Facilitator Guide
Life Skills Education

Pehchan Training Curriculum
MSM, Transgender and Hijra
Community Systems Strengthening
India HIV/AIDS Alliance (www.allianceindia.org)

Pehchan Focus: National coordination and grant oversight
Based in New Delhi, India HIV/AIDS Alliance (Alliance India) was founded in 1999 as a non-governmental organisation working in partnership with civil society and communities to support sustained responses to HIV in India. Complementing the Indian national program, Alliance India works through capacity building, technical support and advocacy to strengthen the delivery of effective, innovative, community-based interventions to key populations most vulnerable to HIV, including men who have sex with men (MSM), transgenders, hijras, people who use drugs (PWUD), sex workers, youth, and people living with HIV (PLHIV).

Alliance India Andhra Pradesh

Pehchan Focus: Andhra Pradesh
Alliance India supports a regional office in Hyderabad that leads implementation of Pehchan in Andhra Pradesh and serves as a State Lead Partner of the Bill & Melinda Gates Foundation.

The Humsafar Trust (www.humsafar.org)

Pehchan Focus: Maharashtra, Madhya Pradesh, Goa, Gujarat and Rajasthan
For nearly two decades, Humsafar Trust has worked with MSM and transgender communities in Mumbai, Maharashtra. It has successfully linked community advocacy and support activities to the development of effective HIV prevention and health services. It is one of the pioneers among MSM and transgender organisations in India and serves as the national secretariat of the Indian Network for Sexual Minorities (INFOSEM).

Pehchan North Region Office

Pehchan Focus: Punjab, Delhi, Uttar Pradesh and Bihar
Alliance India supports a regional implementing office based in Delhi that leads implementation of Pehchan in four states of North India.

Solidarity and Action Against The HIV Infection in India (SAATHII) (www.saathii.org)

Pehchan Focus: West Bengal, Manipur, Orissa and Jharkhand
With offices in five states and over 10 years of experience, SAATHI works with sexual minorities for HIV prevention. SAATHI works closely with the West Bengal’s State AIDS Control Society (SACS) and the State Technical Support Unit and is the SACS-designated State Training and Resource Centre for MSM, transgender and hijra.

South India AIDS Action Programme (SIAAP) (www.siaapindia.org)

Pehchan Focus: Tamil Nadu
SIAAP brings more than 22 years of experience with community-driven and community development focussed programmes, counselling, advocacy for progressive policies, and training to address HIV and wider vulnerability issues for MSM, transgender and hijra community.

Sangama (www.sangama.org)

Pehchan Focus: Karnataka and Kerala
For more than 20 years, Sangama has been assisting MSM, transgender and hijra communities to live their lives with self-acceptance, self-respect and dignity. Sangama lobbies for changes in existing laws that discriminate against sexual minorities and for changing public opinion in their favour.
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About this Module

This module is designed to help training participants: 1) understand the basic concepts and principles of Life Skills Education (LSE) for men who have sex with men (MSM), transgenders and hijras (MTH); 2) provide skills to sensitize CBO staff on life skills and equip them to respond to the needs of MTH community members; 3) learn techniques to build self-worth and enhance self-esteem of CBO clients; 4) develop listening and communication skills; and 5) build staff capacity to respond to difficult situations constructively. In the Pehchan programme, this module is used to introduce basic principles of LSE to CBO Counsellors.

About Pehchan

With financial support from the Global Fund, Pehchan is building the capacity of 200 community-based organisations (CBOs) for men who have sex with men (MSM), transgenders and hijras in 17 states in India to be more effective partners in the government’s HIV prevention programme. By supporting the development of strong CBOs, Pehchan addresses some of the capacity gaps that have often prevented CBOs from receiving government funding for much-needed HIV programming. Named Pehchan, which in Hindi means ‘identity’, ‘recognition’ or ‘acknowledgement,’ this programme will reach 453,750 MSM, transgenders and hijras by 2015. It is the Global Fund’s largest single-country grant to date, focused on the HIV response for vulnerable sexual minorities.

Training Curriculum Overview

In order to stimulate the development of strong and effective CBOs for MSM, transgender and hijra communities and to increase their impact in HIV prevention efforts, responsive and comprehensive capacity building is required. To build CBO capacity, Pehchan developed a robust training programme through a process of engagement with community leaders, trainers, technical experts, and academicians in a series of consultations that identified training priorities. Based on these priorities, smaller subgroups then developed specific thematic components for each curricular module. Inputs from community consultations helped increase relevance and value of training modules. By engaging MSM, transgender and hijra (MTH) communities in the development process, there has been greater ownership of training and of the overall programme among supported CBOs. Technical experts worked on the development of thematic components for priority areas identified by community representatives. The process also helped fine-tune the overall training model and scale-up strategy. Thus, through a consultative, community-based process, Pehchan developed a training model responsive to the specific needs of the programme and reflecting key priorities and capacity gaps of MSM, transgender and hijra CBOs in India.
Preface

As I put pen to paper, a shiver goes down my spine. It is hard to believe that this day has come after almost five long years! For many of us, Pehchan is not merely a programme; it is a way of life. Facing a growing HIV epidemic among men who have sex with men (MSM), transgender, and hijra communities in India, a group of development and health activists began to push for a large-scale project for these populations that would be responsive to their specific needs and would show this country and the world that these interventions are not only urgently needed but feasible.

Pehchan was finally launched in 2010 after more than two years of planning and negotiation. As the programme has evolved, it has never stepped back from its core principle: Pehchan is by, for and of India’s MSM, transgender and hijra communities. Leveraging rich community expertise, the Global Fund’s generous support and our government’s unwavering collaboration, Pehchan has been meticulously planned and passionately executed. More than just the sum of good intentions, it has thrived due to hard work, excellent stakeholder support, and creative execution.

At the heart of Pehchan are community systems strengthening. Our approach to capacity building has been engineered to maximise community leadership and expertise. The community drives and energises Pehchan. Our task was to develop 200 strong community-based organisations (CBOs) in a vast and complex country to partner with state governments and provide services to MSM, transgender and hijra communities to increase the effectiveness of the HIV response for these populations and improve their health and wellbeing. To achieve necessary scale and sustain social change, strong CBOs would require responsive development of human capital.

Over and above consistent services throughout Pehchan, we wanted to ensure quality. To achieve this, we proposed a standard training package for all CBO staff. When we looked around, we found there really wasn’t an existing curriculum that we could use. Consequently, we decided to develop one not only for Pehchan but also for future efforts to build the capacity of community systems for sexual minorities. So began our journey to create this curriculum.

Building on the experience of Sashakt, a pilot programme supported by UNDP that tested the model that we’re scaling up in Pehchan, an involved process of consultations and workshops was undertaken. Ideas for each module came from discussions with a range of stakeholders from across India, including community leaders, activists, academics and institutional representatives from government and donors. The list of modules grew with each consultation. For example in Sashakt, we had a single training module on family support and mental health; in Pehchan, we decided that it would be valuable to split these and have one on each.

Eventually, we agreed on the framework for the modules and the thematic components, finding a balance between individual and organisational capacity. Overall, there are two main areas of capacity building: one that is directly related to the services and the other that is focused on building capable service providers. Then we began the actual writing of the curriculum, a process of drafting, commenting, correcting, tweaking and finalising that took over eight months.
Once the curriculum was ready to use, trainings-of-trainers were organised to develop a cadre of master trainers who would work directly with CBO staff. Working through Pehchan’s four Regional Training Centers, these trainers, mostly members of MSM, transgender and hijra communities, provided further in-service revisions and suggestions to the modules to make them succinct, clear and user-friendly. Our consortium partner SAATHII contributed particularly to these efforts, and the current training curriculum reflects their hard work.

In fact, the contributors to this work are many, and in the Acknowledgements section following this Preface, we have done our best to name them. They include staff from all our consortium partners, technical experts, advocates, donor representatives and government colleagues. The staff at India HIV/AIDS Alliance, notably the Pehchan team, worked beautifully to develop both process and content. That we have come so far is also a tribute to vision and support of our leaders, at Alliance India and in our consortium partners, Humsafar Trust, SAATHII, Sangama, and SIAAP, as well as in India’s National AIDS Control Organisation and at the Global Fund to Fight AIDS, Tuberculosis and Malaria in Geneva.

We would like to think of the Pehchan Training Curriculum as a game changer. While the modules reflect the specific context of India, we are confident that they will be useful to governments, civil society organisations and individuals around the world interested in developing community systems to support improved HIV and other health programming for sexual minorities and other vulnerable communities as well.

After two years of trial and testing, we now share this curriculum with the world. Our team members and master trainers have helped us refine them, and seeing the growth of the staff in the CBOs we have trained has increased our confidence in the value of this curriculum. The impact of these efforts is becoming apparent. As CBOs have been strengthened through Pehchan, we are already seeing MSM, transgender and hijra communities more empowered to take charge, not only to improve HIV prevention but also to lead more productive and healthy lives.

**Sonal Mehta**  
Director: Policy & Programmes  
India HIV/AIDS Alliance  
New Delhi  
March 2013
General Acknowledgements

The Pehchan Training Curriculum is the work of many people, including community members, technical experts and programme implementers. When we were not able to find training materials necessary to establish, support and monitor strong community-based organisations for MSM, transgenders and hijras in India, the Pehchan consortium collectively developed a curriculum designed to address these challenges through a series of community consultations and development workshops. This process drew on the best ideas of the communities and helped develop a responsive curriculum that will help sustain strong CBOs as key element of Pehchan.

We would like to take this opportunity to acknowledge the contributions of those who helped in taking this process forward, including (in alphabetical order): Ajai, Praxis; Usha Andewar, The Humsafar Trust; Sarita Barapanda, IWW-UK; Jhuma Basak, Consultant; Dr. V. Chakrapani, C-Sharp; Umesh Chawla, UNDP; Alpana Dange, Consultant; Brinelle D’Sourza, TISS; Firoz, Love Life Society; Prashanth G, Maan AIDS Foundation; Urmia Jadav, The Humsafar Trust; Jeeka, TRA; Harleen Kaur, Manas Foundation; Krishna, Suraksha; Monica Kumar, Manas Foundation; Muthu Kumar, Lotus Sangama; Sameer Kunta, Avahan; Agniva Lahiri, PLUS; Meera Limaya, Consultant; Veronica Magar, REACH; Magdalene, Center for Counselling; Sylvester Merchant, Lakhshya; Amrita Nanda, Lawyers’ Collective; Nilanjana, SAFR; Prabakar, SIAAP; Priti Prabughate, ICRW; Nagendra Prasad, Ashodaya Samithi; Revathi, Consultant; Rex, KHPT; Amitava Sarkar, SAAHII; Dr. Maninder Setia, Consultant; Chetan Sharma, SAFR; Suneeta Singh, Amalas; Prabakar Sinha, Heroes Project; Sreeram, Ashodaya Samithi; Suresh, KHPT; Sanjinchy Veul, JHU; and Roy Wadia, Heroes Project.

Once curricular framework was finalised, a group of technical and community experts was formed to develop manuscripts and solicit additional inputs from community leaders. The curriculum was then standardised with support from Dr. E.M. Sreejit and streamlined with support from a team at SAAHII, led by Pawan Dhall. This process included inputs from Sudha Jha, Anupam Hazra, Somen Achrya, Shantanu Pyne, Moyazzam Hossain, Amitava Sarkar, and Debjyoti Ghosh Dhall from SAAHII; Cairo Araijo, Vaibhav Saria, Dr. E.M. Sreejit, Jhuma Basak, and Vahista Dastoor, Consultants; Olga Aaron from SIAAP; and Hariyot Khosa and Chaityna Bhatt from India HIV/AIDS Alliance.

From the start, the Government of India’s National AIDS Control Organisation has been a key partner of Pehchan. In particular, Madam Aradhana Johri, Additional Secretary, NACO, has provided strong leadership and steady guidance to our work. The team from NACO’s Targeted Intervention (TI) Division has been a constant friend and resource to Pehchan, notably Dr. Neeraj Dhingra, Deputy Director General (TI); Manilal N. Raghvan, Programme Officer (TI); and Mridu, Technical Officer (TI). As the programme has moved from concept to scale-up, Pehchan has repeatedly benefitted from the encouragement and wisdom of NACO Directors General, past and present, including Madam Sujata Rao, Shri K. Chandramouli, Shri Sayan Chatterjee, and Shri Lov Verma.

Pehchan is implemented by a consortium of committed organisations that bring passion, experience, and vision to this work. The programme’s partners have been actively engaged in developing the training curriculum. We are grateful for the many contributions of Anupam Hazra and Pawan Dhall from SAAHII; Hemangi, Pallav Patnaik, Vivek Anand and Ashok Row Kavi from the Humsafar Trust; Olga Aaron and Indumati from SIAAP; Vijay Nair from Alliance India Andhra Pradesh; and Manohar from Sangama. Each contributed above and beyond the call of duty, helping to create a vibrant training programme while scaling up the programme across 17 states.
India HIV/AIDS Alliance’s Pehchan team has been untiring in its contributions to this curriculum, including Abhina Aher, Jonathan Ripley, Yadvendra (Rahul) Singh, Simran Shaikh, Yashwinder Singh, Rohit Sarkar, Chaitanya Bhatt, Nunthuk Vunghoihkim, Ramesh Tiwari, Sarbeshwar Patnaik, Ankita Bhalla, Dr. Ravi Kanth, Sophia Lonappan, Rajan Mani, Shaleen Rakesh, and James Robertson. A special thank-you to Sonal Mehta and Harjyot Khosa for their hard work, patience and persistence in bringing this curriculum to life.

Through it all, the Global Fund to Fight AIDS, Tuberculosis and Malaria has provided us both funding and guidance, setting clear standards and giving us enough flexibility to ensure the programme’s successful evolution and growth. We are deeply grateful for this support.

Pehchan’s Training Curriculum is the result of more than two years of work by many stakeholders. If any names have been omitted, please accept our apologies. We are grateful to all who have helped us reach this milestone.

The Pehchan Training Curriculum is dedicated to MSM, transgender and hijra communities in India who for years, have been true examples of strength and leadership by affirming their pehchān.
Module Acknowledgments: Life Skills Education

Each component of the Pehchan Training Curriculum has a number of contributors who have provided specific inputs. For this component, the following are acknowledged:

Primary Author
Sarita Barapanda, Consultant

Compilation
Dr. E. M. Sreejit, Consultant

Technical Input
Vaibhav Sarai and Debjyoti Ghosh, SAATHII; Olga Aaron, SIAAP

Coordination and Development
Vahista Dastoor, C4D Consultant
Pawan Dhall, SAATHII

References
# About the Life Skills Education Module

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Life Skills Education</td>
</tr>
</tbody>
</table>

**Pehchan Trainees**

- Project Managers
- Counsellors
- Outreach Workers (ORW)

**Pehchan CBO Type**

- TI Plus

**Training Objectives**

By the end of this module, the participants will:

- Understand the concept of life skills and their importance in sexual and reproductive health in the MTH community; and
- Enhance skills and capacities for self-awareness, assertive behaviour and decision-making.

**Total Duration**

- One day. A day’s training typically covers 8 hours.

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## Module Reference Materials

All the reference material required to facilitate this module has been provided in this document and in relevant digital files provided with the Pehchan Training Curriculum. Please familiarise yourself with the content before the training session.

**Attention:** Please do not change the names of file or folders, or move files from one folder to another, as some of the files are linked to each other. If you rename files or change their location on your computer, the hyperlinks to these documents in the Facilitator Guide will not work correctly.

If you are reading this module on a computer screen, you can click the hyperlinks to open files. If you are reading a printed copy of this module, the following list will help you locate the files you need.

**Audio-visual Support**

1. PowerPoint presentation on ‘Life Skills Education’

**Take-home Materials**

1. Annexure 1 on ‘Life Skills Education’
2. Annexure 2 on ‘Words I Can Use to Describe Myself’
3. Annexure 3 on ‘Johari Window Exercise’
4. Annexure 4 on ‘Myths and Reality’
5. Annexure 5 on ‘Some Things I May Value’
6. Annexure 6 on ‘Decision-Making’
7. Annexure 7 on ‘Types of Behaviour’
8. Annexure 8 on ‘Case Study’
9. Annexure 9 on ‘Asset Mapping’
## Activity Index

<table>
<thead>
<tr>
<th>No.</th>
<th>Activity Name</th>
<th>Time</th>
<th>Material¹</th>
<th>Audio-visual Resources</th>
<th>Take-home material</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction to Life Skills Education</td>
<td>45 minutes</td>
<td>N/A</td>
<td>Refer to the slides titled ‘Introduction to Life Skills Education’ from the PowerPoint presentation ‘Life Skills Education’</td>
<td>Annexure 1 titled ‘Life Skills Education’</td>
</tr>
<tr>
<td>2</td>
<td>Sexual and Reproductive Health Rights</td>
<td>45 minutes</td>
<td>N/A</td>
<td>Refer to the slides titled ‘Sexual and Reproductive Health’ from the PowerPoint presentation ‘Life Skills Education’</td>
<td>N/A</td>
</tr>
<tr>
<td>3</td>
<td>Five Steps to Social Skills</td>
<td>2 hours</td>
<td>N/A</td>
<td>Refer to the slides titled ‘Beliefs and stereotypes’ to ‘Myths and Reality’ from the PowerPoint presentation ‘Life Skills Education’</td>
<td>Annexure 2 titled ‘Words I can use to describe myself’ Annexure 3 titled ‘Johari Window Exercise’ Annexure 4 titled ‘Myths and Reality’ Annexure 5 titled ‘Some Things I May Value’ Annexure 6 titled ‘Decision-making’</td>
</tr>
<tr>
<td>4</td>
<td>Behaviour and Assertiveness</td>
<td>2 hours</td>
<td>N/A</td>
<td>Refer to the slides titled ‘Types of Behaviour’ from the PowerPoint presentation ‘Life Skills Education’</td>
<td>Annexure 7 titled ‘Types of Behaviour’ Annexure 8 titled ‘Case Study’ Annexure 9 titled ‘Asset Mapping’</td>
</tr>
<tr>
<td>5</td>
<td>Wrap-up</td>
<td>30 minutes</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

¹ Overhead projector, laptop, sound system and whiteboard should be provided at every training.
Activity 1: Introduction to Life Skills Education (LSE)

<table>
<thead>
<tr>
<th>Time</th>
<th>45 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning Outcomes</td>
<td>By the end of this activity, the participants will be able to:</td>
</tr>
<tr>
<td></td>
<td>• Articulate the objectives of this module; and</td>
</tr>
<tr>
<td></td>
<td>• Understand the meaning of Life Skills Education (LSE).</td>
</tr>
<tr>
<td>Materials</td>
<td>N/A</td>
</tr>
<tr>
<td>Audio-visual Support</td>
<td>Refer to the slides titled ‘Introduction to Life Skills Education’ from the PowerPoint presentation ‘Life Skills Education’.</td>
</tr>
<tr>
<td>Take-home Material</td>
<td>Annexure 1 on ‘Life Skills Education’.</td>
</tr>
</tbody>
</table>

**Methodology**

Write the words ‘Life Skills’ on a flip-chart and ask participants to brainstorm on:

- The challenges one faces in life, especially as a member of the MTH community; and
- The skills needed to negotiate life’s challenges effectively.

Encourage participants to brainstorm and share their life’s aspirations, successes and challenges with each other in the group and critically analyse the skills one would need to deal with them.

It would be useful to list their responses on the flip-chart, as these responses could be used as talking points in subsequent activities.

Give each participant a printout of Annexure 1 titled ‘Life Skills Education’ and ask for a volunteer to read aloud from the document. As the volunteer reads the document, link the concepts and ideas therein to the issues discussed by participants in the brainstorming session.

Tell participants that the content of the day’s training is a result of series of discussions held with many MTH persons who felt that the community generally lacked life skills and the ability to overcome conflict situations; they suggested that the community required a broad set of competencies – social, cognitive and emotional – to negotiate and make healthy decisions about sexual and reproductive health choices.

Sum up the session by explaining that life skills are skills acquired through teaching or direct experience that are used to handle problems commonly encountered in daily life. Describe how the session will broadly help the participants to:

- Engage in a process of self-awareness;
- Explore effective decision-making; and
- Understand assertive communication and behaviour.

**Note to Facilitator**

‘Life Skills’ can be defined as psychosocial competencies and interpersonal skills that help people make informed decisions, think critically, and communicate effectively.

According to the World Health Organization, ‘Life Skills’ are abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life.

The terms ‘psychosocial competencies’, ‘interpersonal skills’, ‘informed decisions’, and ‘adaptive and positive behaviour’ are technical terms which may not be easily understood by all participants. If you would like to introduce these terms in the session, you need to explain these terms clearly.
Activity 2: Sexual and Reproductive Health Rights (SRHR)

Time | 45 minutes
--- | ---
Learning Outcomes | By the end of this activity, the participants will be able to:
- List the sexual and reproductive health rights of all individuals; and
- Understand the importance of life skills in attaining sexual and reproductive health.
Materials | N/A
Audio-visual Support | Refer to the slides titled ‘Sexual and Reproductive Health’ from the PowerPoint presentation ‘Life Skills Education’.
Take-home Material | N/A

Methodology

Start by introducing the participants to the topic of sexual and reproductive health rights (SRHR) and their importance in the context of life skills. Use the situations and the skills listed in the previous activity to explain why it is important to talk about rights while dealing with life skills. Using the slides titled ‘ Freedoms ’ from the PowerPoint presentation ‘ Life Skills Education ’ explain to the participants that every individual has various sexual and reproductive rights, which give him/her certain freedoms:

<table>
<thead>
<tr>
<th>Freedom to</th>
<th>Freedom from</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choose whether or not to marry and have a family</td>
<td>Harassment</td>
</tr>
<tr>
<td>Decide when or whether to have children</td>
<td>Stigma and discrimination</td>
</tr>
<tr>
<td>Choose a partner</td>
<td>Violence and coercion</td>
</tr>
<tr>
<td>Enjoy sexual pleasure</td>
<td>Unwanted pregnancy</td>
</tr>
<tr>
<td>Express oneself sexually</td>
<td>Government interference</td>
</tr>
<tr>
<td>Access quality sexual and reproductive health care</td>
<td>Torture and ill-treatment</td>
</tr>
</tbody>
</table>

Further explain that if rights are taken as the guiding principle, then along with rights there are individual responsibilities. Use the following example to explain this:

<table>
<thead>
<tr>
<th>Right to Sexual Pleasure</th>
<th>Individual Responsibility</th>
<th>State Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>To respect partner’s bodily integrity and privacy.</td>
<td>To repeal laws that criminalise certain forms of sexual activity such as sexual activity between consenting adults, premarital sex, homosexuality, prostitution, etc.</td>
<td></td>
</tr>
<tr>
<td>To respect partner’s freedom to choose, including the right to say no to any sexual practice.</td>
<td>To ensure universal access to sexual education, information and quality services.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>To protect people from sexual violence and coercion.</td>
<td></td>
</tr>
</tbody>
</table>
Explain why it is important to talk about rights while dealing with life skills. A few key points to elaborate on include the following.

- A highly important component of the right to health is the right to sexual and reproductive health. As confirmed by the Commission on Human Rights, 2003, ‘Sexual and reproductive health is an integral element of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.’

- The presence or absence of rights relating to sexuality and reproduction has a huge impact on how people live, their physical security, bodily integrity, health, education, mobility, and social and economic status.

- In our society, same-sex relationships are stigmatised and strongly discouraged. Many MTH individuals are forced to marry and have families.

- Violence in the context of sexual relationships is not uncommon. There is also a lack of capacity to negotiate in some sexual relationships that can lead to violence.

- Lack of social support and the threat of violence leads to increased risk-taking and greater vulnerability to sexually transmitted infections (STIs) and HIV. In schools and within families and communities, feminine boys are more likely to be bullied. Consequently, they tend to run away, exposing themselves to more violence in the streets.

Describe how Life Skills Education can influence behaviour and personal choices. Explain that on an individual as well as community level it is important to:

- Develop awareness of and respect for sexual and reproductive health rights;
- Identify strategies for promoting and establishing these rights as essential rights; and
- Reflect on the importance of sexual and reproductive health rights in the personal as well as professional lives of people.
Activity 3: Five Steps to Life Skills

Time | 2 hours
--- | ---

**Learning Outcomes**
By the end of this activity, the participants will:
- Understand the concept of self-awareness and begin the process of becoming more self-aware;
- Explore the beliefs and values which underlie their interactions with the people around them; and
- Understand the steps in informed decision-making.

**Materials**
N/A

**Audio-visual Support**
Refer to the slides titled ‘Beliefs and Stereotypes’ to ‘Myths and Reality’ from the PowerPoint presentation ‘Life Skills Education’.

**Take-home Materials**
Annexure 2 on ‘Words I Can Use to Describe Myself’.
Annexure 3 on ‘Johari Window Exercise’.
Annexure 4 on ‘Myths and Reality’.
Annexure 5 on ‘Some Things I May Value’.
Annexure 6 on ‘Decision-Making’.

**Methodology**

**Part I: Developing Self-awareness**

Explain how self-understanding is the first step towards acquiring life skills. Understanding one’s own personality, values, strengths, weaknesses, needs and motivations is the foundation towards improving the quality of one’s life and relationships.

Give each participant a printout of Annexure 2 titled ‘Words I Can Use to Describe Myself’. Ask all participants to read the list and ask if they need clarifications for words they do not understand. Request each participant to write what they think are the top six words that best describe their personality. Participants should do this exercise independently without consulting fellow participants.

After ten minutes, tell each participant to choose at least two fellow-participants who knows him/her well. Each of the chosen two should now take a separate sheet of paper and write down (without consulting each other) five or six words which describe the participant. After they are done, they should hand these descriptions over to the participant.

At the end of the exercise, each participant should have three lists of descriptive words, one list which they have created for themselves and the other two which has been prepared by their friends or acquaintances in the training.

Give each participant a printout of the Annexure 3 titled ‘Johari Window Exercise’ and tell the participants to draw at 2x2 grid on a chart paper with the following quadrants/rooms.

- **Room 1 (Open)** is the part of ourselves that we and others see;
- **Room 2 (Blind Spot)** contains the aspects that others see but we are not aware of;
- **Room 3 (Hidden)** is our private space, which contains aspects we know but keep them from others; and
- **Room 4 (Unknown)** is the mysterious room where the unconscious or subconscious parts of ourselves that are seen by neither ourselves nor others can be found.
In the quadrant titled ‘Room 1 (Open)’ fill words used by participant as well as their peers. This quadrant represents traits of the subjects that both they and their peers are aware of.

In the quadrant titled ‘Room 2 (Hidden)’ write words selected only by subjects but not by any of their peers, representing information about themselves that their peers are unaware of. In the quadrant titled ‘Room 3 (Blind Spot)’, write words selected only by the peers. These words represent personality traits that the subject is not aware of but others are. In the last quadrant titled ‘Room 4 (Unknown)’, write words not selected by either the subjects or their peers. While doing so participants will realise that these represent behaviors or motives not recognised by anyone participating in the exercise. This may be because these words do not apply to the subject or because there is collective ignorance of the existence of these traits.

Explain to the participants that in order to develop life skills, it is important to be aware of one self, and know one’s strengths and weaknesses. This exercise is a first step in understanding themselves. However, caution them that personality is not static or absolute, and examining oneself and one’s behaviour in different context over a period of time should be an ongoing process.

**About the Johari Window**

The Johari Window, named after the first names of its inventors, Joseph Luft and Harry Ingham, is one of the most useful models to describe awareness and human interaction. A four-paned ‘window’ divides personal awareness into four different types, as represented by its four quadrants: open, hidden, blind, and unknown. The four quadrants in a Johari Window can be explained as follows:

Quadrant I (Open): known by the person himself/herself and also known by others.

Quadrant II (Blind Spot): not known by the person about himself/herself but is known to others. This could be simple information or can include deep issues (e.g. feelings of inadequacy, unworthiness, rejection, low self-esteem) which are difficult for individuals to face directly but can be seen by others.

Quadrant III (Hidden): known to the person but kept hidden from, and therefore unknown, to others. This hidden or avoided self represents information, feelings, etc., anything that a person knows about himself/herself, which is not revealed but is kept hidden from others. The hidden area could also include fears, hidden agendas, manipulative intentions, and secrets – anything that a person knows but does not reveal to others, for whatever reasons.

Quadrant IV (Unknown): unknown to the person and also unknown to others. Examples of such unknown factors may include:

- An underestimated or untried ability (through lack of opportunity, encouragement, confidence or training);
- A natural ability or aptitude that a person does not realize they possess;
- A fear or aversion that a person does not know they have;
- An unknown illness; and
- Repressed or subconscious feelings, conditioned behavior, or attitudes from childhood.

The larger the first quadrant, the closer to self-realization is the individual. A large first quadrant emphasises personal freedom and capability of a person to enjoy life and respect others rights and dignity. People whose first quadrant is large tend to have better and productive relationships. A shy person may, for example, have difficulty in developing a large Quadrant I, and they may tend to hide either behind silence or work so that very little is known to others. Some of the characteristics could be anxiety, tension, suspicion,
distrust, and depression. The goal of a healthy relationship is to maximise the Public Area (first quadrant).

The ‘secret area’ contains traits you know about but are unwilling or unable to share with others. The ‘blind area’ describes areas of self-deception, like the rude person who thinks he is motivated by a desire for authenticity. The ‘unconscious’ area represents the part of the self that people may examine when they try to ‘find themselves’. According to the Johari Window, you are being most sincere when self-image and reputation converge in the public area, not when you are just focusing on your thoughts and feelings.

**Part II: Examining Beliefs and Stereotypes**

Explain to the participants that along with understanding oneself, one needs to understand the environment one lives in. Tell them that the following exercise will help them:

- Question their own beliefs regarding the division of work in our society; and
- Recognise stereotypes of people in our society.

Tell the participants that they should do this activity independently without any consultation from peers. Read out the three case studies from the slides titled ‘Beliefs and Stereotypes’ to ‘Myths and Reality’ in the PowerPoint presentation ‘Life Skills Education’ and ask them to pick a case study of their choice. Give each participant a chart paper and some crayons/markers and ask them to pictorially depict the scene of the case study they have selected.

**Case Study 1**

Think of your own village or a village that you have visited, and visualise a farmer working in the field. Please draw this scene as realistically as possible. You can draw the clothes the farmer wears, head gear if any, the farming instruments they use, and others working in the field.

**Case Study 2**

Think of a local train (e.g. Mumbai suburban train) and visualise the passengers in the train. Please draw this scene as realistically as possible; you can draw the clothes the passengers in the train are wearing and what they are carrying, etc.

**Case Study 3**

Think of a family and visualise the members of that family. Please draw this scene as realistically as possible. You can draw the number of members in a family, the clothes they wear and the work they do.

Now tell participants to write their names on the sheets and attach them to the wall designated for this exercise. Tell the participants to move around in the room and look at the drawings of all the participants. After the whole group reassembles, ask the participants how and why they visualised the scenes drawn (e.g. a farmer ploughing the field, or why particular kind of a person is there in the local train), consider the way people are depicted, count the number of men, women and others in the illustrations, etc. Talk about our ideas about specific groups, or individuals, and how these are based on certain perceptions and beliefs and sometimes are stereotypes.

If you notice that some of the participants have gone beyond stereotypes that can prevail in our society, point this out and ask them why they broke stereotypes in their drawings.
Part III: Exploring Myths and Reality

Explain how the session on ‘Myths and Reality’ will help participants to question:

- Various myths about homosexuality and sexual orientation; and
- Their own views and those of their colleagues on the role of an individual in society.

Divide the participants into two groups, A and B. With the help of the Annexure 4 titled ‘Myths and Reality’ start by reading out ‘myths’ one by one and ask Group A whether they agree with it or not. Allow them to discuss it amongst themselves, and then ask a volunteer to share the responses of Group A. Now ask Group B whether they agree with the answer or not. Let them discuss it, and a volunteer from Group B can then give the answer.

After listing the responses from the two groups, read out what is the reality. Repeat the steps in the same way for rest of the myths in the list. After the exercise is over give the handouts Annexure 4 titled ‘Myths and Reality’ to the participants.

Part IV: Identifying My Values

Explain how this session on values will help participants to understand what values are and how to differentiate between individual, family and spiritual values. Use the following exercise to explain this concept.

Discuss the term ‘values’ as below:

- ‘Value’ means something that has intrinsic merit, or is something that you rate highly (Webster Dictionary).
- Identifying one’s values helps one gain a true understanding of oneself, as values are reflected in one’s behavior on a day-to-day basis.
- Choices and decisions, such as one’s career path, relationships and even the way one is going to live in the future, are based on values.

Now mix the participants from different CBOs and make them sit in groups of four. Each group is asked to make a list of values that they identify with. Tell them that a simple way of identifying values is to think of ‘What is important to me/us?’

After they list their values, explain the different values such as:

- **Personal values:** Self-respect, privacy, peace of mind, independence, obedience, respect for elders, etc.
- **Family values:** Respect for elders in the family, family happiness, authority of parents, obedience of children, disciplining children, giving children a good education, etc.
- **Work values:** Exercising competency, professional ambition, etc.
- **Career values:** Personal growth, professional advancement, etc.
- **Cultural values:** Touching the feet of elders, covering one’s head in a temple, respecting one’s parents, etc.

At this point, ask them to categorise the values that they have written down under the five different types described above. Also, ask following questions to make the participants think introspectively:

- Are there any overlaps in the values presented?
- Have they listed values which can be put in some other category?
- Do personal values come out of family values? How do spiritual values fit into these categories? Should all of them be put together?
- Are there any common values that exist among all the participants? If so, what

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**Note to Facilitator**

Some of the values that participants may list:

- Live interdependently with my partner.
- Respect and keep my spouse happy.
- Advance in my career.
- Earn money through ethical means.
- Gain knowledge.
- Care for my parents in their old age.
- Share my life with someone I love.
- Be independent.
- Respect elders.

If you discover that participants are finding it difficult to articulate values, ask them leading questions to trigger their ideas.

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**Note to Facilitator**

It is critical for participants to identify their own core values, as these are reflected in their day-to-day behaviour and in the decisions and choices that they make.
are they?

- What area in the values inventory did you find it hard to answer? Why?
- Do you think values are important? Are your values different from the values of your family?

Give each participant a printout of Annexure 5 titled ‘Some Things I May Value’ and discuss some of the terms therein. From the list, ask each participant to choose eight values that he/she already has and eight values that he/she would like to acquire.

Point out that value may change from time to time. Frequently a personal change of circumstance affects values. Explain that other people’s values can be understood by observing their behaviour; for example, when somebody stays in an abusive relationship, the choice that s/he makes might depend upon what value s/he puts on her/his own happiness and self-worth.

Discuss how the values held by a person determine the outcomes of a situation. For example, a victim in an abusive relationship whose sense of personal integrity is strong will be less tolerant of such a situation than one whose self-esteem is low, and the former is more likely to take steps to avoid or stop the abuse than the latter.

Part V: Understanding the Decision-making Process

Explain how this session will help participants understand the process of decision-making and understand the steps involved in the process. (See box.)

Divide participants into eight small groups. Give each group a printout of one case study from the Annexure 6 titled ‘Decision-Making’, along with chart paper, and ask them to:

- Discuss the given scenario;
- Outline key steps to follow while taking a decision;
- Look at possible decisions that can be taken (there can be more than one decision); and
- Write it on a chart paper that can be then presented to the larger group.

Ask each group to share their findings. As they do so, emphasise the fact that life is full of challenges and the choices that one makes can have far-reaching consequences. Remind the participants that the choices people make are based on the values they hold, and it is useful to examine one’s own values critically in order to make informed decisions. Remind the participants that it is important to accept responsibility for actions they take.

Ask the participants to close their eyes and think for five minutes on the following:

- Decisions that have been made for me in the past: If I had been able to make the decision myself, would I make a different one?
- Decisions that I have made for myself: On what values did I base those decisions? Would I change those decisions? Do I have any regrets?
- Decisions that I will have to make in the future.

Ask them to also focus on the consequences of the choices they have made and will make in the future.

Note to Facilitator

The decision making process should include most or all of the following steps:

1. Stop and think. Take a ‘time-out’ period to distance yourself from any emotional distress which the challenge may be causing.
2. Define the problem.
3. Think about the situation.
4. Seek advice from others.
5. Consider family values and personal values.
6. Consider cultural practices and religious beliefs.
7. Consider options or alternatives available.
8. Imagine the consequences and possible outcomes of each option.
9. Consider the impact of actions on other people.
10. Choose the best alternatives.
11. Make the decision.
12. Act on the decision.
13. Accept responsibility for your actions.
Activity 4: Behaviour and Assertiveness

<table>
<thead>
<tr>
<th>Time</th>
<th>2 hours</th>
</tr>
</thead>
</table>
| **Learning Outcomes** | By the end of this activity, the participants will:  
  • Learn about different types of behaviour and why assertive behaviour can be the best choice in any situation; and  
  • Learn how assertive behaviour leads to better self-esteem. |
| **Materials** | N/A     |
| **Audio-visual Support** | Refer to the slides titled ‘Types of Behaviour’ from the PowerPoint presentation ‘Life Skills Education’. |
| **Take-home Material** | Annexure 7 on ‘Types of Behaviour’.  
  Annexure 8 on ‘Case Study’.  
  Annexure 9 on ‘Asset Mapping’. |

Methodology

Part I: Kinds of Behaviour

Using the PowerPoint slide titled ‘Types of Behaviour’ from the PowerPoint presentation ‘Life Skills Education’, explain the different types of behaviour which people generally display.

Passive Behaviour

An individual with passive behaviour does not protect his/her rights or needs and tends to get bullied and forced into situations s/he would not like. They avoid expression of opinions or feelings. Individuals with passive behaviour exhibit low self-esteem, exhibit poor eye contact and slumped body posture, and tend to speak softly or apologetically.

Passive-aggressive Behaviour

An individual with passive-aggressive behavior can seem passive/calm on the surface but are really acting out in a subtle, indirect way. They usually feel powerless, stuck and are quite resentful. They rarely confront the aggressor, and tend to work behind the scene and undermine by making snide remarks, and use sabotage or speak with sarcasm. They often smile and try to pacify the aggressor.

Aggressive Behaviour

An aggressive individual communicates in a way that violates the rights of others. This can be a result of low self-esteem, and such people can be verbally and/or physically abusive. Aggressive communication too is born of low self-esteem often caused by past physical or emotional abuse, unhealed emotional wounds, and/or feelings of powerlessness. Aggressive individuals display a low tolerance for frustration, use humiliation, interrupt frequently, and often criticize, blame or attack others.

Assertive Behaviour

This is the best type of behavior, and includes the ability to stand up for one’s legitimate rights without violating the rights of others. Assertive behaviour involves three categories of skills: self-affirmation, expressing positive feelings, and expressing negative feelings.
Distribute printouts of Annexure 7 titled ‘Types of Behaviour’ to participants for their reference. Now divide the participants into groups of four and give each group one of the Annexure 8 titled ‘Case Study’. Each study describes a scenario and is accompanied by a set of questions.

After 15 minutes of group discussion, ask each group to present their case and their answers to the questions in the case. Encourage discussions/opinions of others participants during this exercise.

**Part II: Self-esteem or How Much Do I Value Myself?**

Introduce the topic of self-esteem. Explain how the session will help participants in:

- Understanding what is self esteem and the link between self esteem, assertive behaviour and good decision-making; and
- Recognising the qualities that they like most in themselves and the areas they would like to improve.

Explain that:

- Self esteem is the opinion one has about himself or herself;
- Everyone possesses self-esteem;
- Some people have high self-esteem and some people have low self-esteem;
- Many times it is easier for us to identify our negative points, which often leads to low self-esteem;
- Our self-esteem has an effect on our behaviour and the choices we make; and
- When we do not have a good opinion about ourselves, we can enter into a self-destructive phase in which we make the wrong choices.

Introduce the concept of asset-mapping. Mention to the participants that asset mapping here does not talk about material assets but about how we assess ourselves and our qualities as individuals. Give each participant a printout of Annexure 9 titled ‘Asset Mapping’ and ask them to fill it out.

After they have duly filled their sheets, ask a few participants to share their findings. As they do so, ensure that you and the other participants listen attentively, and appreciate their assets. Point out that assets are not static – people evolve and change – and with these changes come new assets and enhancement of existing assets takes place. Ask the participants to keep this list with themselves and look at it a year later to assess their own personal growth.
Activity 5: Wrap-up

<table>
<thead>
<tr>
<th>Time</th>
<th>Learning Outcomes</th>
<th>Materials</th>
<th>Audio-visual Support</th>
<th>Take-home Material</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>30 minutes</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Learning Outcomes**

At the end of this activity, the participants will:

- Summarise the various concepts they have learnt throughout the training session.

**Materials**

N/A

**Audio-visual Support**

N/A

**Take-home Material**

N/A

**Methodology**

Remind participants of the common challenges faced by the MTH community when it comes to personal development, especially with regard to their sexual and reproductive health but also in respect to other aspects of their lives.

Ask them to reflect on skills that each of them needs to sharpen to deal with challenges. Remind participants that life skills are acquired and honed by facing life’s experiences, coupled with continual reflection on one’s thoughts, feelings and actions. If time permits, select some of the situations and experiences discussed during the day and conduct role-plays where participants enact skills such as decision-making, assertive behavior, and effective communication.
Annexure 1: Life Skills Education

Life Skills are:

- Psychosocial competencies and interpersonal skills that help people in taking informed decisions, think critically and communicate effectively; and
- Abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life.²

Life Skills Commandments

- Life skills are essentially those abilities that help promote overall well-being and competence.
- Life skills are the beginning of wisdom which focuses on behavioural change.
- Life skills enable individuals to translate knowledge, attitude and values into actual abilities, that is, what to do and how to do it, given the scope and opportunity to do so.
- Effective acquisition and application of life skills can influence the way one feels about others, ourselves and will equally influence the way we are perceived by others. It contributes to perception of self-confidence and self-esteem.
- We all use life skills in different situations such as:
  - To negotiate effectively at home, school or work place, we need to have thinking skills as well as social skills; and
  - When faced with difficult situations we tend to think critically, to analyze all the pros and cons of the situation, to think out of box, and to find a solution to seemingly difficult problems.

² As defined by the World Health Organization
Annexure 2: Words I Can Use to Describe Myself

<table>
<thead>
<tr>
<th>Able</th>
<th>Dependable</th>
<th>Intelligent</th>
<th>Patient</th>
<th>Sensible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accepting</td>
<td>Dignified</td>
<td>Introverted</td>
<td>Powerful</td>
<td>Sentimental</td>
</tr>
<tr>
<td>Adaptable</td>
<td>Energetic</td>
<td>Kind</td>
<td>Proud</td>
<td>Shy</td>
</tr>
<tr>
<td>Bold</td>
<td>Extroverted</td>
<td>Knowledgeable</td>
<td>Quiet</td>
<td>Silly</td>
</tr>
<tr>
<td>Brave</td>
<td>Friendly</td>
<td>Logical</td>
<td>Reflective</td>
<td>Smart</td>
</tr>
<tr>
<td>Calm</td>
<td>Giving</td>
<td>Loving</td>
<td>Relaxed</td>
<td>Spontaneous</td>
</tr>
<tr>
<td>Caring</td>
<td>Happy</td>
<td>Mature</td>
<td>Religious</td>
<td>Sympathetic</td>
</tr>
<tr>
<td>Cheerful</td>
<td>Helpful</td>
<td>Modest</td>
<td>Responsive</td>
<td>Tense</td>
</tr>
<tr>
<td>Clever</td>
<td>Idealistic</td>
<td>Nervous</td>
<td>Searching</td>
<td>Trustworthy</td>
</tr>
<tr>
<td>Complex</td>
<td>Independent</td>
<td>Observant</td>
<td>Self-assertive</td>
<td>Warm</td>
</tr>
<tr>
<td>Confident</td>
<td>Ingenious</td>
<td>Organized</td>
<td>Self-conscious</td>
<td>Wise/Witty</td>
</tr>
</tbody>
</table>
## Annexure 3: Johari Window Exercise

<table>
<thead>
<tr>
<th>Known to Self</th>
<th>Not Known to Self</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPEN</td>
<td>BLIND SPOT</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>KNOWN TO OTHERS</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>HIDDEN</td>
<td>UNKNOWN</td>
</tr>
<tr>
<td>NOT KNOWN TO OTHERS</td>
<td></td>
</tr>
</tbody>
</table>
## Annexure 4: Myths and Reality

<table>
<thead>
<tr>
<th>Myth</th>
<th>Reality</th>
</tr>
</thead>
<tbody>
<tr>
<td>All homosexuals take up professions pertaining to music, dance, and fashion designing.</td>
<td>Not true. The reality is that homosexual men and women have varied interests and enjoy doing a lot of things, and one of them could be in the field of music, dance, and fashion designing. These misconceptions stem from the stereotypes that have been created around these particular areas.</td>
</tr>
<tr>
<td>Homosexuality is a choice; people either chose to be homosexuals or heterosexuals or bisexuals.</td>
<td>There have been many scientific studies on this matter. The truth is that no one knows what causes homosexuality. We can guess at what it is by talking about chemicals in the brain. This also speaks to those who claim to be able to cure homosexuality. That’s like saying you can cure someone from liking the colour blue or the taste of chocolate.</td>
</tr>
<tr>
<td>AIDS is a disease that gay people get.</td>
<td>Untrue. Anyone who has unprotected sex of any kind is at risk for HIV if they are unaware of their partner’s sexual history.</td>
</tr>
<tr>
<td>All hijras would like to be addressed and categorised as women.</td>
<td>Untrue. The current social movement is to have the category Others along with man and woman. Many hijras have no desire to change their gender. Though some have undergone hormone treatments and sex reassignment surgery, they would still like to be called hijras instead of women.</td>
</tr>
<tr>
<td>All gay men are promiscuous.</td>
<td>Untrue. This is a common misconception that men in homosexual relations are promiscuous. They, like any other individual in a relationship, are sexually active. Like most individuals in society they too enjoy and cherish a loving, caring and nurturing relationship.</td>
</tr>
<tr>
<td>Being gay is a lifestyle choice.</td>
<td>Untrue. Most gay people have said that they were born with their sexual orientation. And there is limited support to theories that suggest that homosexuals can be turned straight. Accepting the fact that your sexual orientation is the first step to understanding yourself and recognizing the fact that it is not a lifestyle choice but an intrinsic part of who you are.</td>
</tr>
<tr>
<td>Lesbians try to replicate the man-woman aspect of heterosexual relationships.</td>
<td>In a female to female relationship, there might be some woman who may portray masculine characteristics, but outward appearance is never indicative of your personality or characteristics. The preconceived notion of butch-femme relationship is usually based on heteronormativity, i.e., the view that being straight is normal and other forms of sexuality are imitations of heterosexuality. Lesbian relationships are not an imitation of anything; being a lesbian is a unique way of representing sexuality without the preconception of what is so called normal.</td>
</tr>
</tbody>
</table>
### Annexure 5: Decision-making

#### Scenario I
You are a seventeen year old boy and recently you have befriended a young boy of eleven, who seems to really like you. This young friend would really like to explore his relationship with you and has invited you to his house, as his parents are away on a vacation and the house is completely empty.

What should you do?

#### Scenario II
You are a 25 year old young gay man, and your parents would like you to marry early and bring home a bride.

What should you do?

#### Scenario III
You are madly in love with your boyfriend, but he seems to hardly care as he is in multiple relationships. You have had a lot of fights and your boyfriend has been physically abusive, and many a times you have been bruised in these violent encounters.

What should you do?

#### Scenario IV
You are a 20 year-old boy working in a bar. Recently there have been many organizations that have been visiting your bar and discussing about HIV and AIDS and you have been thinking a lot about AIDS. You think that your past experiences may have put you at risk to be HIV positive, but you are afraid to find out for sure. A close friend has suggested that you get an HIV test.

What should you do?

#### Scenario V
Your small NGO has been working in the field for the rights and dignity of lesbians/gays/bisexuals and transgendered (TGs), and has been struggling to acquire the necessary certificates for providing tax exemption. During a meeting with the official of the tax department, you were abused and refused certificate on the grounds that your work is ‘sinful’ and not for the benefit of society.

What should you do?

#### Scenario VI
You have gone for a job interview, and you fulfill the eligibility criteria. However during the interview process, the panel of interviewers make it clear that they would not offer you the job as you are effeminate and that would disrupt the office atmosphere.

What should you do?

#### Scenario VII
You are a married gay man, and you are yet to reveal your homosexuality to your wife. Your wife does not like the fact that you are so interested in her personal belongings and has been very angry that when she found out that you’ve been borrowing her clothes and jewellery.

What should you do?

#### Scenario VIII
You are a 20 year-old man and your parents died a year ago, and now there is no one to pay for your final year in college. A rich man has been kind to you and has offered to support you and wants to be in a relationship with you.

What should you do?
Annexure 6: Types of Behaviour

1. Passive
   a. Denies feelings, does nothing, feels hurt/frustrated but keeps quiet
   b. Allows others to choose and listens to others
   c. Does not achieve a goal

2. Aggressive
   a. Tends to be loud
   b. Denies feelings and rights of others
   c. Chooses for others
   d. Achieve goals at the expense of others

3. Passive-aggressive
   a. Alternates between passive and aggressive
   b. Causes anger and confusion in others

4. Assertive
   a. Accepts own feelings; feels good about self
   b. Makes sure that his/her feelings are heard
   c. Chooses for self
   d. May achieve a goal
      (It is important to acknowledge the ‘may’ part. You may not always get your way or resolve your conflict, but you will feel better having expressed your feelings.)

Components of Assertive Behaviour

There is a need to believe in yourself, because if you do then you not only consider your feeling but you also consider the recipients feelings.

Some of the key characteristics of assertive behaviour include:

- **Eye contact:** Look directly at the other person when you are speaking. This communicates that you are sincere about what you are saying, and that it is directed to that individual.
- **Body posture:** The seriousness of your messages to others will increase if you face the person, stand or sit appropriately close, lean towards the person, and hold your head erect. Do not use your hand or point your fingers as this is threatening.
- **Facial expression:** Effective assertions require an expression that agrees with the message. Do not smile while stating how angry you are. Conversely, do not say you are not upset, when your face expresses that you are displeased.
• Voice tone, inflection, volume: A level, well-modulated conversational statement is convincing without being intimidating. A whispered monotone seldom convinces another person that you mean business, whereas shouting increases the recipient’s defences.

• Timing: Spontaneous expression will generally be your goal, since hesitation may diminish the effect of an assertion. Judgment is necessary, however, to select an appropriate occasion. For example, you need to speak to your boss in the privacy of an office, rather than in front of a group of people where your boss may respond defensively.

• Content: What you say is important, though it often is less important than most of us generally believe. People who have for years hesitated because they ‘didn’t know what to say’ have found the practice of saying something to express their feelings at the time to be a valuable step toward greater spontaneous assertiveness. Be sure to express your own feelings and to accept responsibility for them. It is not necessary to put the other person down (aggressive) in order to express your feelings (assertive). Become aware of inflammatory words and avoid using them.

Please keep in mind that assertiveness is a choice and is the best choice.
Annexure 7 : Case Study

Case Study I

Raj’s partner was a very loving man. However sometimes when he was frustrated he would slap and beat Raj. But then when he realizes what he did, he would come and apologize to Raj and beg Raj to forgive him. He would shower Raj with gifts and flowers and be the most wonderful and passionate person. Raj had been hospitalized many times due to his partner’s beating.

Questions

1. What kind of behaviour does Raj’s partner show?
2. Is this common? And what do people do when they are in similar situation?
3. What should be the outcome of situation?
4. What should Raj do?
5. What should the partner do?

Case Study II

Saniya Hijra landed a job in a bar, and in just one week the Supervisor attacked her for not doing something that he wanted her to do. Saniya unable to respond went and cried in front of her friends. Subsequently, the Supervisor began waiting for opportunities to get hold of Saniya and abuse her. Nowadays Saniya tries to get out of the way and avoid the Supervisor, as she does not know what his response is going to be.

Questions

1. What kind of behaviour does Saniya Hijra show?
2. Is this common? And what do people do when they are in a similar situation?
3. What should be the outcome of the situation?
4. What should Saniya do?
5. What are the key steps to be taken when you are in a workplace situation?
Case Study III

You are visiting a hospital and you have been sitting, waiting to meet the doctor for quite a while. However, patients who have come after you are checked by the doctor, while the doctor has been ignoring you. When you meet the doctor, he curtly and rudely tells you that he does not have time and asks you to go and show your problem to somebody else.

Questions

1. What kind of behaviour does the doctor show?
2. Is this common? And what do people do when they are in a similar situation?
3. What should be the outcome of the situation?
4. What should you do?
5. What are the key steps one should take when they are in a similar situation?

Case Study IV

You are travelling in a bus and there is a rush. A male fellow passenger sitting beside you is smoking and blowing the smoke towards you. He has also been rubbing against you and making obscene gestures, trying to attract your attention.

Questions

1. What kind of behaviour does this fellow passenger show?
2. Is this common? And what do people do when they are in a similar situation?
3. What should be the outcome of the situation?
4. What would you do?
5. What are the key steps one should take when they are in a similar situation?
Annexure 8: Asset Mapping

Asset mapping is a way to identify the strengths that you have at your disposal. It is also an excellent way to shift the focus away from what you do not have and place greater attention on what you do have.

Answer the following questions with as many answers as you can.

1. (Mind) What are your gifts of the mind? Example: good listening skills, creative, analytical, etc...

2. (Emotions) What are your gifts of the heart? Example: compassionate, empathetic, tolerant, etc…

3. (Body) What are your gifts of the hand? Example: practical skills like driving, writing, etc…

4. (Spirit) What are your gifts of the spirit? Example: things you have faith in; family, friends, spiritual connect with God, etc…

5. What are your areas of interest? Example: dancing, listening to music, art, etc…
6. What are you passionate about? Example: helping others, working, making friends, dancing…
Note: a passion can be anything that you feel really excited about. It is important to note that a passion may be something that you struggle with or are not able to do. This is okay.

7. What are some of your most powerful relationships? Example: relationship with my partner, my boss, my community member, etc…

You have just identified your core strengths and interests. This is healthy self-esteem. Let’s make this a daily thing!
Annexure 9: PowerPoint Presentation – Life Skills Education
**What are Life Skills?**

Life skills are a set of human skills acquired via teaching or direct experience that are used to handle problems and questions commonly encountered in daily life.

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**Life Skills Education**

**Sexual and Reproductive Health Rights**

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**Freedom**

<table>
<thead>
<tr>
<th>Freedom to</th>
<th>Freedom from</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choose whether or not to marry and have a family</td>
<td>Harassment</td>
</tr>
<tr>
<td>Decide when or whether to have children</td>
<td>Stigma and discrimination</td>
</tr>
<tr>
<td>Choose a partner</td>
<td>Violence and coercion</td>
</tr>
<tr>
<td>Enjoy sexual pleasure</td>
<td>Unwanted pregnancy</td>
</tr>
<tr>
<td>Express oneself sexually</td>
<td>Government interference</td>
</tr>
<tr>
<td>Access quality sexual and reproductive health care</td>
<td>Torture and ill-treatment</td>
</tr>
</tbody>
</table>
Pehchan

Rights and Social Responsibilities

<table>
<thead>
<tr>
<th>Right</th>
<th>Social Responsibility</th>
<th>State's Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right to Sexual Pleasure</td>
<td>To respect partner’s bodily integrity and privacy.</td>
<td>To repeal laws that criminalise certain forms of sexual activity such as sexual activity between consenting adults, premarital sex, homosexuality, prostitution, etc.</td>
</tr>
<tr>
<td></td>
<td>To respect partner’s freedom to choose, including the right to say no to any sexual practice.</td>
<td>To ensure universal access to sexual education, information and quality services.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To protect people from sexual violence and coercion.</td>
</tr>
</tbody>
</table>

Life Skills Education

Belief and Stereotypes

Case Studies

Case Study 1
Think of your own village or a village that you have visited, and visualise a farmer working in the field. Please draw this scene as realistically as possible. You can draw the clothes the farmer wears, head gear if any, the farming instruments they use, and others working in the field.

Case Study 2
Think of a local train (e.g., Mumbai suburban train) and visualise the passengers in the train. Please draw this scene as realistically as possible; you can draw the clothes the passengers in the train are wearing and what they are carrying, etc.

Case Study 3
Think of a family and visualise the members of that family. Please draw this scene as realistically as possible. You can draw the number of members in a family, the clothes they wear and the work they do.
Life Skills Education

Myths and Realities

Myth or Reality

All homosexuals take up professions pertaining to music, dance, and fashion designing.

Myth or Reality

Homosexuality is a choice. People can choose to be homosexual or heterosexual or bisexual.
AIDS is a disease that gay people get.

All gay men are promiscuous.

All hijras would like to be called women.
Myth or Reality

Being gay is a lifestyle choice.

Life Skills Education

Types of Behaviour

Passive

My needs

Others needs
Aggressive

Other needs

My needs

Assertive

My needs

Others needs

= WIN-WIN situation

What do Assertive People Do?

- Maintain eye contact;
- Have good body posture;
- Facial expression match their inner feelings;
- Well modulated voice;
- Good timing; and
- Appropriate content

What you say, and how you say are equally important!
References


# Pehchan Training Curriculum

**MSM, Trangender and Hijra Community Systems Strengthening**

<table>
<thead>
<tr>
<th>CG</th>
<th>Curriculum Guide</th>
</tr>
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</table>
| A  | Organisational Development  
A1 |  
A2 | Leadership and Governance  
A3 | Resource Mobilisation and Financial Management |
| B  | Basics of HIV Prevention and Outreach Planning (Pre-TI) |
| C  | Identity, Gender and Sexuality  
C1 |  
C2 | Family Support  
C3 | Mental Health  
C4 | MSM with Female Partners  
C5 | Transgender and Hijra Communities |
| D  | Human and Legal Rights  
D1 |  
D2 | Trauma and Violence  
D3 | Positive Living  
D4 | Community Friendly Services  
D5 | Community Preparedness for Sustainability  
D6 | Life Skills Education |