjoy interchangeable sexual roles (i.e., both can be the receiver and the penetrator).*
 - *They can explore the emotional vulnerability of being penetrated during anal sex.*
 - *Two men can enjoy the feeling of mutual razor stubble or moustaches.*
 - *No fear of pregnancy.*
 - *They may enjoy more aggressive sexual behavior.*
 - *It is simply a different feeling being with someone of the same sex.*
 - *A man can have a better understanding of another man's erogenous zones and desires.*
 - *Two men can share knowledge of how things feel.*
- 5) Facilitate discussion.

Had you ever thought before about what MSM and gay men do sexually?

Are you surprised by the lists?

After compiling these lists do you think MSM or gay men are sacrificing or limiting pleasure by having sex with others of the same sex?

Does it make sense that people would enjoy intimacy with other people of the same sex?

When do people in your community have sex with others of the same sex? Is this considered OK? What about after marriage?

What kinds of sexual expression are unacceptable? Why?

3.2 Attitudes Towards the Sexual Behaviours of MSM and Gay Men

Purpose:

To enable participants to further explore attitudes towards the sexual activities of MSM and gay men. To create a better understanding of different sexual orientations. To raise awareness of the different responses and opinions about sexual orientation.

Time : 1 hour

Materials : Adequate space in the room for participants to move around.

Process:

- 1) Ask participants to stand up and if necessary move chairs to make adequate space for them to walk around the room.
- 2) Explain that you are going to make a number of statements related to sex and sexuality. One end of the room is for people who strongly agree with the statement and the other end is for those who strongly disagree with the statement. If people are not sure about their response they should stand in the middle of the room. If people agree or disagree with a statement but feel less strongly about it they can place themselves accordingly between the middle and the end of the room. After each statement the participants should move to place themselves according to their feelings about the statement. A few of the participants will be asked to explain why they choose to locate themselves in a particular position in relation to the statement. If all the participants place themselves at one end of the room ask them why no one is at the other end of the room. Also, participants may question each other about the positions they have taken. They can also change their position at any time if they change their minds about their response. Try to ensure that over the course of the exercise everyone is asked to explain their position at least once.
- 3) Statements to be read out to group may be chosen from the following list (remember to ask everyone, or as many as possible, to explain their responses after each statement):

Homosexuality is natural.

Heterosexuality is natural.

Homosexuality is a result of how children are raised.

Heterosexuality is a result of how children are raised

Heterosexual sex is more pleasurable than MSM or gay sex.

In South Asian countries, it is easier for unmarried men to have sex with other men, than with women.

A person only knows their true sexuality later in life.

*Men who prefer to have sex with men should not get married to a woman..
Marriage will prevent or change MSM or gay male behaviour.*

MSM and gay men don't need or want women in their lives.

Men are more likely to be homosexual than women.

- 3) Ask participants to return to their seats. Facilitate a brief discussion about sexual orientations and the feelings and beliefs attached to them. Ask:

Were you surprised how different people's opinions could be?

What are some of the factors which influence how we understand different sexual orientations/preferences?

Notes for Facilitator:

Nature or Nurture

What makes a person homosexual or heterosexual? While nature defines chromosomal sex and anatomical sex, it need not define sex at a psychological and social level. Sexual orientation is believed to be a mixture of both nature (biology) and nurture (social conditioning).

Sexual behaviour and sexual identity depend very much on the society one lives in. Sexual behaviour and sexual identity are choices. A man with homosexual orientation can choose not to have sex with men or have sex with one man or have sex with many men. He can choose to be very energetic sexually or very passive. He may be more or less intimate with a particular sexual partner. In a society where same sex relations are accepted, people are able to express their sexuality more freely. If the society is hostile towards same sex relations a man who has sex with men may do so in private while behaving as a heterosexual in public.

Section 4: Social Context of Men Who Have Sex with Men and Gay Men's Sexual Behaviours/Identities (Total Time 5 hours 15 minutes)

To describe and ensure an understanding of the impact of various societal factors on MSM and gay male behaviour. To discuss the cultural expectations of men and how these affect MSM and gay men. To further explore attitudes towards MSM and gay men.

- 4.1 *Gender Exercise:* To enable the participants to reflect on how they understand gender and sex and enable an understanding of social conditioning. To increase awareness of gender and sex and increase participants' comfort level with these issues. To begin to explore the social conditioning we go through about gender.

Time: 45 minutes

- 4.2 *Cultural and Social Expectations of Men:* To develop an understanding of how religious, cultural and societal expectations shape the roles men are asked to play. To discuss how these expectations affect MSM and gay male sexual and social behaviours.

Time: 1 hour 30 minutes

- 4.3 *MSM and Gay Men's Sexual Behaviours/Identities:* To introduce different MSM and gay male behaviours and identities. To destigmatize behaviours and identities.

Time: 1 hour 30 minutes

- 4.4 *Race Course Game:* To explore attitudes about MSM and gay men. To raise awareness of some of the difficulties MSM and gay men face.

Time: 1 hour 30 minutes

4.1 Gender Exercise

Purpose:

To enable the participants to reflect on how they understand gender and sex and enable an understanding of social conditioning. To increase awareness of gender and sex and increase participants' comfort level with these issues. To begin to explore the social conditioning we go through about gender.

Time : 45 minutes

Materials : Flip Chart Paper, Markers

Process:

- 1) In the large group, draw a line down the centre of a piece of flip chart paper. On one side write "women" and on the other "men."
- 2) Now ask the group to brainstorm a list of words that they associate with women. Write the words on the flip chart. Next, do the same for men. When the group is finished listing words allow them some time to compare the two lists.

Examples :

MEN	WOMEN
Macho	Effeminate
Aggressive	Caring
Strong	Weak
Rough	Gentle
Money maker	Mother
Tough	Emotional
Dumb	Intelligent
Authoritative	Dependent
Impatient	Tolerant
	Pregnancy
	Menstruation

- 3) Ask the group to look at the list of words under the heading women. Which of these are only true of women. Do the same for men. Cross out the words that can be true of either men or women. What is left? (Probably only

reproduction/pregnancy, periods/menstruation.). Keep the discussion general - don't get caught up in too detailed an analysis.

- 4) Facilitate discussion about the exercise. Focus the discussion around how and why gender is constructed the way that it is.

Notes for Facilitator:

Perceptions of gender and gender roles have an important influence on MSM and gay men. Some MSM may identify as being feminine or woman-like. This may be an important aspect of a person's behaviour and/or identity. It could be an important influence on vulnerability. In order to work effectively in this area it will be important to understand how people relate to gender.

Many MSM and gay men are married or have sexual relations with women. Understanding gender issues is also important given these relationships.

Gender has an important influence on vulnerability to HIV infection. To understand how gender affects vulnerability, it is important to look at women's and men's different roles in the economy, community and family. Ideal images of what men and women should be like may also contribute to vulnerability.

4.2 Cultural and Social Expectations of Men

Purpose:

To develop an understanding of how religious, cultural and societal expectations shape the roles men are asked to play. To discuss how these expectations affect

MSM and gay male sexual and social behaviours.

Time : 1 hour 30 minutes

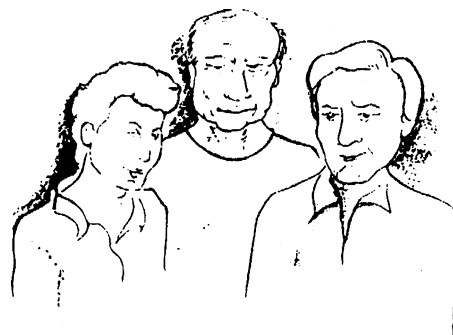
Materials : Flip chart paper, markers

Process:

- 1) Ask the participants to break into three small groups. Distribute flip chart paper to each group. Ask the group to draw a horizontal line across the middle of a large sheet of paper. This will represent the lifeline of a heterosexual man. Assign each group a man from a different religion and class background. For example, one group might consider the life of a middle class Hindu, another the life of a Buddhist with limited economic means, yet another a wealthy Muslim (use religions relevant to the local context).
- 2) Now ask the groups to consider the important events in the life of a heterosexual man from birth until death. Using symbols, drawings or words, have them mark each event along the lifeline at the appropriate age. Positive (good, happy) experiences in their lives could be marked above the line the greater the distance above the line means the more positive the experience was. Negative (bad, sad) experiences will be marked below the line the greater the distance below the line indicates the more negative the experience was.

Ask the groups to mark the following:

- religious events and obligations
- customs and social expectations
- education (going to school)
- leaving the family home
- work (starting a career)



family responsibilities

marriage (by what age and with whom)

children (how many and by when)

health (illnesses)

death (losing family and friends)

sexual experiences (including abuse and violence)

Ensure that all these experiences are marked on the lifeline at the appropriate age and above or below depending on how positive or negative you think they were. As each experience is marked, have the groups discuss among themselves the issues and questions in relation to that experience.

Note: Because the exercise is intended to focus on MSM and gay issues, do not spend too long on the first part. Tell the groups they have 15 minutes to do this part of the exercise.

- 3) Now ask the participants to consider MSM and gay men. How might their lifeline be different from that of a heterosexual man? (Other than MSM experiences the actual events will probably not be that different.) How might MSM and gay men react to some of the events or expectations along the lifeline? What are the positives and negatives? How would they feel? Have the participants add MSM experiences on the existing lifeline in a different colour marker. If the MSM experience of an existing event on the lifeline is different (positive or negative) than that of the heterosexual man, indicate this with the different coloured marker. Discuss issues such as coming out, relationships, acceptance from family and friends. Sense of community, sexual experiences, shame or guilt, loneliness, isolation, low self-esteem, vulnerability. Address vulnerability particularly in the context of HIV transmission as a result of risky sexual behaviour caused by low self-esteem.

How does a person's sexual orientation affect their behaviour and life-style? For example, how would a straight man's reasons for getting married be different or similar to a gay man?

- 4) Ask the participants to come back to the larger group. Have someone from each group present their group's lifeline. Compare and discuss the impact of life events for a straight man and a MSM or gay men. Ask the preservers to address the events one-by-one in chronological order and compare the reactions of the straight man to that of the MSM or gay man as they move

along the lifeline. What are the similarities? What differences? What does it mean for the MSM or gay man if he needs to hide his identity from his family and others around him? In addition to everything else a straight man does, an MSM or gay man is also trying to have sexual experiences or relationships with other men ? how will this affect his time and emotions.

- 5) Ask the whole group to comment on the experiences of MSM. What did they learn?

Notes for Facilitator:

- Ensure that groups don't get stuck for time by trying to provide too many details.

4.3 *MSM and Gay Men's Sexual Behaviours/Identities*

Purpose:

To introduce different MSM and gay behaviours and identities. To destigmatize behaviours and identities.

Time : 1 hour 30 minutes

Materials : video, TV monitor, VCR, prepared cards, flipchart paper, markers,

Process:

Part I (Optional)

- 1) Show a video, where available, that address different MSM and gay behaviours and identities in the local context if possible (e.g. "Ek our Nazariya" program on ZEE TV (Hindi)).
- 2) Facilitate discussion about MSM and gay behaviours and identities after the video or film.

Ask the following questions:

What did you think of the video/film?

Did anything surprise you?

What behaviours or identities were represented in the video/film?

What issues did the video/film raise for you?

Part II

- 11 Divide the participants into two groups. Distribute two sets of prepared cards. One with the terms for different types of MSM identities and behaviours. The other with the definitions of these terms. Within the small groups, the participants must match the terms with the definitions. Point out that these are very basic definitions and focus primarily on sexual behaviour. MSM and gay male behaviour and identities are in reality much more complex. Encourage group discussion. Allow 30 minutes for this.

- 2) Alternating between the groups, ask the groups what definitions they matched with the different terms. In several cases there may be more than one definition for a term. Again encourage discussion amongst the larger group. Raise the issue that individuals do not adhere strictly to these definitions of behaviour or identity and there is often "slippage" between them.
- 3) Ask participants if they know of any additional local terms for MSM and gay behaviours/identities. Explain that there are regional and even individual differences in the use of these terms. Some people use the same term to mean different things. Also, warn participants against generalizing - it is best to always ask clients how they identify and what it means for them.

The list should include the equivalent (where relevant) of the following terms:

Term	Definition(s)
Kotis/Dhuranis/ Nachchis	<ul style="list-style-type: none"> • identify as women • effeminate men who are often penetrated during sex
Girias/Panthis/Pariks/ Akher/Jonsa	<ul style="list-style-type: none"> • often partners with Kotis • macho and usually penetrate their partner during sex
Do-paratha/double decker/Duplis	<ul style="list-style-type: none"> • men who both penetrate and are penetrated sexually
Gay Men	<ul style="list-style-type: none"> • an identity that many connect with a broader social movement
Bisexuals	<ul style="list-style-type: none"> • men who have sex with both men and women
Male Sex Workers/ Beach Boys	<ul style="list-style-type: none"> • men who exchange or sell sex for money or gifts • boys or men who sell sex largely to tourists
Hijras	<ul style="list-style-type: none"> • males who dress as women and are sometimes castrated (eunuchs) • sometimes hold important religious and cultural roles

Note: Do not use terms which are not relevant to the region.

- 4) Ask each group to refer back to the different MSM and gay male behaviours and identities discussed above.

Ask the following questions:

How familiar were you with these terms and definitions?

- a) Questions related to sexual behaviour:

Who could have sex with more than one partner?

Who could have sex with women?

Who could sell sex?

Who could buy sex?

Where does MSM or gay sex take place?

(parks, public toilets, home, cinemas, hotels, hostels, seminaries, ashrams, alleyways, beaches, trains, railway tracks, bus depots, construction sites, behind bushes, car, massage parlours, trains, river banks, offices, hospitals, gyms, jails and prisons)

- b) Questions related to personal characteristics and/or behaviors:

What kind of clothes would they wear?

Who would be most visible?

- c) Questions related to lifestyle/activities:

What do you think would be their level of education?

What would they do in their free time?

What kind of interaction would they have with the opposite sex?

Who could be married?

What kind of relationship would they have with their family?

What kind of work would they do?

What kind of relationships with other MSM or gay men might they have?

- 6) Facilitate discussion. Refer participants to the resource material handed out on the first day (or hand it out now).

Notes for the Facilitators:

A person's sexual behaviour/identity is subjective, everyone has different ideas about who they are sexually, their desires, etc. Although some may choose different labels like those mentioned above, they may have different understandings of what these labels mean or how they are used. Many of these labels overlap. Many of these men also engage in heterosexual sex. Again, it is always best to listen closely to what the individual is telling you about his sexual behaviour/identity.

It will be important for the facilitator to challenge stereotypes.

4.4 Race Course Game

Purpose:

To explore attitudes about MSM and gay men. To raise awareness of some of the difficulties MSM and gay men face.

Time : 1 hour 30 minutes

Materials : Enough space for participants to move freely across the room. Chalk, string, flipchart paper, pillows or some other means of marking spaces on the floor.

Process:

- 1) Create six small groups. Ask participants to number off from 1-6 until everyone knows which group she or he is in. If there are less than 12 participants use only 5 groups. Remove the character or situation which is least relevant (the heterosexual male must remain). Ask the participants to stand together in their groups along a real or imaginary line at one end of the room (could draw a start and finish line with chalk). Once the participants have broken into their small groups announce that each group will represent a different MSM or gay male behaviour or identity:

Group 1 - a 12 year old street/beach boy who sells sex

Group 2 - a young koti/nachchi who lives at home

Group 3 - a young, out, gay male student

Group 4 - a middle aged married corporate executive who occasionally goes to the park or public toilets for sex with other men

Group 5 - an older military officer Who is married, but occasionally has sex with other officers.

Group 6 - an exclusively heterosexual male who is unmarried, and comes from a liberal, upper middle class family

Note: *Group 5 is optional. If there is less than 12 people participating in the exercise it may be advisable to leave out the military officer.*

Discuss briefly as a large group what each behaviour/identity means. Make any clarifications needed.

Note: This exercise could also be done as a "board game" using flip chart paper if there is not enough room for the groups to move around. Make six columns on the flip chart, one for each group, and then add rows according to the number of questions being asked (12 questions).

- 2) Each group assumes the assigned behaviour or identity. The facilitator asks a series of questions. Each group is asked to briefly discuss amongst themselves how they think their MSM/gay male behaviour or identity would respond to the question. For each question it is only possible to answer: YES or NO. If the answer to a question is YES, then the group may take one step forward. If the answer is NO then the group stays where it is. The groups will be asked to explain their responses to the rest of the participants. Any of the groups may comment or question another group's response. The group that has advanced the most by the end of the questions will have won the race.

To ensure that each group takes equal steps forward use chalk, string, flipchart paper, pillows or other objects to mark spaces for the 12 questions.

- 3) All questions are related to the levels of empowerment and marginalization of the characters in the race. To help the participants understand the exercise you may use the first question as an example and help the teams to work out their responses. If their response is YES make sure that they take a step forward.

Question:

- a) Someone threatens to blackmail you by exposing your MSM/gay sexual activities to your family, people at your workplace or your neighbours. Can you respond with confidence that it doesn't matter to you?

(The heterosexual male will probably answer YES because this situation does not apply to him. In this instance the street youth and the openly gay man might similarly answer YES. They have nothing to lose - one because he is homeless and the second because of the fact he is already out about his sexuality to everyone around him. They move forward a step while the others answer NO and stay put.)

- b) Would it be easy for you to seek police assistance if you were being blackmailed about your sexual behaviour'?
- c) Are you friends with other people who share similar sexual behaviour or identity?
- d) Can you talk comfortably to everyone you know about what you are feeling regarding your sex behaviour or identity?

- e) Could you tell your family about your sexual behaviour or identity?
 - f) Would it be easy for you to find relevant information (brochures, posters, etc.) about sexual health in a government clinic?
 - g) Are there social spaces (other than NGOs?) such as discos, bars, cafes, where you can meet other people who share the same sexual behaviour or identity?
 - h) Would it be easy for you to insist that a condom be used during sex?
 - i) Could you have a long term relationship? (With another man for the MSM characters.)
 - j) Could you live with that person?
 - k) Do you think you could give up MSM/gay sexual behaviour and still be happy?
 - l) Would most people you meet assume that you are heterosexual? (Can you pass as a heterosexual person in public?)
- 4) Upon completion of the game ask participants to come back to the larger group. How did the different groups feel about the position of the individual they were representing? Did they feel happy, unhappy, frustrated, discriminated against, etc.? Were participants surprised by the outcome? Facilitate a discussion regarding the various factors that make MSM socially disempowered or marginalized and how discrimination can have an effect on their emotions, sexual behaviour and sexual health status. How might these situations affect MSM? How would they feel? Can feelings affect sexual behaviours? If so how?

Notes for Facilitator:

Encourage the teams to discuss their responses together as a team and also to question the other teams about their responses.

Section 5: Sexual Health of Men Who Have Sex with Men and Gay Men (Total Time 5 hours 45 minutes)

This section addresses ways in which men who have sex with men, gay men and their partners are vulnerable to STIs and HIV. It identifies specific STIs that men who have sex with men and gay men often get, introduces information about prevention of transmission of STIs and HIV and raises a number of issues about vulnerability. The section introduces emotional and psycho-sexual issues that affect the sexual health of MSM and gay men.

Note: This section assumes that participants have some basic knowledge about sexual health. STIs and HIV.

- 5.1 *What is Sexual Health?:* To ensure that participants have an understanding that sexual health encompasses physical, emotional, intellectual and social aspects of well-being.

Time: 30 minutes

- 5.2 *Transmission of STIs and HIV:* To ensure that participants understand the major means of transmission of STIs and HIV.

Time: 45 minutes

- 5.3 *Brainstorming Knowledge of STIs:* To review participants' knowledge of STIs including HIV.

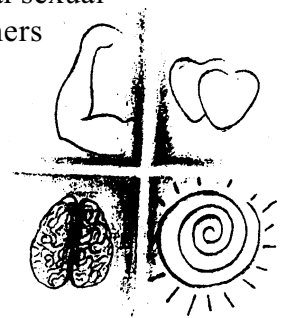
Time: 1 hour

- 5.4 *Prevention of STIs and HIV:* To ensure that participants understand the major means of prevention of STIs and HIV.

Time: 1 hour

- 5.5 *Vulnerability and Risk Taking:* To explore the vulnerability of MSM and gay men to STIs and HIV as it relates to a number of economic and social issues. Also to explore risk taking as it pertains to particular sexual behaviours. Raises issue of vulnerability of female partners of men who have sex with men and gay men.

Time: 1 hour 30 minutes



5.1 What is Sexual Health?

Purpose:

To ensure that participants have an understanding that sexual health encompasses physical, emotional, intellectual and social aspects of well-being.

Time : 30 minutes

Materials : none

Process:

- 1) Ask the participants to think about what sexual health means to them personally. Write the response on flip chart paper.

For example:

healthy ways of having sex

healthy functioning of sexual organs

not having sexually transmitted infections (STIs)

knowledge and practice of safer sex

knowledge of sexual organs

experiencing sexual pleasure

mental peace about sex and sexuality

positive attitude about sexuality

- 2) Ask the group how they would define sexual health?

Notes for Facilitator:

Facilitators should have a good understanding of the various aspects of sexual health and how these might impact on vulnerability to STIs and HIV.

WHO defines sexual health as the integration of physical, emotional, intellectual and social aspects of sexuality in a way that positively enriches and promotes personality, communication and love.

5.2 Transmission of STIs and HIV

Purpose:

To ensure that participants understand the major means of transmission of STIs and HIV.

Time : 45 minutes

Materials : flip chart or whiteboard, flip chart of different sexual acts from Exercise 2.3, cardboard cards, marker pens, condoms, dildo or substitute, lubricant, blindfold

Process:

- 1) Ask the whole group to refer back to the list of sexual acts from Exercise 2.3. (Put the flip chart back up on the wall. Ask participants to identify all the sexual acts between two men that can lead to HIV and STI transmission. In addition to the exchange of body fluids ensure that the group includes different types of direct contact with the skin, sore or parasite.
- 2) Facilitate a discussion about the level of risk associated with each sexual act. Include which MSM sexual partner is at greater risk for infection.
- 3) Invite questions for clarification. How big is the gap between the "reality" of risk and people's "perceptions" of risk? Where do we get our information from? How can we improve access to accurate, appropriate and timely sexual health information? What factors affect the level of risk? What can we learn from this about the factors that might increase vulnerability?
- 4) Finish by summarizing the basic facts about HIV transmission.

Notes for Facilitators:

Discussion should be generated in a way that is sex positive.

During the brainstorm, you may need to add any suggestions of your own, if you think that important risk behaviours have been missed by the group.

5.3 Brainstorming Knowledge of STIs

Purpose:

To review participants' knowledge of STIs including HIV.

Time : 1 hour

Materials : whiteboard or flip chart & markers, prepared cards, handouts of completed grids

Process:

- 1) Having just discussed the sexual routes of transmission of HIV and STIs with the group, ask them now to identify the names of STIs they are aware of. Guide discussion to which STIs are common amongst MSM and gay men and ensure that discussion refers to anal and oral sex. What STIs are associated with which sexual behaviours?
- 2) Beforehand prepare two sets of cards or flip charts. One set will have the name of the STI on it. The other will have the symptoms of the STI. Arrange the cards or flip charts with the names of the STIs on it so that all the participants can clearly see them. It might be helpful to stick them on the wall. Ensure that there is adequate space beside them so that participants can match up the symptoms for each STI.
- 3) Ask each participant to take one or more cards or flip charts with a list of symptoms and match it with the appropriate STI. The card or flip chart with the symptoms on it should be placed to the right of the card or flip chart with the STI name on it. The facilitator should provide clarification where necessary – ensure that the difference between HIV and AIDS is understood.

Name	Description/symptoms	Treatment / Risk reduction
Syphilis	<ul style="list-style-type: none">• Hard painless single clean ulcer / lesion on penis, inside rectum or mouth• Persistent fever• Sore throat• Patches of hair loss• Rashes on palms, soles, chest and back (Bacterial infection)	Anti-Bacterial treatment – Antibiotic Penicillin / Tetracycline / erythromycin

Chancroid	<ul style="list-style-type: none"> • Ulcers – Painful, multiple, soft • Painful swelling of lymph nodes(one side) (Bacterial Infection) 	<p>Antibiotics</p> <p>Injections, ceftriaxone, Erythromycin, septron</p>
Herpes Genitalis	<ul style="list-style-type: none"> • Multiple ulcers • Shallow erosions • Incurable • Severe pain • Fever • Difficulty urinating • Tenderness on the inside of the legs (Viral Infection) 	<p>Anti-Viral Treatment</p> <p>Tab Acyclovir L-lysine Monolauren</p>
Gonorrhoea	<ul style="list-style-type: none"> • Thick yellow discharge from penis • Pain in urination /sex (Bacterial infection) 	<p>Antibiotics</p> <p>Injection Ceftriaxone Norflox, Ciproflox Spectinomycin, tetracycline</p>
Chlamydia	<ul style="list-style-type: none"> • Abnormal discharge from penis (also infertility) • Bleeding / pain during intercourse • Pain while urinating (Bacterial infection) 	<p>Antibiotics</p>
Hepatitis B	<ul style="list-style-type: none"> • Severe infection shows - Loss of appetite - Nausea / vomiting - Fever Joint pains - Jaundice symptoms - Dark urine - Pain in the abdomen (Viral Infection) 	<p>Anti-Viral Treatment</p>
Urethritis	<ul style="list-style-type: none"> • Mild / severe pain while urinating • Pus/mucous discharge from penis (Bacterial infection) 	<p>Antibiotics</p> <p>Ampicillin Tetracycline</p>

Proctitis	<ul style="list-style-type: none"> • Itching/burning around anus • Pus/mucous discharge in stools • Mild/severe pain during bowel movements • Occasional diarrhoea or fever • 3 out of 10 men infected show no symptoms (Bacterial Infection) 	Antibiotics Ampicillin Tetracycline
Genital Warts	External Warts around anus or penis (Viral Infection)	Anti-Viral Treatment Podophyllin Bi-chloracetic
Crabs	<ul style="list-style-type: none"> • Lice in the hairy parts of the body • Itching, mainly at night (Parasite) 	Lindane Special shampoos and lotions
Scabies	Itchy red spots or rash on wrists, ankles, penis, hands, chest and back (Parasite)	Special Lotions
Intestinal Parasites	<ul style="list-style-type: none"> • Foul smelling stools and diarrhoea • Blood and mucus in stools • Abdominal cramps. and gas (Bacterial infection) 	Antibiotics Depends on type of parasite found in stool
HIV Human Immuno deficiency Virus	<ul style="list-style-type: none"> • Damages immune system • Incurable • Leads to AIDS Viral Infection	Anti-Viral Treatment Antiretroviral Therapy AZT

4) Brainstorm an additional list of physical damage that can result from anal sex.

**Sexual
Health**

*Brainstorming
Knowledge
of STIs*

Notes for Facilitator:

Focus on keeping this exercise experiential by exploring what health problems people associate with male to male and gay sex. Explore perceptions of health problems associated with MSM and gay sex.

This should not be an exhaustive session to provide a lot of new information - it should be refreshing knowledge and pointing people to information in the resource section - the main point is to begin to get participants to make links between MSM or gay men and specific STIs and with tearing of internal tissue associated with anal intercourse including:

- hepatitis
- giardiasis
- anal and oral gonorrhea
- anal prolapse
- tearing rectum tissue
- hemorrhoids

5.4 Prevention of STIs and HIV

Purpose:

To ensure that participants understand the major means of prevention of STIs and HIV.

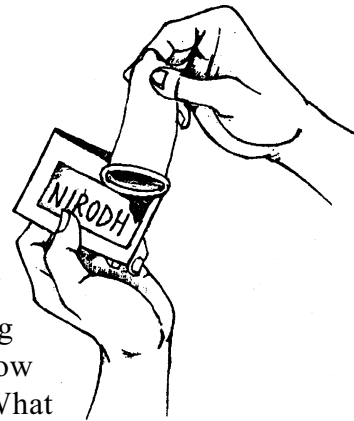
Time : 1 hour

Materials : flip chart or whiteboard, flip chart of different sexual acts from Exercise 2.3, cardboard cards, marker pens, condoms, dildo or substitute, lubricant, blindfold

Process:

Prevention

- 1) Referring back to the different sexual acts between MSM, ask participants to list ways of preventing the transmission of HIV and STIs.
- 2) Explore issues about non-penetrative sex, use of condoms, reducing numbers of partners, HIV testing as a prevention tool and not having sex (e.g. how realistic is it to ask people not to have sex?). What other sexual practices are considered safer sex?
- 3) What is the role of the condom in safer sex? Invite one person to demonstrate correct use of a condom using dildo or substitute.
- 4) Repeat the above exercise with one person blindfolded.
- 5) Discuss ways in which to ensure the condom will remain effective.
 - Avoid tearing the package with your teeth or a sharp object
 - Check the date of expiry
 - Do not keep condoms in the back pocket where they risk being damaged from being sat on regularly
- 6) Discuss use of water-based lubricant as a part of efficient condom use especially for anal sex.



Notes for Facilitators:

Discussion should be generated in a way that is sex positive.

This activity usually brings up a lot of questions and concerns that people have about how HIV and STIs are prevented. Make sure that you are comfortable with the basic facts of transmission and prevention. Remember that there is still a lot of research being carried out on HIV and that there is still much that we do not know. It is OK to say that you do not know an answer to a particular question as long as you make a commitment to try to find out.

Ensure that there is identification of

- non-penetrative sex - perhaps refer to the body mapping from earlier section
- use of condoms - note need for strong condoms for anal sex

Generate discussion about the possibility of achieving these forms of safer sex

- the extent to which negotiating safe sex is realistic and what it means – negotiated safety

In discussion of reduction of number of partners be sure to be clear that this only reduces risk in a mathematical sense - it does not remove risk - only sex where there is no exchange of bodily fluids removes risk.

In discussion of abstinence be sure to discuss realism of this choice and reinforce sex positive messages

5.5 Vulnerability and Risk Taking

Purpose:

To explore the vulnerability of MSM and gay men to STIs and HIV as it relates to a number of economic and social issues. Also to explore risk taking as it pertains to particular sexual behaviours. Raises issue of vulnerability of female partners of men who have sex with men and gay men.

Time : 1 hour 30 minutes

Materials : Flip chart paper, markers and case studies on separate sheets for handout

Process:

- 1) Ask the participants to break into three small groups. Each group will receive a different role-play scenario related to vulnerability and risk taking among MSM and gay men. Ask each group to consider the scenario they are given. Make sure all scenarios are used. The group should discuss the dynamics of the situation and the vulnerability and/or risk taking of the characters related to STIs and HIV transmission.

Note: A copy of these role play scenarios appears in the Appendix. It can be photocopied and then cut in three for distribution to the three groups.

- 2) Ask each group to prepare to act out the scenario with two members playing the roles. They should provide an ending which results in unsafe sex. Inform the groups that they only have 10 minutes to present the role play. They should keep their preparations general to enact the situation described. The dialogue should be simple. Avoid having the groups spend too long scripting dialogue. Monitor the groups to ensure that the instructions and time frame are understood.
- 3) Participants return to the large group and the scenarios are briefly enacted. Ensure that participants stick to the time frame.
- 4) Facilitate discussion about the issues involved and the probability of the outcomes. What were some of the factors affecting the character's vulnerability? Which of these were examples of individual factors (referring to aspects of an individual's life) and which are social factors (referring to aspects of family, institutions, etc)? What was the relative importance of individual factors as compared to social causes of vulnerability? What examples were there of risk taking?

Note: The "risk taking" will be determined by the participants in how they choose to enact the unsafe sexual encounters.

Examples of individual contexts affecting vulnerability:

- Levels of knowledge about safer sex
- Perceptions of personal risk
- Attitudes about oneself (sense of self worth/self esteem)
- Power
- History of sexual abuse

Examples of social contexts affecting vulnerability:

- Norms about relations between men and women (and how this can be projected onto male partners)
- Social attitudes towards sexuality and MSM/gay men (homophobia)
- Economic conditions (unemployment, poverty)
- Racism
- Accessibility of HIV and STI prevention education and relevant services
- Lack of safe spaces where safer sex can be practiced
- Political and legal climate

5) Ask participants to consider the notion of risk taking. How do they understand the term? How is it different from vulnerability? How is it related?

Generally speaking, risk taking is associated with personal choice regarding sexual behaviour. Vulnerability is associated with social conditions, institutional structures or personal experiences/histories that may affect sexual behaviour. It is not always clear that risk taking can be easily differentiated from vulnerability. People have - based on their experiences and social situation - different perceptions about what choices they can make about sexual behaviour. Social and individual factors limit choices available to people or reduce people's ability or willingness to make safe choices. Understanding the range of factors that affect people's vulnerability to becoming infected with HIV or a STI is vital in order to design effective HIV prevention services.

- 6) Have the participants brainstorm a list of different forms of risk taking among MSM and gay men.

Examples of risk taking:

- not using a condom
- not using water-based lubricants with a condom
- having sex when using drugs or alcohol
- having sex in a dangerous environment
- assuming that the sexual partner is not HIV positive
- having multiple partners (for STIs)

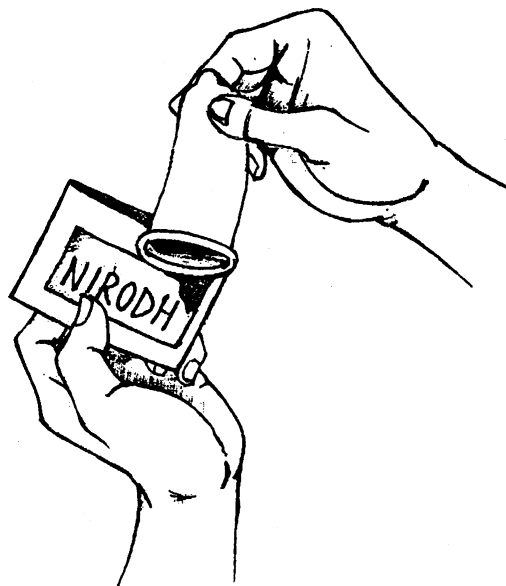
Role Play Scenarios:

Scenario 1.

Vinod is 19, a kothi and male sex worker who works mainly in parks at night. He is not very proud of his work but feels he has no choice because he has no other professional skill or training. He is completely out of money this day. Kumar is 37, a businessman who is married but sometimes looks for sex with men and will pay for it when he has to. Kumar is not very comfortable with his sexuality and can be rough. Vinod is not physically very strong. Kumar knows about STIs and HIV but assumes this does not really relate to him. He doesn't enjoy using condoms. 'tonight he is a bit unhappy. Kumar visits the park and meets Vinod - he wants him badly.

Scenario 2.

Suresh and Sachin are in their early twenties, graduating from university and in love. Sachin is happy with his sexuality but is very private about it. Suresh is very confused. Recently the pressure has increased from Suresh's family for him to marry. In a fight with his father he told him lie thought he was a homosexual and his father threw him out of the house. Suresh went and had a few drinks and now has gone to Sachin's house. He is in his room and wants to have sex to wash away the fight with his



father. He doesn't want to use a condom because he wants Sachin to prove his love for him. He gets a bit noisy from time to time and Sachin is worried about his family hearing what is going on.

Scenario 3.

Ashok and Geeta are newly married - arranged by their families. Ashok prefers sex with men but he likes and respects Geeta and is happy to marry and raise a family. Soon after the marriage he learns that an old partner of his has tested HIV positive. Ashok has never had an HIV test. He knows he may have been exposed to HIV. Geeta is very keen to start a family and enjoy her new married life. Sex had been going OK since the marriage but suddenly has stopped. She is very strong willed and determined that things should get moving again!

Notes for Facilitator:

Issues that the facilitator should ensure are raised include the link between:

- economic status and vulnerability and risk, (Scenarios 1 & 3) violence and vulnerability and risk, (Scenarios 1 & 2)
- confusion about sexual identity and emotional security and vulnerability and risk (Scenarios 1, 2 & 3)
- impact of family pressure, expectations and vulnerability and risk (Scenarios 2 & 3)
- the vulnerability of female partners of men who have sex with men (Scenario 1 & 3)

5.6 Reducing Vulnerability to STIs and HIV

Purpose:

To ensure that MSM and gay issues are appropriately integrated into programs that promote sexual health through awareness raising, provision of information and education, encouraging safer sexual behaviour and condom promotion.

Time : 1 hour

Materials : markers, flip chart paper and case studies from exercise 5.4

Process:

- 1) Put the following two questions on flip chart paper. Ask the participants to get up and put their responses on different pieces of flip chart paper.
 - What do MSM need to help them to reduce vulnerability and risk taking in relation to STIs and HIV?

Discuss: Referring to the previous exercise, what were the needs of the different MSM/gay male characters? What did they need to know about their bodies, HIV/STI transmission, etc.?

- How do you deliver these services?

Discuss: What strategies could be used? How can we increase access to services? What limitations are there to various strategies/services? What are the limitations of the NGO's role? Where else can MSM/gay men go for assistance?

- 2) Ask the group as a whole to brainstorm two lists - one that lists as many possible components of effective programs that help people reduce their vulnerability to HIV/STIs and risk taking (see list below) and another list of activities/approaches which are often used but which we know are ineffective in really helping people reduce vulnerability and risk (see list below). The groups should also identify if any of the elements listed are of particular relevance or importance in relation to sexual health of MSM and gay men. Have the group refer back to the flip charts from exercise 5.4 to ensure that different strategies are identified to address all the causes of vulnerability and risk taking identified. Emphasize how the NGO's involvement and services can assist in decreasing vulnerability and risk taking?

A guided discussion on any issues – with increasing focus on issues particularly relevant to sexual health of MSM and gay men.

- 3) Facilitate group discussion. Encourage the group to draw their own conclusions.

Optional:

- 4) Reintroduce the role plays from Exercise 5.4. Ask five participants to volunteer to represent the MSM/gay male characters in Exercise 5.4. Ask five additional participants to volunteer to portray NGO workers who would then identify and act out different ways of addressing the situation with one of the MSM/gay men resulting in a positive outcome (e.g. telephone counselling, park outreach, in-person counselling, education campaign, etc.). Ensure that a diversity of different strategies and services are addressed.

Address:

- building negotiation skills to talk about sex and safety (all scenarios)
 - where realistic and possible, building capacity to say no (all scenarios)
- 5) Ask the groups to quickly enact the role plays with different NGO interventions.
 - 6) Facilitate a discussion about the following:
 - What does this suggest about the kinds of strategies that might be effective in responding to vulnerability? How can NGO's services (education, etc.) assist in decreasing vulnerability and risk taking? To what extent do people have "choice" about behaviour?

Notes for Facilitator:

The discussion should be introducing general issues and not trying to produce a detailed design for programs

Effective approaches should be including things like:

- provision of explicit sex positive information about behaviour, transmission and prevention-that includes information relevant to MSM and gay men
- counselling
- non-discriminatory statements about sex, sexual preference and gender.

- a mix of public information, inter-personal activities, counselling, high quality STI care, availability and accessibility of good quality condoms & lubricant
- inclusion of people affected by STI and HIV in developing responses
- addressing issues related to gender inequality, poverty & mobility
- sensitive and strong policy leadership from government
- partnership between government, community, medicine and research
- building skills in negotiating sex when possible
- working on specific issues concerning young gay men and their self esteem.
- peer based approaches where appropriate
- incorporating a component of training and income generation

Ineffective programming could include:

- using primarily fear based approaches without any context
- blaming anyone
- dictating behaviour – saying "no" – "don't"
- concentrating only on an individual responsibility to change behaviour without paying attention to factors that limit choice or capacity to do this
- promoting condoms but not having good quality condoms available, affordable and accessible
- speaking in generalities about sexual behaviour - not being explicit and direct
- advocating sexual abstinence/no sex
- not involving MSM and gay men

PART 2: INTRODUCTION TO PROGRAMMING ISSUES AND APPROACHES

PART 2: INTRODUCTION TO PROGRAMMING ISSUES AND APPROACHES

This part of the manual addresses why it is important to make programs for, or sensitive to, MSM and gay men. It also explores whether the participating NGOs are ready to commit to this. It challenges organizations to think about their relationships with MSM and gay men. Finally, it introduces issues that organizations may need to address if they are to either integrate issues related to MSM behaviour or gay men into existing programs or if they are considering establishing new programs specific to MSM and gay men.

The manual does not attempt to build complex skills. It describes common approaches used in MSM and gay male sexual health work and identifies skills that organizations should develop if they are considering working in this area.

This part of the manual has four sections:

Section 6: **Integrating Services for Men Who Have Sex with Men and Gay Men into Existing Programs**

Section 7: **Developing Programs Specific to Men Who Have Sex with Men and Gay Men**

Section 8: **Networking**

Section 9: **Short Term Action Plan**

The activities are designed assuming that the participants in this training are from a number of agencies rather than just one agency. If the manual is used with staff from only one agency its activities can be amended slightly to go into greater depth.

Section 6: Integrating Services for Men Who Have Sex with Men and Gay Men into Existing Programs *(Total Time 2 hours 45 minutes)*

This section addresses aspects of agency vision, mission, policy, and programming which can be strengthened to integrate issues related to MSM and gay men.

There are three activities in this section:

- 6.1 *Why Have Services for MSM and Gay Men?:* To have participating organizations answer for themselves why they might have services for MSM and gay men.

Time: 1 hour

- 6.2 *Reviewing Major Services of the Organization:* To identify if services are already structured and operated in a way that is inclusive of men who have sex with men and gay men and where they are not, flag this as requiring attention.

Time: 45 minutes

- 6.3 *Diagnosis, Treatment and Care:* To ensure that any agency service related to diagnosis, treatment and support for sexual health is sensitive and responsive to specific needs of MSM and gay men.

Time: 1 hour

6.1 Why Have Services for MSM and Gay Men?

Purpose:

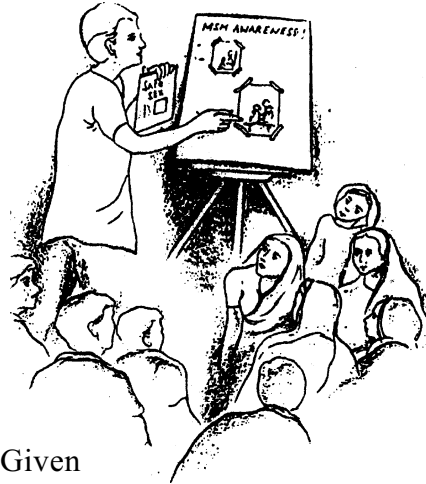
To have participating organizations answer for themselves why they might have services for MSM and gay men.

Time : 1 hour

Materials : Flip charts, markers

Process:

- 1) Ask the participants to break into smaller groups. If there are a number of participants from the same NGO, group them together. If all the participants are from the same NGO, then group them together according to the different programs they work in.
- 2) Ask participants to consider the following: "Given that there are already sexual health programs, why do we need specific programs for MSM and gay men?" Ask each group to brainstorm a number of different responses. Ask a recorder from each group to write down the responses on a piece of flip chart paper. Give the small group an opportunity to discuss their responses.



Potential responses may include:

- The sexual behaviours of MSM and gay men put them at risk for STI and HIV infection.
- Their sexual behaviour also puts women and children at risk.
- MSM and gay men may need specific kinds of information and specific services.
- Young gay men need positive role models to tackle issues around self-esteem.
- Doing what the funder or government asks.
- Funding is available.
- Expressed need from MSM and gay men.
- MSM and gay men testing HIV positive or having a high rate of STIs.
- MSM and gay men have a right to services and might be excluded from the mainstream.

- May be the right time for the organization to expand its services to include other populations.
- Media attention to the issue.
- MSM and gay men are more likely to have multiple partners.

3) Next ask the participants in the small groups to consider whether their respective agencies will be willing to provide programs and services for MSM and gay men. Why and why not? Do you think it is appropriate that your agency provide such services? Why and why not? Again have someone record the responses and allow for discussion.

Potential responses may include:

Negative

- May be inappropriate because the organization focuses on work with families.
- The religious bias of the organization may impact its work with MSM and gay men.
- Concerns that work with this population is too political.

Positive

- We already run a clinic and could easily expand the hours to accommodate MSM and gay men.
- We are already working with MSM and gay men in different capacities.
- We are geographically well situated to serve this community.
- We have a good reputation for providing high quality and nonjudgmental services/information.

4) Bring the groups back together. Ask each smaller group to report what they discussed. Compare the responses from the different groups. Discuss.

5) To discover potential resistance ask, "What problems do you think your colleagues might face in working with MSM and gay men?" This may also get at the participants' own concerns?

Potential responses may include:

- homophobia
- pressure from the person's family
- problems with funder
- problems with other clients or the community

- concerns about sexual harassment police harassment
- fear
- already overworked
- why give special attention to this group

Notes for the Facilitator:

It will be important to facilitate the discussion in such a way that participants are not left with the feeling that working with MSM and gay men is an impossible task. Recognize that there are important barriers that need to be addressed, but that (as with any unfamiliar issue) people will require time and education to understand.

6.2 Reviewing Major Services of the Organization

Purpose:

To identify if services are already structured and operated in a way that is inclusive of men who have sex with men and gay men and where they are not flag this as requiring attention. Also, initiate a discussion on possible strategies to do the same.

Time : 45 minutes

Materials : Flip chart paper and markers

Process:

- 1) Have the larger group brainstorm a list of tools and strategies that organizations can use to determine how to include MSM in their services. Record the responses on flip chart paper.

For example:

Needs Assessment

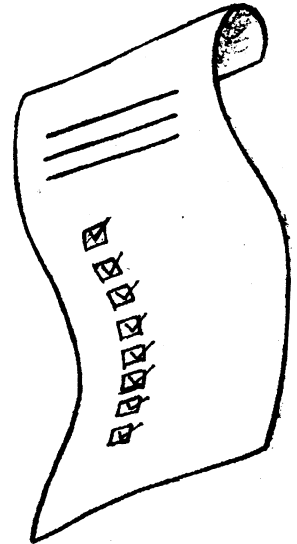
Community based Research

Consulting with other organizations

Community Forum

Advisory Committees

- 2) Returning to the same groups as in the previous exercise. If the participants are from more than one agency, group them according to their agencies - if they are from the same agency, group them according to the programs they are in. Quickly list the major agency programs and services. Next have the groups rate them with either a 1) MSM and gay men are included adequately; 2) MSM and gay men not included but should be; or 3) not appropriate to include MSM or gay men.
- 3) Ask the group how MSM and gay men can be included in the services with a 2) beside them. Quickly list tools and strategies from the list on the flip chart indicating how MSM and gay men could be included. Address any questions that are raised about how to include MSM and gay men.



- 4) Report back to the larger group and discuss the issues raised.

Alternative Process: if all the participants are from the same organization create one checklist of all the programs/activities and quickly assess the major programs using the checklist.

Notes for Facilitator:

- The main point to is to raise issues, questions and possibilities - not to do detailed design work. Encourage the agencies to plan a systematic review of all programs and activities to see whether MSM and gay male related sexual health needs can be responded to. Also, ask participants to brainstorm and suggest initiatives, which can address some of the issues.

6.3 Diagnosis, Treatment and Care

Purpose:

To ensure that any agency service related to diagnosis, treatment and support for sexual health is sensitive and responsive to specific needs of MSM and gay men.

Time : 1 hour

Materials : paper and pens, flip chart paper and markers

Process:

- 1) Explain to participants that the example of a clinic consultation will be used to get them thinking about how services can be made more inclusive or appropriate for MSM and gay men. For introduction use a rather lighthearted role play to satirize some of the worst aspects of STI and HIV care settings - the facilitator will have planned this before hand and given the two key characters some time to prepare -set it up with role play in the centre surrounded by the rest of the group (fishbowl).

Scenario

Part 1: client has been casually referred (but not accompanied) to a consultation in a busy noisy STI clinic in a public hospital. The dialogue takes place between a fairly traditional uncomfortable male doctor and a married MSM or gay man who definitely has gonorrhoea (penile - possible oral, anal) and is very concerned that he needs an HIV test. There is a busy nurse coming in and out. The consultation should show failures in sensitivity, confidentiality, counselling, information delivery, appropriate investigation to the point where the client is very uncomfortable but going along with it. (10 min)

Part 2: three weeks later when the client returns for the results of the HIV test. The doctor delivers the results fairly brutally and fails to give appropriate post-test counselling. The nurse is coming in and out. (10 min)

- 2) During the role play have the rest of the group to be observing and writing down on a checklist provided to them any positive and negative aspects of the consultation.

ASPECT OF THE CONSULTATION	COMMENTS
Setting for the consultation	
Doctors attitude	
Quality of the examination	
Confidentiality	
Referrals	
Professionalism	
Pre-test counselling	
Information about STIs/HIV	
Other...	

Other aspects could include:

- Quality of provision of education about safer sex, condom use ...
 - Quality of interaction around partner notification
 - Other..... (Have group add to the list)
- 3) After the role play is completed - have the client, doctor and nurse talk very briefly about how they felt.
 - 4) Ask observers for their main comments about the key aspects of the consultation.
 - 5) Identify key issues for clarification - explore as far as possible. Have participants identify areas where capacity building and monitoring referrals and services can take place.
 - 6) Briefly brainstorm on flipchart paper a list of key elements and qualities of MSM and gay sensitive STI & HIV diagnostic and treatment service delivery
 - 7) Brainstorm a list of the main HIV and STI service providers in this location.
- Optional**
- 8) Guide discussion to see if the services listed are able to provide the elements / qualities listed in the first part of the activity.
 - 9) Brainstorm what can be done to address any gaps or mis-matches identified in the previous parts of the activity.

Notes for Facilitator:

Discussion should raise issues such as:

- non-judgmental service provision
- confidentiality
- appropriate time and space
- provision of counselling (that shows awareness of MSM and gay issues)
- inclusion of anal and oral examination
- inclusion of syndromic approaches for oral and anal STIs
- addresses sensitivity of contact tracing & partner notification in MSM and gay male context
- provision of sex positive STI/HIV prevention education
- low cost
- government clinics, community-based clinics & private service providers

Other points:

- This is an opportunity to introduce key points about provision of a range of services that are needed for appropriate STI and HIV diagnosis, treatment and care. It is not an attempt to design such a program - it should be raising important issues.
- Make sure the role play is well set up in advance so the actors have time to think about issues they know need to be planted in the role play - written instructions to the actors could be very explicit about the type of behaviour and actions that should occur.
- Even though the role play may be a satire, make sure that the actors and the observers concentrate and complete the activity
- Make sure that the actors are "debriefed" as per item 3 above.
- By the time this activity occurs in the training there may be one or two key issues that have arisen and you could ask the actors to highlight those issues.
- Not all issues have to be resolved or discussed fully -but they need to be raised as issues that the agency will have to ensure are dealt with in any service, which they are a part of providing.

Section 7: Developing Programs Specific to MSM and Gay Men (Total Time 4 hours 30 minutes)

This section introduces effective approaches to working with MSM and gay men and raises questions for the agency about skills and capacity required to implement these kind of programs.

There are three activities in this section:

- 7.1 *Working with MSM and Gay Men in a Community Context:* To explore whether the organization understands its relationship to the MSM community.

Time: 1 hour

- 7.2 *Advocacy:* To introduce advocacy skills and tools.

Time: 1 hour

- 7.3 *Involvement of MSM and Gay Men:* To ensure that men who have sex with men and gay men are involved in the preparation and implementation of any program.

Time: 1 hour 30 minutes

- 7.4 *Peer-Based Programs:* To introduce the intention and elements of peerbased education and health service delivery for MSM and gay men. To give examples of effective practice.

Time: 1 hour

7.1 Working with MSM and Gay Men in a Community Context

Purpose:

To explore whether the organization understands its relationship to the MSM community.

Time : 1 hour

Materials : Flip chart paper and markers

Process:

- 1) Explain to participants that the example of a clinic consultation will be used to 1) Divide the participants into two groups. One group will represent a specific type of NGO (eg. legal rights, sexual health, etc.) the other will represent MSM and gay men. Give the two groups a topic or problem related to a local issue affecting MSM and gay men. The group representing MSM and gay men will identify the MSM community's concerns in relation to the problem and the NGO group will identify its own concerns and interests in responding to the problem.

For example:

The topic could be police arrests of MSM and gay men.

Community concerns:

safety

fear of arrest and exposure

release

loss of earnings

abuse in custody

supporting those in custody

wanting support for their family while they are in custody

concerns about media attention

protect their identity

trust - reintegration into community

losing a space for social interaction

Legal Rights NGO concerns:

whether strategic to intervene (systemic vs. individual advocacy)

are we the right organization to be involved?

bail

well being of those arrested

legal representation

safety for workers

how best to serve MSM and gay men

exploring long term legal advocacy

not lose funding

advocacy role with police

media relations - get appropriate coverage (feature NGO)

involving other NGOs

violation of human rights or legal rights

state violence

lack of respect

- 2) Return to the larger group. Ask the two groups to present their concerns. What similarities exist? What differences? How can these be accounted for? How will the community react if it perceives that its concerns and goals are not being supported by the NGO?
- 3) Remaining in the larger group, ask participants to analyze the situation. Ask them to think about their own organizations. Do their organizations understand the issues affecting MSM and gay men? How would or could they commit to support MSM? What are some of the limitations?
 - How does your organization identify and reach an understanding of the needs of the community?
 - How relevant are your organization's services to the community? How is the community involved? And to what degree?
 - How does your organization communicate with the community? What mechanisms are used?
 - Is the community's response to services monitored? How closely?
 - Are responses from the community taken into account and are programs/ services developed or modified accordingly?
 - How flexible is the organization to respond to new needs? What constraints are there? (Governmental, funding, partnership agreements, etc.)

7.2 Advocacy

Purpose:

To introduce advocacy skills and tools.

Time : 1 hour

Materials : Flip chart paper and markers

Process:

- 1) Ask the larger group to discuss the term "advocacy." What does it mean? What are various examples of advocacy? What are different tools of advocacy? (For example, media, lobbying, direct action, legal case, education, etc.)

Record the main points on flip chart paper.

- 2) Next ask the participants to break into the same two groups as in exercise 7.1. Referring back to the same local incident used in that exercise, have the two groups discuss which advocacy strategies could be developed to address the concerns of - in the case of group 1 - the community and - in the case of group 2 - the NGO. What advocacy tools could be used? Have them record the main points on flip chart paper.

Community

community meeting
 seek help from various NGOs
 use media
 protests
 community security initiatives

NGO

lobbying
 media campaign
 public interest litigation
 documentation
 awareness/education programs

- 3) Each group will then quickly develop a role play which demonstrates one advocacy strategy or initiative related to the scenario from exercise 7.1. The groups should identify the problem(s), its origin, what strategies would be most effective (given resources available), what partnerships would be useful, use of media, etc.

- 4) Ask the participants to return to the larger group to present their role plays. Ask participants to discuss the two role plays and give each other feedback. Include a discussion of when it is strategic and/or safe to pursue advocacy.

Notes for Facilitator:

Differentiate between individual advocacy (e.g. getting an HIV test for an individual) and systemic advocacy (e.g. increasing availability of confidential HIV testing sites).

7.3 Involvement of MSM and Gay Men

Purpose:

To ensure that MSM and gay men are involved in the preparation, planning and implementation of any program.

Time : 1 hour 30 minutes

Materials : Flip chart paper, pieces of smaller paper, markers and pencils

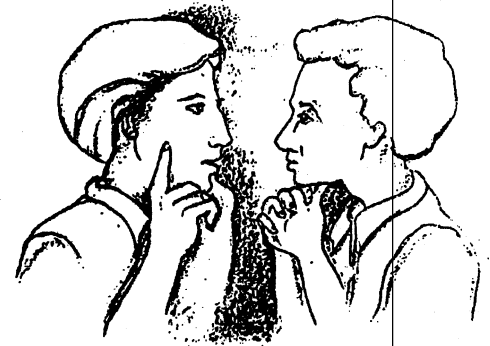
Process:

- 1) Ask the entire group the following questions:
 - How will involving MSM and gay men in the NGO's MSM services make programs more effective?

List responses on flip chart paper and facilitate discussion.

Potential responses:

- helps to better identify the actual location of clients (mapping)
- MSM have insider knowledge/they know the situation best
- MSM can best relate to other MSM
- they are the group that is affected
- gain trust of community
- can be role models for the community
- can help to build the MSM and gay community
- demonstrates commitment to working with the community (using a community-based approach)
- shows level of commitment
- builds collaboration
- can help to educate other staff about MSM



- 2) Ask participants to make a list of the different ways in which MSM and gay men can be involved in their organization on a piece of flip chart paper.

Potential responses:

- through peer outreach and counselling
 - sitting on the board of directors or an advisory body or planning committees
 - community needs assessment
 - running skills building or trainings for MSM and gay men
 - targeted for services - invited as clients
 - assist with marketing services - word of mouth, etc.
 - running support groups
 - safe space
 - members of committees and task forces
 - invited to community forums organized by the NGO
 - hiring MSM and gay men as staff
 - volunteer opportunities for MSM and gay men
 - consulting with MSM and gay men formally about services, program design, evaluation
 - positive incentives for community participation - recognition, honourariums
 - involvement in research
 - involved in program monitoring and evaluation
- 3) Next ask participants to pair off. Split the pairs evenly into two large groups so that one half of the pairs stand together on one side of the room and the other half stand in the other.
- 4) The first group is going to be "vendors." They are selling community (MSM and gay male) involvement in their NGO. It is their job to develop a package consisting of four different items from the above list of how MSM and gay men can be involved in their NGO. Each pair of vendors must develop their package separately from the other vendors. They must keep the contents of their packages a secret from the other vendors. They are in competition to have the best package for the potential "buyers" - the MSM

and gay men. Once the vendors have determined their package they can spend some time thinking about how they will market it to their buyers. The pairs of vendors should form a large circle while remaining in their pairs. There should be enough distance between each pair of vendors to allow for discussions with the buyers without too much distraction from neighbouring groups. Ask the vendors to write the four different items in their package on a piece of flip chart paper.

- 5) The second group - the buyers or MSM and gay men can begin planning what they are seeking from the vendors. They should make a shopping list also with three priorities while the vendors are planning. They will then be asked to go from one group of vendors to the next until they have heard what each pair of vendors has to offer. They should ask questions of the vendors to try and determine what each is really offering and how closely it matches the priorities they identified. The groups should rotate in a circle to ensure that everyone meets with a new group each time. Again, there should be enough space between the vendors to allow for as little distraction from other groups as possible. Once the buyers have met with all the vendors they must decide which package best suits their needs. Each group of buyers must determine their own criteria for assessing the packages being offered.
- 6) While the buyers are making up their minds about the different packages ask the vendors to quickly write up the contents of their packages on flip chart paper.
- 7) Bring the buyers together at the front of the room. Ask each pair to report which package/vendors they chose and why. What were their criteria in choosing that particular package- Ask the vendors why they chose to sell the packages that they did.

Potential responses:

- community involvement in planning and/or implementation
- decision making power
- monetary compensation
- most sincere vendors/NGOs
- peer positions
- flashiest or most articulate vendors
- least tokenistic

Notes for Facilitator:

- The intention here is to ensure that an agency does not think of MSM and gay- men as "them" or the "other" but assumes from a policy point of view that if it is going to operate MSM and gay specific programs it should ensure that MSM and gay men are at least "consulted" in identifying needs and devising ways to respond to the needs. One way this is done is through MSM and gay men being involved as staff/volunteers in both planning and implementation of programs. Public forums and need assessments are other means for soliciting input.
- Address what "community involvement" and "accountability" to the community mean and how to manage them so that they are not tokenistic discussion should include identifying a continuum of involvement (consultation with community, volunteers, staff, management) and establishing principles and ethics (e.g. confidentiality, non-discrimination, terms of reference and contracts for volunteers).

7.4 Peer-Based Programs

Purpose:

To introduce the intention and elements of peer-based education and health service delivery for MSM and gay men. To give examples of effective practice.

Time : 1 hour

Materials : Flip chart paper and markers

Process:

- 1) Ask the participants to break into 3 small groups. Give each group one of the following case studies to analyze.

Note: Copies of the Case Studies are also found in the Appendix. They can be photocopied and distributed to the groups.

- 2) Ask the groups to identify the main components of MSM related peer-based service delivery that appears in the following case studies and any lessons learned.

Focus discussion on:

- What is peer-based service delivery
- What are its advantages and disadvantages
- What issues might arise in MSM peer-based service delivery (for example, being taken seriously/having authority, personal vs. work boundaries, confidentiality, sexual harassment, etc.)

- 3) Ask the participants to return to the larger group. Have a reporter from each group briefly present the case study and the group's discussion.

Case Studies:

Case Study 1- Outreach

The Outreach program of a particular organization was designed keeping in mind the needs of the MSM community. This was followed by a recruitment process in which community workers were chosen depending on skills and interest. Faisal was chosen as an outreach worker for the ST1 and HIV/AIDS risk reduction project. Faisal is from the MSM community. His selection was based on his sincerity, interest and enthusiasm. He is 29, single and Muslim.

The Outreach program began with Faisal identifying the cruising spots for the kotis. There was an initial reluctance from the side of the kotis to Faisal's efforts thinking his presence might harm their daily activities in these spots. He also had to deal with opposition from police constables and goondas (professional hoodlums). However, he was persistent. He started developing good relations with others members of the community, specially the Gurus of the kotis (leaders in the community).

He started with one Guru and gave him all the information about safer sex, STIs and HIV/AIDS transmission and prevention. The Guru in turn passed on this information to the kotis. Soon, many kotis started meeting Faisal individually to get education and training on these issues. Faisal also started doing home visits with kotis. He was soon accepted as a part of the community.

Faisal now works 6 days a week, shares experiences, files reports. He also refers STI cases to a nearby clinic. Besides kotis, Faisal has developed good relations with 'Pariks' as well. He often counsels them on their relationships with the kotis. Some kotis, however, have expressed concern that Faisal is meeting privately with their sex partners (Pariks).

Faisal has to struggle very often against sexual overtures that kotis make towards him. He is considered attractive and his highly sought after by the kotis who want him to be their 'Parik'. Sometimes he feels awkward about this.

Faisal's efforts to start the sexual health intervention in the MSM community have been innovative and speak of his initiative and persistence.

Case Study 2 - Support Group

The man was one of the first to start attending this support group meeting. He had earlier come for counseling. He is a married gay man. For many years he has been unable to deal with his feelings of attraction towards men. Through his youth he was in denial and refused to acknowledge his sexual preference for men. When later he did he thought of it as a sin and himself a sinner.

Around three years ago a strange thing started to happen. Often at work, the man would be unable to focus on work and got overwhelmed by a sense of loss and depression.

The man was counseled for a period of time, during which he was told about issues such as denial, guilt, camouflage etc. as feelings many gay men struggle with while growing up and that these were not unique to him. While he understood the logic, he could not get past his state of emotional disturbance. Over a period of time the counselor realized he had never met other people like him and discussed issues common with them. He was referred to a support group.

After he started attending the support group, he got the opportunity to express his anguish and helplessness openly in front of other gay men. This eased off the pressure a bit. He gradually became a regular and active member of the group. He takes the meetings very seriously and uses them as an opportunity to express himself, as also to hear other people and connect with their experiences.

Around seven months after starting to attend the support group, the man is almost totally free of his depression. He continues to come regularly for the meetings and acknowledges the role of a support group in helping him overcome his problem.

Recently however, the man got caught up in a difficult situation. He was traveling in a State transport bus with his brother in law and suddenly came face to face with the counselor. The counselor expressed great enthusiasm at this surprise encounter and asked the man how he was doing emotionally and why he had not attended the support group meeting the previous week. The man was at a loss for words since his brother in law was standing besides him. He avoided the questions as best he could and bid the counselor a quick farewell.

Case study 3 - Outreach

At one of the well known public parks in the city an outreach worker approached a man who was in his late twenties. The man was looking and acting extremely tough but was obviously cruising. He seemed hesitant and uncomfortable when approached by our outreach (O/R) staff. The O/R worker started initiated a discussion with this man and the conversation slowly drifted to the subject of homosexuality.

The O/R staff asked the man if he was homosexual. At this suggestion, the man jumped and looked really offended. He said, " Do I look like a Chakka (eunuch) to you? For your information, I am happily married with kids. I'm a man." He went on to ask, " Do you know what a man is?" He said, "A man is the one who penetrates. I penetrate all these boys in the park", he explained happily, trying to drive home the point that he was a `real man'. He went on to ask, "Do you know what a woman is?" He said, "A woman is the one who gets penetrated. All these boys here who are effeminate and get penetrated are the ones who are the Chakkas." The O/R worker felt quite uncomfortable about the man referring to people in the park as "Chakkas". He was also concerned at this point how seriously this man would take him since the O/R worker himself is a koti.

The O/R worker overcame his initial hesitation and gave the man information about safer sex specifically, condom usage during anal sex. The man was a bit concerned after speaking to the O/R worker. He was worried if the O/R worker would speak about this interaction to anyone else who visits the park. After listening to the O/R worker for a while, the man excused himself and left the park hurriedly.

Notes for Facilitator:

- It may not be necessary for the small groups to report back - the point is to generate some thinking amongst the participants - not to reach agreed conclusions. The intention is to explore what peer-based service delivery is and when it is effective to use it and when it may not be effective to use it.
- If the agency does not have experience in outreach then it is important to introduce key elements of needs assessment, mapping, rapport building, providing services, referral to other services, monitoring, creativity in maintaining interest - with specific reference to MSM and sexual health requirements (information, condoms, counseling, access to STI services).

Section 8: Networking (Total Time 1 hours)

This section addresses ways in which an agency can coordinate their activities with others to strengthen a combined response to the sexual health needs of MSM and gay men.

- 8.1 *Building Networks and Partnerships:* To increase awareness of the importance of starting networks of agencies that work in the area of the sexual health for men who have sex with men and gay men.

Time: 1 hour

8.1 Building Networks and Partnerships

Purpose:

To increase awareness of the importance of starting networks of agencies that work in the area of the sexual health for men who have sex with men and gay men.

Time : 1 hour

Materials : Flip chart paper and markers

Process:

- 1) In the larger group, facilitate an informal discussion about how to build partnerships and/or network.

Address the following:

Why build networks? What are the objectives?

With whom do you network?

What will be the activities of the network?

With what resources do you build a network?

What are the different roles within the network? What are the strengths and weaknesses of each member agency?

How does the network communicate - meetings, e-mail, etc.?

- 2) Draw a diagram of four concentric circles, with a small circle in the centre, and three circles around it, each one larger than the last. In the centre circle write the name of the NGO(s) represented in the training. (If participants belong to more than one NGO they could be separated into smaller groups according to their agencies.)
- 3) In the second circle, ask the participants to write or draw the communities their NGOs work with - including current and/or future work with MSM, gay men and sexual health.
- 4) In the outside circle, ask them to write or draw the opportunities and challenges which influence (or will influence) their work with MSM, gay men and sexual health.
- 5) In the empty third circle, ask them to write or draw the partners (other agencies working with MSM, gay men, feminist organizations, hospitals, religious organizations, police, media, government departments, etc.) that could help the NGO address the opportunities and challenges.

- 6) Ask the following questions to generate discussion:

What does the diagram show about the number of people and organizations that influence the NGO's work?

Which challenges identified in the outer circle most affect the communities the NGO works with (with specific attention to MSM and gay men)? Why have these challenges arisen? What people and organizations influence them?

Which partners has the NGO worked with before?

What are the advantages and disadvantages of networking?

How will the participants' organization(s) be perceived by others (MSM and gay men, funders, partner agencies, other NGOs, etc.) after increasing work with MSM and gay men?

Notes for Facilitator:

- Emphasize the difference between the communities an NGO works with in its programs (in the second circle) and the groups it works with in its partnerships (in the third circle). It is important that participants are clear about this difference.
- Encourage participants to be imaginative about partners - not just mapping conventional ones (such as donors and government), but others as well (such as lawyers and night club owners). Encourage participants to be creative in drawing their partnerships (draw a picture when possible).

ABCs of Networking

- ◆ Planning a framework for networking
- ◆ Setting goals for networking
- ◆ Who to network with and what to do with them
- ◆ Appreciate different perspectives
- ◆ Benefits and constraints
- ◆ Negotiation

What type of networks

- ◆ Issue driven network
- ◆ Service driven network
- ◆ Location driven network

Section 9: A Short Term Action Plan (Total Time 1 hour 30 minutes)

This section provides the opportunity for staff to prepare a draft of initial ideas for a short-term action plan for the agency to identify what it can or will do in relation to sexual health of MSM and gay men.

There are two activities in this section:

- 9.1 *Developing a Short Term Action Plan:* To devise objectives, activities and a time-line for a short term action plan for an agency to move forward from this training and implement some kind of action in regard to the sexual health of MSM and gay men.

Time: 1 hour

- 9.2 *Wrap Up/Closure:* To bring the training to a closure by enabling participants to share their feelings about the training and other participants.

Time: 30 minutes

9.1 Developing a Short Term Action Plan

Purpose:

To devise objectives, activities and a timeline for a short-term action plan for an agency to move forward from this training and implement some kind of action in regard to the sexual health of MSM and gay men.

Time : 45 minutes

Materials : Flip chart paper and markers

Process:

- 1) If participants are all from the same NGO have them work as a large group, otherwise divide participants into groups according to the agencies they represent. Ask them to reflect back on the exercises they have participated in during the second part of the training. Ask the groups to list activities that their NGOs need to do in order to begin. or improve services to MSM and gay men on separate bits of paper.
- 2) The groups then draw timelines for each NGO on flipchart paper on the floor. Participants can then place the bits of paper according to whether they should be done now, soon or later.
- 3) Using the timeline, facilitate a discussion about the specific steps that their agency can take over a 3 - 6 month period that will keep momentum and learning going. What activities from this section could they begin with their agency- For example, reviewing policy, assessing programs, identify possible areas the agency can initiate work over time - make links with other agencies working in this field, doing additional training, etc. What are some of the different resources, skills development and capacity building the NGOs' require to carry out their planned activities? Make a list. Ensure that the lists are attached to a specific activity to ensure that they are useful.

Examples:

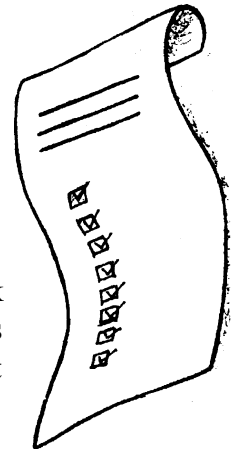
training on various issues (advocacy, documentation, etc.)

assistance setting up the service/program

seeking funds

research

resource material



space
support from the local community
consultation with MSM and gay groups
monitoring and evaluation
staff and/or volunteers
networks

- 4) Ask the entire group to brainstorm a list of different organizations that can assist their agency in working with MSM, gay men and sexual health. Where can they go to access support for further capacity building? Where can they go for information? What resources are available - other agencies working with MSM and gay men, organizations doing similar work, health care facilities, the Internet, etc.

Notes for Facilitator:

Participants should be realistic and not try to go too far too fast.

9.2 Wrap Up/Closure

Purpose:

To bring the training to a closure by enabling participants to share their feelings about the training and other participants.

Time: : 30 Minutes

Materials : a spool of string

Process:

- 1) Ask the participants to stand in a circle. One of the facilitators will start by tying the string around her or his finger. After doing so, the facilitator will explain that everyone must share one thing that they have learned from the training.
- 2) Then they must choose someone in the circle (who does not already have the string tied around her or his finger) and say the participant's name and one thing they have learned from that person. They must then pass the spool of string to that person. Each person will do the same until everyone in the circle (including the facilitators) have tied the string and spoken.
- 3) In closing, the facilitator will comment on the "web" of learning and relations that has been created during the training. The facilitators will thank the participants for their participation.

Appendix 1

Organizations working with MSM and Gay Men

The Milan Project

C/o Naz Foundation India Trust
P.O. Box 3910
Andrews Gunj
New Delhi-110049
Ph: 6567049/3929
E-mail: milanproject@hotmail.com
For Gay, Bisexual & Transgender men

Sangini

C/o Naz Foundation India Trust
PO Box 3910
Andrews Gunj
New Delhi 110049
Helpline: Tuesday and Friday 6 to 8 PM, Tel: 6851970/71
E-mail: sangini97@hotmail.com
For Lesbian, Bisexual and transgender women & women exploring their sexuality

Bombay Dost

105A, Veena Beena Shopping Center
Opposite Bandra Station
Bandra (W)
Bombay 400 050
For gay men and lesbians.

Humsafar Center

P.B. No. 6913
Santa Cruz (W)
Bombay 400 054
Voice mail: (22) 972-6913
Drop-in center operated by Humsafar Trust for gay men and lesbians.
Meets Fri 6-9 pm.

Praajak Welfare Society

468 A Block K

New Alipur

Calcutta 700 053

HIV/AIDS, sexualities and sexual health action group.

Pratyay

Gay men's support group

E-mail: pratyay@hotmail.com, anindya_hajra@rediffmail.com

Sahodaran

C/o Prakriti

6, Jaganathan Road,

Nungambakkam,

Chennai,

TN 600 034

E-mail : sahodaragmd3.vsnl. net. in

Friends India

Post Box 366

GPO Lucknow

UP 226 001

Ph:(522)275-905

Bharosa Project

21 /6/5

Peerpur House

8 Tilak Marg

Lucknow

UP 226 001Ph: (522) 275-905

Daily 4-6 Pm except Thur

E-mail: bharosatrust@usa.net

Udaan Trust

P.O. Box No. 6793,

Sion

Mumbai - 400 022

Maharashtra

E-mail : udaanpanchis@yahoo.com

HASAB

3/18 Iqbal Road
Mohammadpur
Dhaka
Bangladesh
E-mail: hasab@bdmail.net

Bandhu Social Welfare Organisation

E-mail: shale_a@hotmail.com

Alliance Lanka

100/1 D.S. Senanaygke mawelha
Colombo-08
Sri Lanka
E-mail: alliance@sri.lanka.net

Companions On a Journey

PO Box 48
Wattala
Sri Lanka
E-mail: coj@sri.lanka.net

Alliance for South Asian AIDS Prevention

(ASAP)
20, Carlton Street,
Suite 126,
Toronto
Canada
E-mail: aids@interlog.com

Appendix 2

AGENDA

Day 1

10:00	Welcome and Introduction
10:15	Logistics
10:20	Ice Breaker
11:00	Expectations
11:30	Tea Break
11:45	Goals of Training
11:55	Outline of Training
12:05	Ground Rules
12:35	Lunch
1:45	Energizer
2:10	Sexuality Circle Game
3:30	Tea Break
3:45	Sexual Vocabulary
4:30	Feedback

Day 2

10:00	Recap
10:15	Body Mapping
11:45	Tea Break
12:00	MSM Gay Erotic Zones
12:45	Lunch
1:45	Energizer
2:00	Attitudes
3:00	Gender
3:45	Tea Break
4:00	Cultural, Social Expectations
5:30	Feedback

Day 3

10:00	Recap
10:15	MSM and Gay Men's Behaviour
11:45	Tea Break
12:00	Race Course Game
1:15	Lunch
2:15	Energizer
2:30	What is Sexual Health?
3:00	Transmission of STIs
3:45	Tea Break
4:00	Brainstorming of STIs
5:00	Prevention of STIs
6:00	Feedback

Day 4

10:00	Recap
10:15	Vulnerability and Risk Taking
11:45	Tea Break
12:00	Reducing Vulnerability
1:00	Lunch
2:00	Energizer
2:15	Why Have Services for MSM
3:15	Reviewing Major Programs
4:00	Tea Break
4:15	Diagnosis, Treatment and Care
5:15	Feedback

Day 5

10:00	Recap
10:15	Working with MSM in Community
11:15	Tea Break
11:30	Advocacy
12:20	Involvement of MSM
1:30	Lunch
2:15	Energizer
2:30	Peer-Based Programs
3:30	Building Networks
4:20	Tea Break
4:30	Short Term Action Plan
5:15	Wrap Up

Appendix 3

Role Plays for Exercise 5.4

Scenario 1.

Vinod is 19, a koti and male sex worker who works mainly in parks at night. He is not very proud of his work but feels he has no choice because he has no other professional skill or training. He is completely out of money this day. Kumar is 37, a businessman who is married but sometimes looks for sex with men and will pay for it when he has to. Kumar is not very comfortable with his sexuality and can be rough. Vinod is not physically very strong. Kumar knows about STIs and HIV but assumes this does not really relate to him. He doesn't enjoy using condoms. Tonight he is a bit unhappy. Kumar visits the park and meets Vinod - he wants him badly.

Scenario 2.

Suresh and Sachin are in their early twenties, graduating from university and in love. Sachin is happy with his sexuality but is very private about it. Suresh is very confused. Recently the pressure has increased from Suresh's family for him to marry. In a fight with his father he told him he thought he was a homosexual and his father threw him out of the house. Suresh went and had a few drinks and now has gone to Sachin's house. He is in his room and wants to have sex to wash away the fight with his father. He doesn't want to use a condom because he wants Sachin to prove his love for him. He gets a bit noisy from time to time and Sachin is worried about his family hearing what is going on.

Scenario 3.

Ashok and Geeta are newly married - arranged by their families. Ashok prefers sex with men but he likes and respects Geeta and is happy to marry and raise a family. Soon after the marriage he learns that an old partner of his has tested HIV positive. Ashok has never had an HIV test. He knows he may have been exposed to HIV. Geeta is very keen to start a family and enjoy her new married life. Sex had been going OK since the marriage but suddenly has stopped. She is very strong willed and determined that things should get moving again!

Appendix 4

Case Studies for Exercise 7.4

Case Study 1 - Outreach

The Outreach program of a particular organization was designed keeping in mind the needs of the MSM community. This was followed by a recruitment process in which community workers were chosen depending on skills and interest. Faisal was chosen as an outreach worker for the S TI and HIV/AIDS risk reduction project. Faisal is from the MSM community. His selection was based on his sincerity, interest and enthusiasm. He is 29, single and Muslim.

The Outreach program began with Faisal identifying the cruising spots for the kotis. There was an initial reluctance from the side of the kotis to Faisal's efforts thinking his presence might harm their daily activities in these spots. He also had to deal with opposition from police constables and goondas (professional hoodlums). However, he was persistent. He started developing good relations with others members of the community, specially the Gurus of the kotis (leaders in the community).

He started with one Guru and gave him all the information about safer sex, STIs and HIV/AIDS transmission and prevention. The Guru in turn passed on this information to the kotis. Soon, many kotis started meeting Faisal individually to get education and training on these issues. Faisal also started doing home visits with kotis. He was soon accepted as a part of the community.

Faisal now works 6 days a week, shares experiences, files reports. He also refers STI cases to a nearby clinic. Besides kotis, Faisal has developed good relations with 'Pariks' as well. He often counsels them on their relationships with the kotis. Some kotis, however, have expressed concern that Faisal is meeting privately with their sex partners (Pariks).

Faisal has to struggle very often against sexual overtures that kotis make towards him. He is considered attractive and his highly sought after by the kotis who want him to be their 'Parik'. Sometimes he feels awkward about this.

Faisal's efforts to start the sexual health intervention in the MSM community have been innovative and speak of his initiative and persistence.

Case Study 2 - Support Group

The man was one of the first to start attending this support group meeting. He had earlier come for counseling. He is a married gay man. For many years he has been unable to deal with his feelings of attraction towards men. Through his youth he was in denial and refused to acknowledge his sexual preference for men. When later he did he thought of it as a sin and himself a sinner.

Around three years ago a strange thing started to happen. Often at work, the man would be unable to focus on work and got overwhelmed by a sense of loss and depression.

The man was counseled for a period of time, during which he was told about issues such as denial, guilt, camouflage etc. as feelings many gay men struggle with while growing up and that these were not unique to him. While he understood the logic, he could not get past his state of emotional disturbance. Over a period of time the counselor realized he had never met other people like him and discussed issues common with them. He was referred to a support group.

After he started attending the support group, he got the opportunity to express his anguish and helplessness openly in front of other gay men. This eased off the pressure a bit. He gradually became a regular and active member of the group. He takes the meetings very seriously and uses them as an opportunity to express himself, as also to hear other people and connect with their experiences.

Around seven months after starting to attend the support group, the man is almost totally free of his depression. He continues to come regularly for the meetings and acknowledges the role of a support group in helping him overcome his problem.

Recently however, the man got caught up in a difficult situation. He was traveling in a State transport bus with his brother in law and suddenly came face to face with the counselor. The counselor expressed great enthusiasm at this surprise encounter and asked the man how he was doing emotionally and why he had not attended the support group meeting the previous week. The man was at a loss for words since his brother in law was standing besides him. He avoided the questions as best he could and bid the counselor a quick farewell.

Case study 3 - Outreach

At one of the well known public parks in the city an outreach worker approached a man who was in his late twenties. The man was looking and acting extremely tough but was obviously cruising. He seemed hesitant and uncomfortable when approached by our outreach (O/R) staff. The O/R worker started initiated a discussion with this man and the conversation slowly drifted to the subject of homosexuality.

The O/R staff asked the man if he was homosexual. At this suggestion, the man jumped and looked really offended. He said, " Do I look like a Chakka (eunuch) to you? For your information, I am happily married with kids. I'm a man." He went on to ask, " Do you know what a man is?" He said, "A man is the one who penetrates. I penetrate all these boys in the park", he explained happily, trying to drive home the point that he was a `real man'. He went on to ask, "Do you know what a woman is?" He said, "A woman is the one who gets penetrated. All these boys here who are effeminate and get penetrated are the ones who are the Chakkas." The O/R worker felt quite uncomfortable about the man referring to people in the park as "Chakkas". He was also concerned at this point how seriously this man would take him since the O/R worker himself is a koti.

The O/R worker overcame his initial hesitation and gave the man information about safer sex specifically, condom usage during anal sex. The man was a bit concerned after speaking to the O/R worker. He was worried if the O/R worker would speak about this interaction to anyone else who visits the park. After listening to the O/R worker for a while, the man excused himself and left the park hurriedly.

Appendix 5

Energizers

#1 Bottle's Up

Purpose:

To have fun and make people loosen up and interact with one another

Time : 15 minutes

Material : A plastic bottle

Process:

- 1) Ask the participants stand in a large circle.
- 2) Pass a plastic bottle around the group.
- 3) Everyone should do something different with the bottle.
- 4) When everyone had done an action with the bottle, tell the group to now turn to the person on their right and do what ever they did with the bottle to their neighbour.

2 *The Trust Exercise*

Purpose:

To allow participants to loosen up and start getting to know and trust the other people in the workshop.

Time : 15 minutes

Material : None

Process:

- 1) Ask participants stand in a close circle
- 2) Ask a volunteer to stand in the center of the circle
- 3) The volunteer needs to close his/her eyes and fall in any direction
- 4) Other members in the group should catch the volunteer and prevent him/her from falling
- 5) Pass the volunteer around by gently pushing him/her in another direction
- 6) Continue until the volunteer feels completely at ease doing this
- 7) Repeat with other volunteers

Notes for Facilitator:

Initially the facilitator may want to volunteer to start this game.

It is important to clearly explain the process to avoid injury.

Initiate a discussion in the end to emphasize the importance of trust in talking about sensitive issues like sexuality.

3 *The Knotty Game*

Purpose:

To demonstrate to participants that groups empowered to solve their own problems are much more successful than if instructed by outsiders or managers working on their own.

Time : 20 minutes

Material : None

Process:

- 1) Select one participant to act as a "manager". Ask the manager to leave the room while you instruct the rest of the group.
- 2) Ask the remaining participants to hold hands in a circle and tie themselves into as entangled a knot as possible. They must not let go of each other's hands at any point.
- 3) Inform participants to follow the manager's instructions literally and not make it easier for him/her by doing what they have not been told to do.
- 4) Once the knot is complete, the manager is asked to return and to unravel the knot within five minutes, using verbal instructions only.
- 5) The first attempt is generally not successful and sometimes even produces a more complex knot. Now repeat the exercise with the manager participating in the knot. When the knot is ready, simply ask the participants to "get out of the knot yourselves". This shows how effective teamwork can be.

Notes for Facilitator:

- The second untying process is usually much quicker. Ask the participants to comment on what relevance this has to the real world. You can raise various issues.
- What does the game tell us about the role of 'outsiders/managers' and 'insiders' (in the knot)?
- What does the exercise tell us about the effectiveness of 'outsiders' and 'managers' in organizing people?
- What does the game imply for facilitating participation in community development?

4 *The Greetings Game*

Purpose:

To make everyone in the group feel at ease and get to know one another. Also, for everyone to loosen up and have fun.

Time : 15 minutes

Material : None

Process:

- 1) Ask the participants stand in a group.
- 2) Each person has to greet the person beside them using a specific body part, which will be specified by the facilitator.
- 3) Go around the circle to achieve this.
- 4) Repeat with other body parts which are specified by the facilitator

Notes for Facilitator:

Make sure people who stand next to each other feel comfortable doing this, specially if they're of the other gender

5 *Mime the Lie*

Purpose:

To build a sense of affinity and camaraderie among the participants.

Time : 15-20 minutes

Material : None

Process:

- 1) Ask the group to form a circle.
- 2) Ask one person to start to do something (physically - e.g.: he/she starts jogging).
- 3) The next person on the right side should then ask the person who is jogging what their name is.
- 4) After that the same person will also ask what the person on their right is doing. The person on the right should respond with a lie-he/she is jogging but says instead that he/she is crying.
- 5) Now the person who asked the questions should start to cry.
- 6) The person on the right side of the person crying repeats the process. First he/she ask the other his/her name and what he/she is doing. Then that person will lie and say he/she is doing something else (e.g. swimming).
- 7) The exercise should rotate from person to person until the last person is moving.

Notes for Facilitator:

Encourage the participants to be creative in thinking of the actions they will do to make the game more interesting.

6 *The Ball Game*

Purpose:

To build team spirit among the participants and encourage them to interact freely and get to know each other.

Time : 15-20 minutes

Material : 7 or 8 balls. (You can make it from the used flip chart papers and tape)

Process:

- 1) Ask group to come to the circle.
- 2) The facilitator should keep all the balls with him/her.
- 3) Start with one ball.
- 4) Facilitator throws the ball to any person who is on the opposite side (while loudly saying his/her name).
- 5) He/she throws the ball to another person who is opposite to him/her.
- 6) This ball throwing will continue until everyone has caught and thrown the ball once. The last person to receive the ball should be the facilitator- who starts the process again.
- 7) Always throw and receive the ball from the same people.
- 8) Then the facilitator should start to slowly add new balls to the circle. If all is going well, you can take 7, 8 balls.

Notes for Facilitator:

Introduce only as many balls into the group as the participants can comfortably handle.

7 *Follow the Leader*

Purpose:

To relax and have fun.

Time : 15 minutes

Material : None

Process:

- 1) Ask group to form a circle.
- 2) One participant will volunteer to leave the room.
- 3) Then the remaining group should choose a leader.
- 4) The leader starts to do an action (e.g. scratching his/her head, shaking his/her leg, etc.) The others should copy the action.
- 5) The person who is out side the room is asked to come in to the middle of the circle.
- 6) He/she must try to identify the leader.
- 7) He/she can only have 3 chances to guess who it is.
- 8) While he/she is trying to guess, the leader should change actions every 30 seconds and the rest of the group should follow.
- 9) If the leader is found, he/she should go out of the room.
- 10) Again the team will decide another leader and the process begins again.

8 *Sit on the Knee*

Purpose:

To have participants engage with each other in an interesting way.

Time : 15 minutes

Material : None

Process:

- 1) Ask group to form a circle.
- 2) Everyone must stand very close together (everyone's shoulders must be touching those of the people on either side of him).
- 3) Then all turn left (one behind the other).
- 4) Ask everyone to take one step into the center of the circle.
- 5) Everyone should place their hands on the shoulders of the person in front of them.
- 6) The facilitator then needs to explain that everyone should sit when she/he says "sit" (they must sit on the knee of the person behind him/her).
- 7) If done correctly, the group should be able to walk around in this position.

9 *Pass Ball with the Chin*

Purpose:

To allow participants to get to know each other well and have fun.

Time : 15 minutes

Material : 3-4 balls.

Process:

- 1) Divide the group into several teams of 4-5 people and have the teams stand in a line, one person behind the other.
- 2) Give each team a ball.
- 3) The first person in each group should fix the ball under his/her chin
- 4) The goal is to try and pass the ball from one team member to the next without using hands.
- 5) This should continue until the last member in the respective groups receives the ball and then it should be passed back through the line to the front.
- 6) The team that manages to do this first, wins.

#10 Writing Your Name

Purpose:

To get the participants to loosen up and have fun.

Time : 15 minutes

Material : None

Process:

- 1) Ask everyone to stand in a circle.
- 2) The facilitator asks the group to write their name using their forefinger in space.
- 3) Next he/she asks them to write their name using different parts of the anatomy like their nose, their leg, their pelvis etc.