

**FEMINIST LEADERSHIP
DEVELOPMENT COURSE (FLDC)
Phase – IV Workshop
22nd – 26th March, 2018
Christian Retreat and Study Centre,
Dehradun**

The Feminist Leadership Development Course (FLDC), Phase IV was conducted with 35 participants representing 9 states of India. It was the final phase of the FLDC that began in December 2016. This is a detailed report on the day-wise activities undertaken in the last phase of FLDC Batch (2016-18).

DAY 1: Storytelling by Asif Khan Dehlvi

The first day of the Fourth Phase of feminist leadership development course (FLDC) began with a song- '*Ek jatan aur abhi ek jatan aur*'. The song energised the participants for the day and connected them to each other in the feminist journey they began together in December 2016. Madhu Bala began the day's session with instructing the participants to roam around the training hall and share with each other whatever emotions or feelings they had for each other. She also did recap of the previous phases and set the tone for the current phase.

Introducing the topic for the first day of this phase, Madhu Bala shared Storytelling has been chosen as the tool in this phase to introduce to the participants. She also mentioned about the last phase in which the need for tools like proposal writing, and effective training, etc. were emphasized.

Session with Asif Khan Dehlvi:

Shruti batra introduced the resource person for the day one of the workshop, Mr Arif Khan Dehlvi. Before beginning the session Arif asked the participants to introduce themselves and share their thoughts on 'Stories' and 'Stories that have influenced them'. All the participants very keenly shared how their lives have also revolved around stories; whether it's heard from grandparents, readings in novels, books, or even writing as a response to some readings.

Some of the key responses were:

- *A story can capture finer emotions that grapple us, or are layered within us*
- *Sharing our story helps us to relate to each other, allows us to connect to the experience*
- *One's life can be a story, a nostalgic feeling emerges from some stories,*
- *When time passes away, it becomes a story*
- *Stories have a cleansing effect for spiritual growth*
- *Some stories of power or society, like those of kings also show the status and politics of the time*

The resource person concluded the introductory session remarking his take on life itself as a story. This was followed by a quick ice breaking exercise where all the participants had to speak the word that comes first in their mind when they listen to it. For this, they sat in a large circle and each person shared a word one after another. With this he explained the importance of going with the flow when it comes to thoughts.

Through a story about an incident about the King of Banaras, the resource person informed about the history of storytelling during Mughal periods in India; *dastan go*- storytellers appointed by kings, nawabs, and other higher class people, *Kissa go*- story tellers for middle and lower class people. He emphasised how these storytellings would let people to know about far off places where people could hardly think of reaching in their lifetime. He also introduced about ad films as a medium of corporate storytelling that uses ‘personal touch’ to connect their products to the consumers. To involve the participants and exemplify storytelling as an art, Asif shared the story of how rose perfume was accidentally invented by a queen in India.

This was followed by a small exercise on story-building. The resource person instructed the participants to stand and make a circle. He then started with a phrase and the next person in the circle added on to the phrase. This way, it was demonstrated how a story can be created by adding different thoughts into one line and form the story of a given subject. It also showed to the participants that the storyteller has full control as to where the story reaches.

Further, setting the tone for an interactive session, he probed the women participants on why men and boys do not express their experiences of sexual abuse. Some participants responded with the issue of lack of acceptable space for sharing of such incidents and our own inability and ignorance of issues of men and boys. Sharing his own story of abuse as a 5th Grader, he opened a discussion on the least-talked about issue of male child abuse. Using his story he showed how this expression had empowered him the first time he shared it to someone, and molded him as a storyteller.

He then asked the participants to share something that they have experienced or observed some men getting too defensive on any particular topic. Through their own stories, some male participants expressed how a natural and biological process as toilet was mocked by his classmates and his sense of cluelessness at his first nightfall. It was also stressed that most women get support and guidance from their mothers for menstruation, but men and boys rarely get that space even with their father or brothers. Some women participants also shared stories of incidents that happened with their male friends to highlight that a ‘no’ from a man is also to be equally respected.

Connecting stories to feminist issues, and using the text as a tool of storytelling, the resource person asked Madhu to read out the story of a girl who is confident of her body shape but her worried mother later realizes that her daughter is beautiful as she was. A discussion on body image and body shaming followed and everyone agreed about the true meaning of beauty in one’s confidence and energy that they present to others around them.

The resource person, a storyteller, also presented stories about transgender-known and respected as *khwaja sarah*, they were employed as bodyguards and personal assistants during the time of Mughals in India. He shared stories about *Hijron ka Khanqah*, in Old Delhi, which is a monument where many transgenders were allowed an entry by Khwaja Qutub-ud-din Bakhtiyar Kaki. He also shared about the Turkman Darwaza which is managed by the *Khwaja sarahs* here.

An exercise on story building was also done with the participants. The participants formed a large circle and the resource person asked them to keep adding phrases or just a few words to the phrase spoken by the previous person. They were told that these phrases have to form a story built with everyone’s contribution of the phrase and it should have a flow.

Before breaking for lunch, the resource person asked the participants to think of a story that they would like to share; the story could be a felt or personal experience, or related to feminist themes.

Post Lunch session

Individual activity:

The post lunch session began with each participant sharing a story of their own. Most of the stories were participant's personal experiences; for many it was related to the work they do in their field. A wide range of feminist issues were touched upon- discrimination, gender role socialization, violence, incest, gender shaming, body, identity, disability, colour, of threat and suppression, of being manipulated by patriarchy, of friendships and understanding of other genders, among other things. Some of the participants very beautifully presented their experiences of day to day life; used images of nature in their story, and also shared about their learnings of a difficult life lesson. They also shared very moving accounts from their own life- of being violated and shamed, misunderstood and discriminated, of their struggles to reach at their current position. In between, the resource person also demonstrated how one's body language affects storytelling; he highlighted the importance of eye-contact in the process, which the participants very positively accepted.

Group activity:

The participants were divided into four groups and asked to come up with some story on the following themes.

1. Men and masculinities
2. Women and femininity
3. Child Abuse
4. Transgender issues

The stories were followed by a critically analyzed discussion on all of these themes after each group's presentation. Questions were raised on sexuality, masculinity, culture, usage of imagery in the story; the resource person also made sure to ask about the group coordination and methods used to form the story, and how they felt about the exercise.

Some of the key discussion points were:

- Sexuality of the man in the story, the man named as bahubali to signify 'masculinity'
- Symbols of market, farms, breast, freshness of skin,
- Man's Distinct behavior with two women
- Role of his wife as a farmer
- What challenges culture and what does not?
- Exploring sexuality by breaking stereotypes
- Tools used for developing story- adding phrases or lines to the story
- Hesitation for body
- FIR, POCSO
- Who is an 'educated person'?

Apart from these discussions, Madhu also facilitated a discussion on various minute elements, imagery, stereotypical notions, etcetera used in the stories. The first day of FLDC phase IV was concluded by the resource person with a diagram on the story line.

Start-> Plot-> finish

Though this Asif showed that there can be many stories which can be a question as well but there needs to be these three components that provide structure to a storytelling.

Day 2: Sexuality by Dipika Srivastava

The day 2 of the workshop began with a recap and feedback from the last session. The overall feedback showed that the participants took storytelling as an impactful tool for sharing perspectives. They also mentioned that they got the space to share something very personal to an audience, which they never had done before. The participants also appreciated that they got to learn about a few of the technicalities of storytelling like voice modulation, body language, body movements, words to be used, length of the story, etcetera. A few also shared their insights on storytelling:

- *Some stories can end in question too so that the listener is intrigued*
- *Stories need to end somewhere*
- *Stories are helpful in releasing long stored emotions*
- *Stories are very useful especially as a tool for training among women groups*
- *Stories can be created by anyone*

Critically analyzing the whole day's workshop they also remarked that it could have been executed in a more structured manner and more emphasis could have been given on the end diagram on Storyline. The male participants acknowledged that they could share about themselves, their gendered experiences, and also admitted that women express it more easily and men (and boys) lack those spaces. But they also said that men need to let go of these difficult emotions, as one of them said- '*ladkiyan express kar leti hain, par ladkon ko bhi karna chahiye.*'

Next, Shruti introduced the resource person for the day, Dipika Srivastava from TARSHI. Dipika took over the session with a question from participant's feedback. She asked- how do we make space that space for sharing?

Some of the key responses were:

- *By not being so judgmental, being non-threatening*
- *By listening and not just hearing*
- *By supporting when someone is hesitant*
- *By respecting someone's privacy*
- *By creating a space for confidentiality*

The resource person concluded with her own remarks on why she could share something to someone or to all the people present in the training room. She compared that need for the personal space to how one feels when someone deceives them. With this, she talked about the five core values of Human rights:

1. Choice
2. Equality
3. Respect
4. Diversity
5. Justice

Through different examples, she elucidated the context and meaning of these core values. She explained how crucial these are, to everyone's life.

Activity:

To facilitate a discussion on various issues related to gender, sexuality, society and patriarchy, an activity was done. For this, the participants were asked to close their eyes and stand in a line, side by side to each

other with all facing in the same direction. After each statement they had to move forward and backward depending on where they think its roots lie; forward for body and backward for society. If something is confusing or is beyond both society and body, they were asked to remain in their position.

The statements included gender roles, biological structure of human body, hormones, sexual desire, patriarchal family structure, and other gendered notions of society like expression of emotions, critical thinking ability, etc.

Following the Kolb's Experiential Learning Cycle, she asked the participants for their reflection on the activity. Some of the reflections were:

- *A good exercise that allowed us to see our own thoughts about society*
- *Lack clarity on certain overlapping things as to where are its roots- body or society*
- *Our own thoughts change*
- *Closing our eyes gave us the chance to avoid getting influenced by others*

Some of the participants also responded to the specific statements and their choices to move forward or backward. For example, one of them mentioned- '*bodies are similarly made, therefore pain can be felt by both men and women*'; another one said, '*i have seen men cry and i also cry. But it's patriarchy that tells that a man has to be strong.*'

Taking cues from the discussion, Dipika asked women participants- how many times have you seen a man cry? She also asked them about a particular situation, "if there is some very bad news about someone close, who will they share it with- the man who doesn't cry, the man who cries?"

Many participants admitted their bias towards the man who would not cry. Thus, she elicited how society constructs our thoughts and makes us to see crying as a symbol of weakness. She then talked about how men would be ridiculed and made to feel uncomfortable if they wear a *saree*. Bursting the myths about anatomical structure of the body she mentioned examples of transsexuals who can conceive and breastfeed.

Delving deeper, she deconstructed motherhood by probing the participants- what is the first response when a husband waits outside the labour room? She asked how many men they would have seen pacing outside the labour room. The discussion highlighted how men are told that it's not right for them to bother about their wife's pregnancy. She also talked about maternity and paternity holidays that are given differently to man and woman to keep women homebound and involved in child care.

The resource person then questioned how the society would respond when after 6 months the woman wants to go out for a movie with friends. She extracted how society through patriarchy tells that child rearing is women's sole responsibility. She shared how the presence of a womb and 'gestational (umbilical cord) connection' is used to construct this idea of motherhood being inborn in a woman; she used postpartum depression as a crude example. She also talked about psychological bonding; a participant shared her experience of hearing her baby's cries while she was away from him for a few days. It was emphasized by Dipika, that while her experience cannot be invalidated, but an intuition is also a psychological phenomena of the mind and it's not limited to mothers.

She also mentioned about the 'affection' or 'motherly feelings' which a woman may or may not have or the same feeling which can be extended to a child conceived by another woman. Participants also shared how for a teacher, all the students are her own child.

Post lunch Session:

Advancing into the central topic of sexuality the resource person began the post lunch session asking the participants on their confusion on the question of sexual desire, whether its higher in males or females. Some of the participants indicated their reason saying that since male organ lies outside the body, it has more desire and gets more easily aroused.

To illustrate the erogenous zones, the resource person draw representative diagrams of the female and male reproductive structure on the whiteboard. From the diagram of the male system, she informed the reason for the anatomy; since sperms cannot sustain the temperatures inside of the body, nature chose it to be located outside. Comparing the two systems, she shared how similar both male and female reproductive systems are; the male body has enough space to shrink the penis inside when its very cold outside. She talked about hormones that lead to arousal; for example-testosterone, estrogen and progesterone that are found both in males and females at different levels. She also described about pheromones that get active during puberty and one feels different while watching someone kiss onscreen. She also highlighted how our body works differently even in terms of arousal, so much so that one can't say in what way somebody attracts them, or the choice of the person one gets sexually attracted to.

To demystify how society mythifies desire to be the birthright of men, Dipika enquired how the society portrays desire and links it to males.

Some of the responses were:

- *Women are judged by the society if they initiate a sexual activity*
- *Sex is said to be linked to men only as it seems, the penis erects very fast*
- *Women are seen as secondary 'objects' that provide for a man's sexual desire at her stake*
- *Women get limited space like 'a red light area' to express her sexuality*
- *Submissive and women not expressing sexual desire are tagged 'good woman', whereas others who express their sexuality are tagged as 'bad'*
- *Women are told from the very beginning to allow their husbands do whatever they want to their bodies*
- *Men folk often use terms that promote the notion of sexual power in the male organ*

She then went on to explain the specific differences in female organ that make it more comprehensive. Through the diagram, she showed the important regions(vagina, labia majora and minora, clitoris, cervix, urethra) and unveiled how the female system has two different holes and the presence of highly erogenous- clitoris which is 1000 times more sensitive than the penile head. She highlighted how females are designed to attain more sexual pleasure therefore bursting the myth. She also brought out the fact that since women are treated as asexual beings made only for consumption by the male and an object for pleasure, the clitoris is hardly given any attention even though it needs very little time to get aroused when caressed properly.

Moving on to the shame attached to female body, she shared how most women have never looked at their body in the mirror or looked at them-selves that deeply. She also shared her how women in their 40s and 50s have told her that they never knew that they have three holes in their body.

The next topic that was discussed was of pleasure and masturbation. She rationalized how women's expressions are subjugated by attaching shame to her sexuality and structuring the family such that she hardly has any time for herself. She shared how the sexual activities also devoid women of the pleasure as they hardly get to explore their own selves. Critiquing the biological blaming of male arousal, she shared that male notions are controlled by the constructed idea of their masculinity; the masculinity which tells them that female body is for their consumption and fulfilling their desires.

After a small tea break, the participants again gathered for a brainstorming activity. They were asked to share whatever words that come to their mind when they hear 'sexuality'. She then categorized these associated words into-

- Related to feelings and emotions- Enjoyment, desire, will, love, likes, hug, kiss, expression, satisfaction, conversations, identity, romance, caressing,
- Of or related to Body- Sex, sex organs, skin, orgasm, discrimination, lust, pain, pleasure, item, bomb,

Next the participants were divided into four groups and instructed to brainstorm a definition for sexuality based on the words that they all just shared. The resource person then asked for a reflection on the activity.

Some of the responses were:

- *Though we understand the body from books, but do not get to explore anything about sexuality, or the terms that are used to describe these*
- *Difficult to choose the right words for describing sexuality as one may take a negative connotation also*
- *The topic of sexuality is debatable and difficult to come to a consensus*
- *Sexuality is experienced differently by each person*
- *Needed to keep all genders in mind while defining sexuality*

This was followed by another group activity in which each group was given a handout with WHO definitions of sexuality, identity, expression. Very thoughtful discussions ensued among the participants and the resource person guided the participants into forming objective views about these topics.

Some of the key points captured in discussion were:

- Socialization process- Labeling of children into a particular gender role based on their sex organs that begins at birth and ends with one's death. For the same reason sex-related abortions is a reality. Also, for society, sexuality is discussed during adolescence and ends till reproductive age lasts, whereas, reproduction is just one part of sexuality. Similarly sexual orientation, eroticism, pleasure, intimacy also form other parts
- Social construction of gender- roles are limited to 'well-defined bodies', i.e., completely male and completely female; thereby denies the presence of people with intersex bodies
- Gender expression- not expressed all the time, and all the components of one's sexuality is not visible at the same time; one exhibits their sexuality in their thoughts, like and dislikes, choice of clothes, etc.
- Suppressed expressions- society controls our expression by ridiculing someone who dresses, appears, different from their given gender
- Politics of language-language creates those political barriers that restrict one's sexuality; cultural norms, religion, legal frameworks, class, also restrict one in different ways
- Historically, we are told to follow what has been there for years, which one has to carry all their lives.
- Everyone's sexuality also interacts with each other in different ways, and is involved in all our exchanges in the society

Through different examples and incidents, the resource person explained how we all are connected and interacting with sexuality. She also explained how religion in our society controls the behavior of a

woman, and gives men more freedoms. She also exemplified how power comes with money and protects even those who may be wrong according to societal standards of sexuality. She concluded the session with how there cannot be a moralistic view of sexuality, as our behaviors themselves are contextual.

This was followed by an activity (called as Speed-dating by the Resource Person) in which the participants asked to form two concentric circles in which members in the inner and outer circle face each other. They were given 1 minute to discuss a question with the person facing them. Members in the inner circle were fixed while those in the outer circle kept moving to the next person in the inner circle after every question. They were asked eight questions related to sexual and reproductive health and rights. The questions touched upon body image and self-esteem, pre-marital sex, violation of sexual rights, time at which one can express their sexuality, reproductive rights and contraception. This was followed by a brief discussion in which participants shared what they discussed for each question.

Some key points that came out were:

- Condoms and contraception methods like vasectomy did exist but were not so much in use. Also it was woman who was supposed to do any such procedure as men would need to express their sexual needs with other women.
- Some of the procedures ignore the health aspect of woman- like cancer, hormonal imbalances that occur as a result of these.
- Despite having so many children, many women were supposed to bear children until they menopause.
- Oral pills for men have still not hit the market. As scientific research is also controlled by patriarchy, all the trials go through women first and men given the least responsibility for birth control; also shows the view that ‘men are supposed to be wild and irresponsible in this sense’.
- Least research on better sanitary products-which are more useful than pads and make women independent are least promoted.
- Some of the other issues that came up were chastity, purity, virginity, etcetra.
- Discussion on reproduction is done behind closed doors and hardly any information is exchanged openly.
- On sexual rights and reproductive rights, it was discussed how MTP Act and PCPNDT Act make it mandatory for women to depend on external authorities even if she is not psychologically ready for childbearing. It was also brought that medical people also have stated targets due to which they influence people’s decision.
- Sexuality education is hardly a concern in our society. Participants identified the many reasons for sex- experimentation, exercise, frustration, power, love, reproduction, entertainment, masculinity, feelings, pressure, need, fear, control, stress, relationship, money, bargain, in exchange of something; all these indicate how it is not just related to reproduction. For premarital sex among teenagers, it was discussed how they make uninformed decision and lack reliable sources of information. Thus sexuality should be taught to young children in an age appropriate manner so that one is secure and gets to explore their sexuality well.

The resource person then moved on to gender and sexual identity. She asked the participants what they understood by these. The participants shared some of the terms they had heard (like transgender, *kothi*, *panthi*, gay, bisexual), but were not sure what exactly they mean. A participant also asked his doubt about whether a *Hijra* person is burnt or buried. Another participant shared how she saw some young boys in her locality ‘suddenly turned’ into transgenders.

Then a documentary ‘*Who am I?*’, on Trans* identities was presented to establish a basic understanding about some of these terms. She then proceeded to another discussion clarifying the different aspects of

Hijra community. Using the example of how the deity Krishna is adorned in beautiful clothes, she showed how our notions are wrongly attached to colors, clothes, jewelleryes, and choices in general. Conclusively, she explained how labeling is different from identity using the example of how they themselves wrote their names on the stickers provided by her at the beginning of the session. This was followed by another group activity.

Group Activity:

The groups were given a handout to discuss the terms related to gender and sexual expression. All the groups brainstormed and took references from their life experiences to share the meaning of these terms.

Some interesting points that came out of this exercise were:

- Contradicting its own position, the society considers people were to be always sexual and Asexual could not even be imagined as an identity
- Our sexuality is not rigid, its very fluid; we may be attracted to both genders but due to socialization we are made to choose one.
- Gender and sexual identity can be an evolving feature of our own exploration of ourselves
- Pleasure is integral to sexual attraction; it’s difficult to experience pleasure for those gays or lesbians who are forced to marry establish sexual relationships with person they are married to
- *Hijra or Kinnar* are terms specific to sub-continent. Until one joins the *Hijra* community one cant be called as a *Kinnar Or Hijra*.
- These identities may be named by Western
- Intersex identities are those which are ambiguous and many organs which are inside may remain undetected and assigned other sex, while at puberty, the person may appear to be of other sex.
- Let people assign their own gender identity as one faces psychological issues if nurtured and can be identified as a mental health issue.
- Cisgender was discussed as those who identify same as their assigned gender
- There can be endless combinations of so called ‘ambiguous’ organs, as body can have very difficult to identify by social standards.
- Queer which means strange, is being reclaimed by the of queer people who do not want to follow social standards.
- One has their own right to identify their own definitions of themselves, using anything (behaviors, expressions, etc.) they want to exhibit as their identity.
- Transgender people may choose to call themselves a man, or a woman or the sex (organs) with which they were born with. Its upto them to decide what identification they would choose. The dilemma one faces when their identities are not in congruence with what they feel internally.
- There’s no age at which one identifies oneself as heterosexual, transgender or homosexual. One has no control over this.
- When one begins the process of changing their body, they may call themselves transsexual

Concluding this session, she asked what the difference between gender identity and sexual identity is and summarized all the identities in the table.

Gender identity (relates to mental State)
Intersex
Hijra
Transgender
Transsexual

Sexual identity (relates to sexual act, attraction)
Asexual
Bisexual
Gay
Lesbian

Whereas **Queer** is an identity that breaks away from these binaries, **Transvestite** and **Drag** form a part of behavior, culture, or a sexual act or an overlap of all or few of these.

Session on Intersection between sexuality and disability by Dipika:

The session began with question on whether the participants have closely experienced people with disability. Many participants shared about their personal or their work associations with people with disability. She then asked whether three people with same disability would have same experience.

To this, the participants identified the determinants of such experience:

1. Geographical Location
2. Caste
3. Class
4. Gender
5. Resources
6. Level of education
7. Sexuality
8. Cultural background
9. Traditional and Religious identity

Thus, it was established that any one statement or provision may fit one person but be unfit for another person with same disability. She then described about the categories of disability as:

- Based on level of effect: Mild, Moderate, Severe
- Based on whether it affects: body or mind
- Based on time of occurrence: Birth, Old age,
- Based on progression:

She then asked for all the terms that society uses when one hears about a person with disability. Some of those terms that were told were-

Poor fellow, weak, dependent, waste, limp, blind, Divyang, differently abled, Special, Child with disability, etcetera.

The resource person then introduced various models that describe the state of disability:

1. Karma Dependent Model:
People who are born disabled are often told that it's the sin of their previous birth, or its their Mom's bad karmas,
2. Charity Model:

These notions say that disabled people restrict growth of society, thus powerful are those who are so called 'abled' and so they should be charitable to people with disability. These see people with disability as a burden, subject of sympathy, dependence.

3. Medical model:

Medicine describes an ideal or healthy body with all able parts, thus people whose certain abilities are limited or nil are labeled as disabled.

4. Social model:

If certain parts of the body do not work in the exact same way as medicine defines, it does not mean one is disabled. Body can have impairment. But it is more a limitation of social systems that do not fit with these bodies. Therefore, society or systems are responsible to provide adequate facilities.

5. Rights Model:

This model holds the authorities responsible for providing services. These services are one's rights and accessibility to spaces is a right of every person irrespective of their bodily condition. It takes the ability approach and gives one's agency a priority over their body's disability.

6. Socio-Cultural Model:

It says that body can of any kind as it interacts with environment. And it's our cultural motion that we decide someone is able even though bodies are only temporarily able.

After this, the basic understanding of different approaches to disability, the resource person then introduced the relationship between disability and sexuality.

Following are the key points discussed:

- Disabled bodies may have some limited functions, but it does not mean a person with such disability is not sexual.
- While women with disability are considered asexual, men with disability are considered to be too sexual.
- Societal conventions label women with disability as undesirable and deride their sense of sexuality. Whereas, men with disability are seen as a threat to sexual safety. Most people find a physically 'complete' body to be sexually attractive.
- People with disability especially women, are more vulnerable to rape, physical and sexual assault, eve-teasing, etc.
- People have a difficult time understanding their sexual needs. Restricted environments also limit a person with disability to contain their confusions, thus increasing their stress, again a mental hazard.
- The personal hygiene is huge issue in persons whose lower or upper body parts are limited, thus parents or caretaker are more in charge of their body.
- Everyone does not experience disability the same way, so while creating services these special needs are to be considered for a disability inclusive facilities.
- It is a risk when a person with disability marries, as chances are that the offspring is also vulnerable.
- Service providers like doctors, politicians, etc. often use hurtful words. Also they show unempathetic behavior and have a contemptuous view of their sexuality.
- In situations where a person is intellectually disabled, their awareness of their body is minimum, therefore much more harassed. Their bodies are a playground for perpetrators.

Apart from these issues, some other related challenges were discussed. Like the incident of mass hysterectomy of intellectually disabled women that happened in Pune was discussed. It was highlighted how it affects a person's reproductive rights and their dignity as an individual. Also, it was argued how it

protects the perpetrator who can easily escape from being caught after the offence. It was also stressed that disability affects a person's self-esteem as well, and in a way voids a person of their self respect. And as they are a subject of sympathy, Governments also promote schemes that reinforce this view. Often monetary gains under some scheme are the reason that people marry a disabled person. But they are not treated as equals in the marriage. Incidents were described where accidental disabilities have broken relationships.

For people with disability, there's little space for developing friendships as they are alienated from social circles, family, education, neighborhood, work, social networks, etc.

- The Second Day of Phase 4, FLDC was concluded with a discussion on the a few strategies like
- Sexuality education for all,
- The need for national and international negotiations,
- The need for bottom up approach to policy making
- Parents' and caregivers' training that can be beneficial for persons with disability.

Day 3: Session on Disability with Shampa Sengupta

The third day of the workshop was a continuation from the previous day where Dipika Srivastava from TARSHI discussed about interlinkages between sexuality and disability. Shruti introduced Shampa, a disability rights activist based at Kolkata. The participants also introduced themselves.

Shampa Sengupta, the resource person for the next two days, began the session with a recap of how context, location (both geographical and social) and class are important to any identity. She asked the participants how would have the legendary scientist Dr. Stephen Hawking fared if he had been born in India. She shared how he could not visit the Taj Mahal in 2001, while using a temporary ramp for entering the Red Fort.

Adding her personal location as a mentally disabled person living in a state capital, she exemplified how she has the facilities of medical attention like the doctor, therapists, etc., which most people do not get. Highlighting how disability is a stigma, and people still lack awareness about various of its types and multiplicity, she also shared that its management also depends on the financial status of a family as well.

Shampa then took the participants through the Rights of Persons with Disability Act 2016, which defines person with disability as: '*a person with long term physical, mental, intellectual or sensory impairment which, in interaction with barriers, hinders his full and effective participation in society equally with others*'. She then described the ignorance towards the issue of Disability, as the Act has yet not been translated to regional languages. She also mentioned how our ATMs, public amenities, other infrastructures, and facility provisions still do not have disable friendly features. She shared how a visit by dwarf woman to their office raised consciousness of her own group of Social workers to look at disability from multiple dimensions. This also showed how disability is diverse and often overlooked. Adding another example of overlooking she exclaimed that many of consultations, movements, meetings, etc. do not have arrangement for Sign Language.

Coming back to the 2016 Act, she explained about all the types of disabilities scheduled in it one by one. The participants raised their doubts and established an understanding of the 21 types of disabilities listed in the RPWD(2016).

After the detailed orientation about all the disabilities in general, the resource person gave four case studies to four groups. The cases contained a situation in the life of a person with disability. It was followed by a few questions on its ethical and empathetic aspects. Each of the groups very intently

discussed the cases and came up with their analysis of the situation and ways for a conscious handling of the situation.

For Case 1, of a blind male student whose friends use his hostel room for sexual activities in his presence, the participants came up with following aspects of the situation:

- *Friends think of him as sexless, asexual; therefore its harmless.*
- *They are safe as he won't report and won't be believed even if he did so.*
- *Since he is dependent on them for notes, he would be indebted.*
- *Permission should be taken by his friends before they use his room.*
- *The friends must respect his feelings as well.*
- *This is not a healthy relationship, but shows the unempathetic behavior of his friends.*
- *His sexual desires can also surface as he hears those sounds.*
- *He may be scared that he would be isolated if he goes against them.*
- *As a solution, the participants came up with following:*
- *He should take risks and report it to the authorities.*
- *He should call the helpline.*
- *He should ask for Braille notes from his professors.*
- *Decentralize the source of notes/ study materials*
- *Some of the other concerns were also raised by the resource person along with other groups:*
- *Does a blind person have a right to privacy?*
- *Doesn't the situation show how blindness is considered as darkness, as most illegal works and sexual activities are performed in the dark?*
- *A blind person considered to be an object as his presence his nullified and invalidated as a human being.*
- *Raises issues about how our education system and pedagogy is excludes persons with disability*
- *Do hostels have those provisions that guard the privacy of blind people?*
- *People with disability are further victimised when they raise their issues with the system and made to feel helpless.*
- *There is a need to understand disabilities, the specific needs of people and consider them in any kind of designing.*

This was followed by a very challenging Case of a 17 year of moderately intellectually disabled woman who is raped at home by her music teacher, who in turn establishes sexual relationship with her cousins. The participants highlighted that an empathetic talk with a psychiatrist is required to identify her level of intellect, her abilities, and her sexuality. It was also said that the situation at home also needs to be considered and the issue needs reporting with parents' initiative. The need for sexuality education was also emphasized to ensure safety of people with disabilities. The resource person referenced the case and shared her inputs:

- *Is there a particular age for exhibiting sexuality?*
- *She shared insights from the case as the therapist told that the girl needed attention; she experienced sexual intimacy and liked it. Therefore, initiated intercourse with her teenage cousins.*
- *Again this raised the need for sex education and self stimulation as a harmless method for attaining pleasure.*

The third Case of a woman who is in a state of shock at discovering about her husband's mildly autistic condition raised ethical and moral questions. This led to a discussion on the rights of an individual to choose freely on one side and right to privacy of a disabled person on the other. It also showed how one's

level of ability matters when establishing a marital relationship. The participants argued that both of them had the right to be informed, and the wife needed to be informed before marriage, this may have at the least prepared her mentally. Since her husband is unable to communicate properly and his autism limits him to make relationship, the woman's sexuality is also a concern. All the participants agreed that the decision to divorce is completely hers, and no ethical judgments can be passed. Shampa underscored that legally, a disabled person has every right to have normal family life, but how do situations like these raise other concerns too.

The last case was that of a 25 year old woman who is mentally disabled and her parents are unable to look after her menstrual needs; as a result her parents want her uterus to be removed as they have become too old to care for her. It was debated that though the State holds the parents responsible to decide for her, therefore, parents can consent, but it would not be ethical to do so. The participants insisted that if the girl is not physically disabled, she could have been trained from the beginning to take care of herself. Also, the removal of uterus would raise other gynecological complications for her. The discussion underlined the importance of State to take responsibility to provide facilities to disabled people. Also by sanctioning to such an arrangement the State shies away from its responsibility of taking care of every individual irrespective of their disability or sex.

This session post lunch proved much thought provoking for the participants as they debated the issues of disability that cuts across sexuality, politics, class, economy, authority and policy. Shampa concluded with her remarks that the theoretical situations may be easier to discuss, but very hard to provide solution at ground level.

In the next session, the participants were presented with a documentary titled '*I am Jeeja*', showing insights from life and struggles of Jeeja Ghosh. Jeeja is a disability rights activist who is also affected with cerebral palsy. The participants shared their concerns after watching the documentary.

- *Why can India not be disabled friendly?*
- *The need for lobbying for accessibility*
- *Women with disability are more vulnerable to violence and attack to rights in general.*
- *There is a dichotomy that Jeeja Ghosh in the documentary raises- on one side disabled people are rendered sexless, one the other hand they are much more vulnerable to sexual violence.*
- *The state does not want to empower the disabled; available facilities keep them in low-paying unskilled jobs. participants*
- *Also there is a feeling of pity towards them, that is also taken advantage by perpetrators who traffick children for begging and smuggling. It has also given space for pretentious disability as an easy way to make money.*
- *How in such situations do we provided resources to disability?*

Shampa raised the issue of NGOs, as they are also limited due to funds as projects change with availability of funds.

In the evening, the participants saw a movie '*Margarita with a Straw*'. The movie is the story of a young woman with cerebral palsy. The movie takes the audience through her life and her own discovery and acceptance of her sexuality.

Day 4: Continuation from last session on Disability with Shampa Sengupta

In the morning session of the last day of the workshop, participants shared what they had grasped the last day. They also shared a few questions/insights they had got regarding disability and sexuality, conclusively from the sessions and the movie.

Some of these were:

- Realised that there are various aspects when it comes to ethics
- We have this ‘otherisation’; so the question is how should we see ourselves or raise questions to ourselves
- *Jeeja* (the person with cerebral palsy on whose life the documentary was shown) is an inspiration as her achievements are beyond one’s thought
- We always keep looking for a box; also there’s a need to explore our sexuality
- Realised our own needs of help, as we often overlook ourselves, our disability may be invisible to us
- Question of ‘normal’, our lack of orientation
- Friends can be insecure, but when they help out of sympathy, that’s not how anyone would like
- The concept of temporary ability makes more sense
- Students need of education facilities; India also can have those facilities why is it so lacking even though it’s the need of a large section of population;
- The movie ‘Margarita with a straw’ can be interpreted as how a little support can fulfill one person’s needs.
- The movie also shows the role of a caregiver in the life of a person with disability; raises questions of privacy for a person
- The lead character with cerebral palsy is shown as both a care giver and receiver.
- Disabilities are medically determined but identity can be self-determined

The resource person then gave another brainstorming activity to the participants. They were divided into four groups for the activity. They were given situations or statements to think of policy level issues, also dealing with the challenges of implementation.

Some of the points of discussion were:

- Government’s schemes for monetary benefits for people to marry disabled person is a disrespectful and based on Charity Model. It promotes the institution of marriage.
- Everyone has the right to procreate. Genetic counselling should be mandatory for all couples.
- Right to dignity, equality, equal treatment?
- Right to health, but then who is healthy?
- Who will take responsibility for the child in case of parents’ demise?
- Loopholes in MTP Act and PCPNDT Acts

The resource person, concluded the session with deep questions on ethics, law, status and the politics of disability. She mentioned about the issues that are held so deeply by the society, the eyes of sympathy that look at a disability with pity rather than making the facilities available for specific needs. She mentioned about the controversial name, ‘divyang’ given to people with disability; the name which sounds like a mockery.

The participants and the organisers thanked and appreciated Shampa for her time.

Post Lunch:Feedbacks and Review

The post lunch session of the day of FLDC Phase 4 was handled by Madhu Bala in the lead and Shruti in assistance.

The participants were asked to share a quick feedback.

- *“I got to learn new topics which are useful for her”*
- *“I got this question as how we see people as only disabled but see them as asexual”*
- *“The knowledge of these topics have deepened and I need to think where to include them and link to my work. The movies presented gave me a lot of questions on privacy and sexuality and specifically during menstruation, for a disabled woman.”*
- *“I was curious about sexuality but have not observed people purposively. The sessions also made me aware about my own family members who are disabled. I am now looking for ways to help my federation’s women, their issues of sexuality and depression.”*
- *“the lens that I have got now of gender and sexuality is helping me see myself and others in a different light. All of this were alien to me in the beginning but now it’s all my own and I possibly would include these in my work and life.”*
- *“though I have been working in the field of disability, I got very different aspects and now have to acquire more.”*
- *“my friends and neighbourhood helps him to learn and share. So the Acts that I have now learnt and the real life issues of disabled people have made me more aware.”*
- *“I am not clear of diseases; it would be helpful if I could get details of these things.”*
- *“I knew only few disabilities but got to know the detailed view of its many types. Through case studies I got to be aware about accessibility and would keep disability in mind while constructing my own home.”*
- *“I got so many new kinds of thoughts that never existed. I could now identify and understand types of disabilities.”*

Other participants shared that while they were aware about reproductive rights, they never knew its linkages to sexuality. They also mentioned about learning to criticize through gender lens. One of them also shared that there is a divide among activist about the topic of sexuality, and needs more in-depth analysis.

The participants said they liked the training tools used-

- 1. Statements- agreement or disagreements.**
- 2. Case studies**
- 3. Movie**

They highlighted the need for advocacy with stakeholder groups and governments.

Madhu then asked the participants to form groups and join the members of their choice. They were asked to discuss and share about their FLDC journey since December 2016. They were told to include concepts learnt, the experience, and challenges or issues faced ever since the first phase of FLDC.

FLDC Phase 4

Analysis of feedback forms:

Feedback forms were filled by the participants at the end of the workshop sessions. The form required the participants to score training design, group formation, self-analysis, facilitator ability and communication. They were also asked to share comments on individual facilitators and the usefulness of the knowledge received. In another sections they were also asked to share their recommendations along with some positives and negatives on training tool used in the workshop.

Qualitative analysis:

Qualitative analysis of the feedbacks can be summarized under the following six categories:

- 1. Training technique and methodology**
- 2. Key Takeaways**
- 3. Feedback on content**
- 4. Feedback on facilitators**
- 5. Recommendations**
- 6. Suggestions**

Training technique and methodology:

1. Simple and comprehensive language used by all facilitators.
2. Space to share our stories in the storytelling session.
3. Use of different activities in session on sexuality was well received.
4. Group work (on case studies and discussion) provided opportunity for deep discussions and self-reflection.
5. Democratic approach to the workshop.
6. One-to-one sharing during one of the activities (sexuality) was well appreciated

Key Takeaways:

1. Storytelling as a tool for training was new to most of the participants.
2. They found ample space for self reflection and analysis.
3. Enriched about many new topics and new methods of training.
4. Effective content and methods to be taken to field, communities, and work spaces, especially SHGs and youth groups.

Feedback on content:

1. Building of perspective on respect, differences, choice, sexuality, disability, vulnerabilities, intersections between sexuality and disability, etc.
2. Much new information provided- types of disabilities, an Act on Rights of Persons with Disability, life support, indirect euthanasia, sexualities, values of human rights, etc.
3. Use of Jeeja's story (in the documentary film) very inspiring.
4. Discussions on disability's different aspects.
5. More discussions on sexuality and disability needed.
6. Facilitator's personal association to the topics made it even more relatable.

Feedback on facilitators:

Asif was found to be a great storyteller as he introduced stories and storytelling as a tool for training. His session on storytelling seems to have been well received as the participants have praised his demonstration of the use of correct body language and choice of words for sharing the stories. His way of expressing his own story was also well appreciated. He was seen as a role-model too.

Dipika was esteemed as an effective trainer with clarity on topic (sexuality) and time-management. Her engagement with participants, approach to training and usage of different tools was also very well appreciated.

Though Shampa had begun the session in English, she was well admired for her simplicity in use of language later on in the sessions. She was treasured for adding her own personal journey through disability and her self-identification as a mentally disabled person. Her connection from Act to definitions of the law was sufficiently well received.

Recommendations:

1. More discussions on single, divorced and widowed women
2. More detailed discussions on laws related to sexuality and disability
3. Sessions on communication
4. Knowledge on tools for advocacy at local and national government level
5. Discussions on impact of sexuality in day-to-day life or one's life-style

Suggestions:

1. More stress on story building session. It could have been more structured.
2. Storytelling could be the last session as it took away the time for sexuality and disability.

