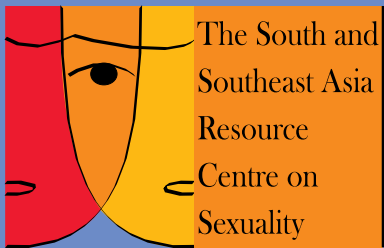


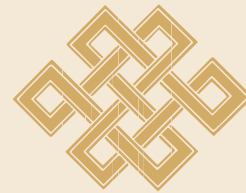
sexuality *matters*



*Report of a Regional Consultation on Sexuality
in South and Southeast Asia
Bali, Indonesia, 28-30 September 2004*

THE SOUTH AND SOUTHEAST ASIA RESOURCE CENTRE ON SEXUALITY
AT TARSHI

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There are ideas on sexuality that have not yet become a part of the mainstream dialogue, such as the idea that people have the right to seek sexual pleasure, or even that sexual rights are human rights. Because there are a diverse number of cultural contexts, issues, and perspectives, attempting to find more clarity and incorporate a more comprehensive understanding of how sexuality is viewed from different perspectives may help us to develop concrete ways of incorporating sexuality into rights-based work.



introduction

The past decade has seen an interesting shift in real commitment of resources towards initiatives and programmes working on sexuality issues. Researchers, advocates, counsellors and health service providers have begun to consider sexual well-being as an important determinant of human welfare. Academics and activists in the gender and human rights fields have also begun to incorporate sexuality issues into their work. Given the fact that sexuality is linked with a variety of other issues and there has not been enough study done on sexuality as an issue in and of itself, there are varied understandings on what it means to work on sexuality, in diverse cultural contexts and frameworks. There are ideas on sexuality that have not yet become a part of the mainstream dialogue, such as the idea that people have the right to seek sexual pleasure, or even that sexual rights are human rights. Because there are a diverse number of cultural contexts, issues, and perspectives, attempting to find more clarity and incorporate a more comprehensive understanding of how sexuality is viewed from different perspectives may help us to develop concrete ways of incorporating sexuality into rights-based work.

With this in mind, and given that there are very few regional spaces in which academics, advocates, practitioners, and researchers can discuss what they think are regional and country-specific priorities around issues of sexuality, The South and Southeast Asia Resource Centre on Sexuality convened a Regional Consultation on Sexuality. The Resource Centre based at TARSHI (Talking About Reproductive and Sexual Health Issues) in New Delhi, India, is part of a global initiative supported by the Ford Foundation to increase knowledge of issues of sexuality, sexual health and sexual well-being.



In September 2004, the South and Southeast Asia Resource Centre brought together 26 participants from ten countries to discuss key regional sexuality issues at a consultation in Bali, Indonesia. Participants were drawn from a range of backgrounds, including activists, advocates, donors, reproductive health service providers, lawyers and journalists. Discussions were stimulated by short ‘trigger presentations’ designed to encourage debate around key themes.

This report on the Consultation summarises discussions on the key themes and looks at strategies for those working in the field of sexuality. The discussions are the views of individuals and are not necessarily representative of their organisations or countries. The report also provides background information on key issues in the countries from which participants at the meeting came.

SOUTH AND SOUTHEAST ASIA – BACKGROUND

South and Southeast Asia contains three fifths of the world’s population. It has five of the eight most populous countries in the world (China, India, Indonesia, Pakistan and Bangladesh). Urbanisation is a growing phenomenon throughout the region, but populations remain predominantly rural and, especially in South Asia and the poorer countries of Southeast Asia, young. Age dependency ratios (the proportion of non-working age to working-age population) are high, meaning workforces have to support large numbers of dependents. Poverty, partly as a consequence, is widespread. In Cambodia, Laos, Bangladesh, India and Nepal, over 30% of the population live on less than \$1 a day and, although countries including India and China and the Southeast Asian tiger economies of Thailand, Malaysia, Indonesia and Singapore have seen dramatic reductions in

poverty levels in recent decades, quality of life for many of the region’s people remains low.¹ Only Singapore and Hong Kong are ranked in the top fifty in the United Nations Human Development Index.

In terms of health status, there are wide disparities across the region. In Cambodia, Laos and Myanmar, for example, life expectancy at birth is 57 years, while Malaysia, Singapore and Sri Lanka have life expectancy of over 75 years. Infant mortality ranges from a rate of 96 per 1,000 live births in Cambodia to just 8 per 1,000 in Malaysia. The strength of health services has a strong bearing on such indicators – in Malaysia and Thailand, over 90% of births are attended by skilled health personnel. In Laos, Bangladesh and Nepal, fewer than 20% of births receive such attention.

Women’s status also varies across the region. Official equality in communist or former-communist countries such as China, Cambodia, Laos and Vietnam is often not played out on the ground, with women still expected to maintain households and be subservient to men in the home and the bedroom. In other parts of the region, religion plays a role in determining women’s position. Catholicism in the Philippines, Hinduism in India and Sri Lanka, and Islam in Pakistan, Indonesia and Malaysia, for example, all repress women to varying extents. Fertility decisions (fertility has declined in recent decades across the region, sometimes through coercion and sometimes through choice), abortion, employment prospects and many other aspects of women’s lives are regulated by religious or state authorities. Asian women’s groups have made great strides in improving gender equality as the region has opened up to outside influences but, as those attending the Consultation in Bali affirmed, there is much work still to be done.

1. Asian Development Bank (2004): Key Indicators of Developing Asian and Pacific Countries. ADB, Manila.



*Issues of Concern in Sexuality
in South and Southeast Asia.*



*mapping
the terrain*

To begin with, participants identified the most important and critical issues and challenges in their respective countries concerning sexuality that they have come across in their capacity as professionals. They also noted that sexual and reproductive health are often conflated but are not the same. Sex is not all about reproduction, and a focus on purely reproductive health can neglect people who have sex without wanting to reproduce.

Some common themes, challenges, and priorities that emerged include:

- Lack of a common understanding of sexuality and related terms
- Lack of research papers, knowledge, and studies on genders and sexuality
- Conflict between ‘Western’ and ‘local’ frameworks of sexuality
- Adolescent reproductive and sexual health
- Information/awareness/public campaigns on sexuality
- Stigma, discrimination and violence surrounding HIV/AIDS
- Sexual violence
- Laws and policies criminalising same sex behaviour
- Discrimination, stigma, and violence against ‘sexual minorities’
- Abortion laws and safe abortion
- Sex work as work



10 / mapping the terrain

- Control over women's sexuality in armed conflict situations
- Challenges to sexual rights from religious fundamentalist groups
- Migrant groups and sexuality
- No documented work on sexuality of older people

It is necessary to find expressions and terms for concepts that translate into local languages in diverse cultural contexts. Meanings are not homogenous and are based on cultural realities.



*words and
meanings*



One of the first issues those working on sexuality in South and Southeast Asia have to confront is language. It is necessary to find expressions and terms for concepts that translate into local languages in diverse cultural contexts. Meanings are not homogenous and are based on cultural realities. For example, there are no characters in the Chinese written script that would translate to the concept of ‘sexuality’. Instead, the character for ‘sex’ is used, equating ‘sex’ to ‘sexuality’, when in fact they are two different concepts. The challenge is to move beyond the ‘sexuality equals sex’ framework. In the Vietnamese language also, there is no specific word for sexuality, but the concept exists.

In another example, a participant from Thailand shared that when the Thai Ministry of Public Health sent a letter to health centres encouraging them to address gender issues in their work, health personnel looked up the word in a dictionary and found that the term for ‘gender’ actually referred to ‘penis’ in Thai. Not surprisingly, great confusion ensued.

Participants also discussed how media spaces were affecting the use of terms and concepts. In Laos, it is acceptable to use ‘sexuality’ as a word in English language newspapers, but in the local newspapers, they use the term ‘education’ to talk about sexuality. The implication is that sexuality is only legitimate in the context of ‘education’. In Cambodia, there are local terms and phrases to use for sexuality, but these are not widely used for fear of attracting ‘negative attention’.

Many terms relating to sexual behaviours, identities, and attitudes were coined in the West, and many countries in this region have adopted and adapted terms for some practices that had not previously been defined. While

some participants recognized that using the Western discourse and arguments around sexuality were problematic in this region’s context, other participants posed questions about how we might be able to develop regionally specific terms that are more applicable to this region and attempt to encompass diverse realities. In the Philippines, for example, there is a law on ‘sexual orientation’, but the police do not know the meaning of the term. Homosexuality is not widely understood as a concept in Vietnam; therefore, it is difficult to provide an exact translation of the concept in Vietnamese.

Advocates in South and Southeast Asia have been accused of creating identities where previously there had been undefined sexual relations. This, say the critics, categorises people who may not wish to be labelled and may disempower them. Governments, too, have weighed in, attempting to discredit work on sexuality by suggesting it is imported from the ‘West’ and therefore either irrelevant to the region or another sign of Western cultural colonisation. In the Philippines, a participant reported difficulty in mobilising ‘gay’ or ‘lesbian’ people because they did not identify with those terms. To tackle this problem, activist groups found out and used the terms favoured by communities themselves. An Indonesian activist had done the same – his organisation, he said, began by using donors’ language and then translated it into local categories. ‘We function,’ he said, ‘in two languages’.

As a Sri Lankan activist argued, however, the absence of words to describe a practice does not mean it does not exist. In some indigenous languages in Sri Lanka, for example, there was no word for ‘patriarchy’. If the term was explained, however, people understood it, so in some cases words need to be invented or imported in



order to help conceptualise an issue. If left undefined, she added, there is a danger of overlooking important issues.

Language, then, can be both a barrier and an enabler. Those working on sexuality, as a participant from an Indian NGO argued, therefore need to ‘keep explaining what words mean, acknowledging what you draw on from outside without falling into the trap of using only Western concepts that do not cover all of this region’s issues or take into account the multiple realities that exist in local frameworks’. Borrowing terms across cultures and understanding that the meanings and assumptions are not fixed may be able to contribute towards developing a language for talking about sexuality in this region.

In addition to clarity over individual terms, some participants strongly advocated that sexuality, as a whole, needed a more coherent framework. At present, ways of looking at sexuality are not systematic – when one expresses a view, therefore, it is hard to back it up with a body of thought and knowledge – ‘you need a philosophy to support your argument,’ suggested one participant, ‘so it doesn’t just look like your personal opinion’. The absence of a framework, as most participants agreed, also makes it difficult for people from different settings to know whether they are discussing the same issue, even though they may be using the same terms. ‘Sexuality,’ as an Indian activist argued, ‘still has to find its own framework’. However, some participants pointed out that such a framework if developed must have room for multiple and diverse realities.

FUNDAMENTALISM, IMAGERY AND SYMBOLISM IN INDIA

The ousted Bharatiya Janta Party (BJP) government in India has made great use of imagery and symbolism to project its Hindu nationalist image. As well as demonising neighbouring Pakistan and, at times, Indian Muslims, the party and its activists have also propagated their vision of how Hindu men and women should behave.

At the centre of this vision is the traditional family unit, with a heterosexual couple joined in matrimony for life. Within this marriage, the chaste wife is expected to respect her dominant husband and maintain the togetherness of the family. By doing this, she both upholds traditional values and secures the future of the Hindu nation. Women who deviate from this norm are seen as betrayers of tradition, as are men who do not comply with the strength and machismo expected of them. The BJP does not support repealing Section 377 of the Indian Penal Code, which criminalises consensual ‘carnal intercourse against the order of nature’ and thus allows for the prosecution of same-sex sexual activity.

Imagery and symbolism are used in a number of ways to enforce its vision. The BJP and its activists, for example, have represented Muslims as lustful, aggressive rapists in order to gain the support of Hindu women. In the carnage in Gujarat in 2002, Hindus used sexual violence against Muslim women as a symbol of their power over the minority Muslim community.

Censorship, too, increased while the BJP was in power, with several films dealing with sex or sex workers banned and media campaigns promoting safer sex discontinued. The government also introduced pre-exhibition screening of television programmes, thereby increasing its control over the representation of sexuality.



Marginalised groups that marginalise others, such as gays and lesbians who shun bisexuals or sex workers who frown on peers who perform oral sex on their clients, may also be contributing to the very sexual hierarchies they wish to upend.



sexuality and marginalisation

An individual's sexuality is a key determinant of whether he or she will be marginalised or accepted by society. In Asia as elsewhere, people who do not conform to society's norms are often treated differently by their peers, governments, legal systems, employers and service providers. As the trigger presentation by a human rights activist emphasised, however, combating marginalisation is complex – should we be fighting to mainstream marginalised groups, and thus risk watering down issues, or to integrate while maintaining the previously marginalised identity, which can be empowering? How, moreover, should marginalisation within marginalised communities be addressed?

As one participant pointed out, marginalisation is a relative term and has to do with structures and hierarchies of power. Depending on the context, a lesbian single mother may find that she is marginalised on account of being a single mother far more than on account of being lesbian, in a society that foregrounds heterosexual marriage. The married, monogamous relationship sanctioned by traditional marriage ceremonies are the 'legitimate' forms of expression of sexuality. Sex outside of this is regarded as 'bad'.

However, even within the gay, lesbian, bisexual, transgender communities, there are hierarchies as to what is 'legitimate' sexuality. For example, who is the 'real' lesbian? Can one be lesbian without subscribing to the local equivalent of a 'femme' or 'butch' identity? It is often worse for transgendered people, who are often accused of flaunting their status. Bisexuals are treated like pariahs by both heterosexuals and those who identify as gay or lesbian. Sexual identities, as one participant pointed out, are fluid and therefore marginalisation is also something that can change



throughout life; depending on the identity we take on, we may be marginalised in different ways at different times.

However, individuals may emphasise different aspects of their sexuality at different times for different purposes. Sexual identity can empower as well as disempower. Individuals can mobilise around these identities in order to gain greater acceptance. The success of gay communities in the West was cited as an example of this. As was pointed out by several participants, however, this can push other groups down the sexual ladder. ‘When you climb the hierarchy’, said one, ‘you prioritise one of your identities over another. This is a useful strategy for moving up, but there is a danger of forgetting about other groups that you push down’. Marginalised groups that marginalise others, such as gays and lesbians who shun bisexuals or sex workers who frown on peers who perform oral sex on their clients, may also be contributing to the very sexual hierarchies they wish to upend.

Other sorts of labels can also lead to marginalisation. For example, in the context of HIV and AIDS, there is a conflation of labelling people as part of at-risk groups and equating the conditions that subject people to risk. All people who identify with a particular group of people do not experience all outcomes. For example, not all gay men have the at-risk indicators for HIV/AIDS, stigma, discrimination, etc. Labels can be double edged swords. Looking at it from another example, there is a prevalent idea that ‘vulnerable’ is to housewife, as ‘at risk’ is to sex worker. Legitimising ‘vulnerability’ to all housewives leaves out the reality that not all housewives are vulnerable in the same way. Similarly, all sex workers are not at-risk.

TRANSSEXUALS IN INDONESIA AND MALAYSIA

Born as biological males, members of Indonesia’s transsexual community consider themselves neither men nor women. Instead, they claim identity as *waria*. *Waria* report feeling more like women than men and often dress in a feminine way. Although few can afford sex change operations, many have silicone implants or take female hormones to enlarge their breasts.

Many *waria* come to see themselves as such during childhood. *Waria* generally have sex with men, but do not identify as homosexual. There is discrimination against *waria*, as there is against anybody who does not conform to heterosexual ‘norms’. Because job opportunities outside beauty salons and entertainment industries are limited, many *waria* become full- or part-time sex workers. HIV infection rates are increasing among the *waria* community, partly as a result of government reluctance to work with *waria* through prevention campaigns.

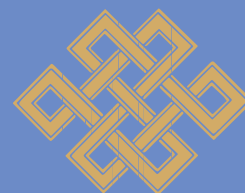
Many Malaysian transsexuals, known as *mak nyahs*, also work in the sex trade. There are approximately 10,000 *mak nyahs* in Malaysia. Like the *waria*, they dress and look like women, have sexual relations with men and perceive themselves as a third gender.

Christian and Hindu *mak nyahs* face similar discrimination to the *waria*, but Muslim *mak nyahs*, who constitute the majority of Malaysia’s transsexuals, are more severely persecuted. A *fatwa* issued by the country’s religious authorities in 1983 prohibited sex changes and cross-dressing for Muslims. *Mak nyahs* are often arrested and fined for contravening these prohibitions, and their access to education, health services, employment and banking services is limited.



Mak nyah sex workers are particularly vulnerable. Malaysian law only recognises sexual assault by biological males on biological females as rape. Raped *mak nyahs* therefore have no redress. In order to promote greater equity for *mak nyahs*, NGOs such as the Pink Triangle Foundation provide counselling and medical and legal services to transsexuals.² They also help with access to housing loans and lobby for improved treatment from health services.

Sometimes the vote on whether to pass a law, is influenced by political posturing. Religion and the State collude to control sexuality, and the President and the Bishop have the same face.



sexuality and legal issues

2. Teh, Yik Koon and Khartini Slamah (2000). *Mak Nyahs (Male Transsexuals) In Malaysia*. Ministry of Science, Technology and Environment of Malaysia Research Report (IRPA).



Introducing the theme of sexuality and legal issues, a human rights lawyer from India observed that the law generally acts against the sexually ‘abnormal’ and ignores the ‘normal’. Acts such as sodomy, rape and child sexual abuse, therefore, are dealt with by many laws, marital sex by few. The law makes it so that the ‘normal’ isn’t questioned. We play into the hands of power when we only question what is considered as abnormal or illegal. Law constitutes, defines and regulates sexuality itself. Acts such as sodomy, rape and child sexual abuse, therefore, are dealt with by many laws, marital sex by few. The law defines and punishes ‘abnormal’ acts through the police and the courts, but leaves ‘normal’ practices alone. Changing the law is a difficult and delicate process – legal reform does not automatically improve people’s lives. If handled badly, argued the presenter, especially with regard to sexuality issues, it can make matters worse.

The Indian Penal Code Section 377 criminalises all same sex behaviour that ‘goes against the order of nature’. By removing the law, would the world automatically become a better place? Changes in law have to be accompanied by changes in social attitudes, mores, and should be a socio-political process. In Sri Lanka, activists pressed for a law reform process around a similar law that criminalised same-sex sexual relations between men. The government put into place a law that included criminalising sex between women.

Legal reform is not the only strategy, or even the optimal strategy, available for those seeking change, for several reasons. First, legal reform is difficult and time-consuming. How far the State should intrude into the home, for example, is a complex issue for lawmakers, as privacy rights can collide with other rights, such

as the right to be free from abuse (a couple in China, for example, was arrested for watching a porn video at home).

Second, laws may exist, but are not implemented at the grassroots level. On the other hand, there may be no law but enforcement authorities interpret things as if there is a specific law. For example, in China, homosexuality is not illegal but police officers often arrest people for being gay or lesbian under charges of ‘hooliganism’.

Third, legal reform may be hijacked by political rather than substantive considerations. As one participant said, ‘sometimes the vote on whether to pass a law, is influenced by political posturing. Religion and the State collude to control sexuality, and the President and the Bishop have the same face’. In Vietnam, only sex within marriage is legal, so it follows that only married people are targets of contraceptive programmes and services. In Thailand, there are Ministry announcements and notices that regulate public behaviour, such as prohibiting anyone who identifies as LGBT from acting on TV, and prohibiting young women from appearing on TV in sleeveless shirts. The Ministry of Culture has also barred LGBT youth from working for the government. Political motivations influenced by moral policing allow the State to use the discussions around sexuality to implement such policies, further equating morality with sexuality.

The fourth caveat about legal reform is that it is unlikely to alter individuals’ lives without changes in attitudes on the ground. In Laos, for example, although the law prohibits rape, municipal authorities sometimes attempt to force a woman who is raped to marry the rapist. In other areas, laws against marital rape are



ignored by husbands and authorities alike. Legal change can, moreover, be spurred by social change – decriminalisation of homosexuality in the United States came about as a result of social change, for example. As an activist from the Philippines summarised, ‘it is the day to day negotiation in real life that really matters’. A legal petition cannot be a substitute for a movement.

Laws can also have unintended consequences. In Thailand, the 2004 Child Protection Act requires a social worker to be present at investigations. This increases costs for police stations, however, and reports of sexual abuse have declined in some areas, as the police prefers to cover up cases rather than pay social workers. Participants from Vietnam believe that if Vietnamese lawmakers addressed homosexuality, it would be made illegal. Law reform, it appears, can make matters worse – as a participant from Indonesia put it, ‘It’s like bothering a sleeping lion – if you wake it up, it bites you’.

Legal change, then, is a complex process. One participant remarked, ‘It’s overwhelming to think that so many aspects of our sexual life are regulated’. So, it is not surprising that many sexuality activists concentrate their efforts on achieving changes in the law. Such efforts need to go hand in hand with work to change attitudes on the ground, however, and in some cases legal reform may not be the most effective route to positive change.

A useful exercise would be to question tampering with the law in the first place because we never ask if it is a good legal strategy to leave it alone, and, perhaps work on improving access to rights from another angle.

A participant pointed out the reason we needed to keep asking these questions was because legal reform reaffirms the State as the protector, whereas the State is sometimes the perpetrator.

OPENING UP – VIETNAM’S ECONOMIC AND SOCIAL REFORMS

The influence of Confucianism has traditionally taught Vietnamese women ‘three submissions’: to their fathers until marriage, their husbands after marriage, and their eldest sons after the husband’s death.³ These submissions have been followed less rigidly in Vietnam than in neighbouring China and women have powerful roles within the household.

Women’s public status, however, was traditionally inferior to that of men. When the Communist regime gained control of Vietnam, it attempted to rid society of Confucianism and, as part of this, promoted gender equality in the public sphere. Women were encouraged to send their children to crèches and go out to work. They were still, however, expected to look after the household and were not expected to hold higher-status jobs than their husbands.

In the past decade, Vietnam has implemented a series of reforms – known as *doi moi* – to reduce State involvement in the economy and open it up to foreign trade and investment. Vietnam, as a consequence, has been exposed to Western influences and to a more consumerist culture. The State’s simultaneous withdrawal from the social sphere has given women more freedom and they are now important buyers of consumer goods. Attitudes towards women and sexuality are more liberal than in many parts of the region, with divorce



easy to obtain, homosexuality not criminalised, abortion legal, and family planning methods widely available (the decline in Vietnam's fertility rate, from over six children per woman in the 1960s to around three per woman today, has received international attention). Pornography, on the other hand, is illegal, and sex education limited. Deeds, it seems, are permitted, words and images proscribed.

Doi moi has also opened Vietnam up to tourism, including foreign sex tourism. Attracted by the money this brings in, rural Vietnamese women have migrated to cities, or to booming neighbours such as Thailand, to work in the sex industry. The Vietnamese government sees prostitution, which is illegal, as a 'social evil' and has been known to send sex workers to rehabilitation centres where they are educated about HIV/AIDS. There are fears that such policies will drive sex work underground, making it more difficult both to detect HIV infection and to transmit prevention messages to sex workers and their clients.

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sexuality and violence



As with the language used to describe sexuality, perceptions of violence are not the same the world over. Violence, as a participant from India observed, is culturally mediated. In her trigger presentation to the seminar, an activist from Sri Lanka argued for an expanded understanding of sexual violence. Sexual violence goes beyond its most visible forms, such as rape and beating and gay-bashing, she said. We need to go the extra mile and look at psychological repression, for example, or domestic violence in unmarried or non-heterosexual contexts, if the problem is to be addressed in full. We must look at sexuality in a more wholistic way and understand that sexuality is about many aspects of life, an all encompassing way of being, dreams, fantasies, expressing pleasure and so on. Violence is not only physical and sexual – but also those things that are forced from you, living in a way that is against your will.

Certain sexual acts are seen as violent by some communities but not by others. Marital rape is one example. In India and Thailand, marital rape is not recognised, as women have a duty to have sex with their husbands. In West Timor, Indonesia, indigenous groups say that violence against women is part of their culture and that only men have a ‘sexual drive’ and so they should be allowed to exercise it. In other countries marital rape is illegal (although prosecution is difficult). Violence is a manifestation of power relations in different contexts – where an individual or a group has inferior status to others (be it socially or economically), they are more vulnerable to violence.

Given the varying perceptions of violence, there was some discussion at the meeting of what constitutes sexual violence. Some suggested it includes any act

that compromises dignity and personal integrity. Others were more specific, arguing that violence occurs when an individual is forced to engage in a sexual act without consent. This definition raises questions, however, as in some cases people may not understand what they are consenting to. Particularly in the case of people with learning disorders, sexual violence can and does occur despite the victim apparently consenting. Consent has to be meaningful for it to be valid.

Sex workers, too, are vulnerable if violence is defined purely in terms of consent. Sex workers in Asia are seldom seen as having the agency to consent to sex. Sexual violence against a sex worker is therefore theoretically, and often legally, impossible. Definitions of consent are neither clear nor universal, which presents a major challenge to those working to combat sexual violence. Violence against sex workers is not seen as violence against women. What is interesting here is that although sex workers are largely seen as not having a ‘choice’ when entering sex work, it is almost as if when a sex worker experiences violence, that somehow it is of her own doing. One of the participants said that choice and agency needed to be debated not only in the context of sex work. Choice and agency within marriages, especially arranged marriages is also a contentious issue.

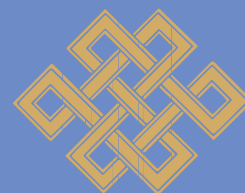
Sexual violence is not limited to physical acts such as rape and beating. As a Sri Lankan participant observed, emotional and psychological violence have recently come to the fore in discussions about sexuality. Psychological repression, such as expecting people to conform to an idealised norm, is psychologically violent in itself and it can also make those who do not conform more vulnerable to physical violence. In most



South and Southeast Asian settings, this norm, which is determined by people in positions of power, means heterosexual monogamous marital relationships. Gays, lesbians, single mothers, transsexuals, unmarried heterosexual couples and others are often victimised by those in power for going against the grain. In addition to personal and interpersonal violence, there is also structural and economic violence. In the 2004 Law regarding the Elimination of Violence in the Household, that was passed in Indonesia, the law defines ‘economic abandonment’ as a form of violence. However, there was no language in the bill that provided for the prohibition of controlling money and documents by the perpetrator.

Many people who experience sexual violence look to the State for protection. However, as was emphasised by several participants, the State is sometimes the perpetrator of sexual violence, be it through laws that marginalise or neglect certain groups, or through State enforcement agencies such as the police or the prison system. In the conflict-ridden region of Maluku, Indonesia, for example, although the military is in the area to maintain peace, there have been reports of soldiers sexually harassing young women in refugee camps. Sexual repression and abuse by the military also occurs in Sri Lanka’s conflict zones. Activists and advocates, it was argued, need to work to change communities’ attitudes at the same time as lobbying for better State protection.

Increasing State regulation of sex work puts more power into the hands of law enforcement officials, who may use it to increase corruption and provide more leeway to brothel owners as opposed to sex workers themselves. Decriminalisation, according to several participants, is the option favoured by many sex workers.



sex work and trafficking



In her trigger presentation, a participant from an Indian human rights organisation highlighted the key challenge of placing sex workers at the centre of legal and political discussions around sex work. The women involved in sex work and prostitution remain absent from many of these discussions, she said, and there is a need to listen and respond to their needs rather than imposing outsiders' views on their lives. There has been reluctance from women's groups to include sex worker's rights as women's rights. The women's movement has been polarised around the question of whether or not sex work causes harm to women, and, if women's groups could represent sex workers.

Though HIV/AIDS brought legitimacy to working on issues surrounding sex work, the discourses around sex work still go back to morality debates, couched in different terms. One participant reiterated the need to develop creative mechanisms to listen to voices of women in sex work and prostitution, and only then can State policies and other efforts to improve conditions for women in sex work better reflect the multiple realities within sex work. Sex workers themselves are most often, understandably, more concerned about microlevel issues than macrolevel issues. For example, in China, their most important concerns are around police harassment, fear of infections, money, and abortions. For them violence from the police is more of a concern than violence from clients. They want to be able to gain access to health services because they think that if they have sexually transmissible infections (STIs), they will not have any clients and will lose business, and not because they are afraid of contracting HIV themselves.

Language has also been used in different ways to impose attributes on sex work, and subsequently, value

judgements on sex workers themselves. One participant talked about the numerous terms associated with sex workers – commercial sex workers, sex workers, women in prostitution, and people in prostitution. Terms used by activists, government, and academics carry certain connotations about the kind of reality that is understood by the person using the word and the person being referred to. For example, 'prostitute' as a term is stigmatised in Cambodia; therefore, it is better in the Khmer language to use 'sex worker'. Because sex work is often equated with exploitation, there are the corresponding terms such as rehabilitation, rescue, punishment, and reform.

MIGRATION AND TRAFFICKING IN LAOS AND MYANMAR

Laos and Myanmar are microcosms of the links between globalisation and sexuality in South and Southeast Asia. Along with Thailand, Vietnam, Cambodia, and Yunnan Province in China, Laos and Myanmar are part of the Greater Mekong Sub-region. Their neighbours, and in particular Thailand and China, have experienced significant economic growth in recent years while the economies of Laos and Myanmar have largely stagnated. Thailand and China are keen to use Laos as a bridge to trade with each other and with the growing economies of Cambodia and Vietnam. International donors, eager to facilitate intra-regional trade, have funded the upgrading of Laos' roads. Such projects, however, may pose risks. The migrant construction workers who build the roads may, because they are far from their partners, visit sex workers and thus be vulnerable to sexually transmissible infections (STIs) and HIV infection. The risk of STIs for sex workers, of course, is also increased.



Growing economic inequality makes migration to wealthier neighbours attractive. Laotians and Myanmar are migrating in increasing numbers to other parts of the region to find work. Some go into sex work, mostly in Thailand. For some this is a choice, but others are coerced into the industry. Although data are scarce and often unreliable, trafficking – defined by the United Nations as coercing or deceiving individuals into forced labour – appears to have increased in the Greater Mekong Sub-region in the wake of globalisation. Border controls impede legal migration, forcing potential migrants to resort to illegal means. For this, they need help. Many agents provide genuine assistance to undocumented migrants, but others exploit them. Some promise well paid jobs in Thailand before selling women or children to brothels. Others pay families for their daughters and force the daughters to pay the money back through sex work. Cross-border marriage negotiations, moreover, can result in a woman or girl being sold into sex work or domestic work, where she may be subject to sexual violence or treated as a slave. In other cases, foreign men lure women into marriage and then take them abroad and sell them to the sex trade.

Increasing migration also raises other threats. The busy border crossings between Laos and Myanmar and their richer neighbours provide a fertile breeding ground for sexually transmitted infections as truck drivers and businessmen visit sex workers while waiting to cross. STI rates in both Laos and Myanmar are high and rising, especially among young people, and although HIV/AIDS has not yet gained a major foothold, increasing STI prevalence is a common risk factor for the spread of the virus.

The trigger presentation also highlighted some of the misperceptions around sex work and trafficking. First, sex work and trafficking are different. Not all sex workers are trafficked and not all trafficked people become sex workers. Like many of the issues discussed at the meeting, definitions of sex work and trafficking vary according to who is using them. Some would define having sex in return for favours, or even marrying someone for their money, as sex work, whereas others limit the description to earning money through selling sex. Trafficking is often conflated with sex work or with migration, and laws covering trafficking can impede women's mobility and make it hard for them to migrate.

Second, not all sex workers want to be rescued and rehabilitated. Sex work, moreover, is not experienced in the same way by all individuals. Third, legalisation of sex work is not a panacea. Legalisation may increase trafficking and also, by increasing regulation, make entering the profession more difficult. Increasing State regulation of sex work puts more power into the hands of law enforcement officials, who may use it to increase corruption and provide more leeway to brothel owners as opposed to sex workers themselves. Decriminalisation, according to several participants, is the option favoured by many sex workers.

Sex worker collectives in Cambodia, Thailand, India, and Hong Kong are all involved in efforts to have sex work recognised as a form of work. The central principle that these advocates are using is that the issue is not about creating special rights for those in sex work, but equal rights. Because this is tied to citizenship and entitlement of basic rights, the debate also includes



discussions around the prism of morality, criminality, and national security.

One of the main reasons why both sex work and trafficking into sex work exist, of course, is sexual desire. As a participant noted, ‘there is less discussion about why people use sex workers than why sex workers go into the profession’. Sex workers’ clients, it was argued, play out society’s power structures. Sex tourists from wealthy countries, for example, play out racist power games where the strong Western or Arab male subordinates the vulnerable Asian woman (virgins are especially prized). If the problems surrounding sex work and trafficking are to be successfully overcome, there is a need for more discussion about the ‘construction of desire’. Some of the questions that might be interesting to look at are what kind of sex is sold; what the demand is for sex workers of certain nationalities; what price ranges tell us about the construction of clients’ desire; and so on.

SEX WORK IN THAILAND – SHIFTING SANDS

As in many parts of Asia, sexuality in Thailand is in a state of flux.⁴ Western influences in the arts and media are altering long-held attitudes towards sex and gender. Economic growth has brought better public health services but also increased urbanisation and inward migration from poorer neighbours. Tourism has boosted wealth but also sex tourism and child sex work. And HIV/AIDS has changed how sex is viewed and put new stresses on sexual relationships.

Women in Thailand have traditionally been expected to nurture the family and respect their husbands. They have also been

expected to work. Thai women contribute greatly to the country’s export and manufacturing sectors, although more prestigious and lucrative jobs are more elusive. The traditional ideal for women has been virtuousness (virtuous women, who are proficient at housework, demure and sexually conservative, are known as *kulasatrii*).

Thai men, on the other hand, are expected to be courageous and authoritative and to demonstrate sexual prowess. They are expected to have their first sexual experience at a young age with a sex worker. Many continue to visit sex workers or maintain ‘minor wives’ after they are married, although women who have sex outside marriage are viewed as highly immoral.

Although sex work is illegal in Thailand, sex workers are seen by many as serving an important function in society. By servicing unmarried men, they allow young Thai women to remain ‘virtuous’ until marriage. Married women, moreover, often prefer their husbands to visit a sex worker than to become involved in a more committed relationship with a minor wife. Because sex work also accounts for over 15% of Thailand’s GDP and is a major tourist attraction,⁵ laws against the profession are not rigidly enforced.

In the wake of Thailand’s recent economic growth, many Thai women, forced off the land by increased mechanisation, have moved from poor rural areas to cities, often choosing sex work as a means to support their families or to achieve an autonomy that other Thai women find elusive. Although sex workers break taboos against premarital sex, they can redeem themselves by supporting their often-poor families.

Sometimes children also go into sex work. Some are sold into the profession by their parents or deceived by traffickers. In



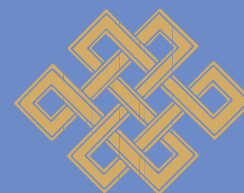
some cases, traffickers lend money to children or their families and force the children to work until the debt is paid. High interest rates can make repayment impossible, meaning children become indentured well into adulthood. Child prostitutes make up a significant minority of sex workers in Thailand. Although sex with children is illegal, it is rarely prosecuted, and child sex tourism is an important source of foreign exchange earnings.

HIV/AIDS has changed perceptions and practices of sex work. The virus has led to Thai men reducing the frequency of their visits to sex workers. Visiting a sex worker as a rite of passage for young men has begun to be frowned on because of the perceived danger of infection. Instead, cohabitation with girlfriends is on the rise – a practice condemned by conservative Thais as a Western import. Minor wives, too, have become more popular as they are seen as less likely to be infected than prostitutes.

Part of this fear of sex workers as conduits for HIV came from early government campaigns to limit the virus's spread. These primarily targeted sex workers. As well as being the focus of prevention messages and condom distribution, sex workers had to submit to mandatory HIV testing. Although successful in reducing infection rates among sex workers and their clients, these measures put the onus of preventing the disease onto sex workers – only later did the campaign begin to encourage their clients and the general population to accept responsibility for safe sex.

The women's movement has spent lots of time getting the law passed but less on educating women and communities.

If we had put the effort into education, we might have made more difference.



abortion

4. Robert T. Francoeur and Raymond J. Noonan. Ed (2004). The International Encyclopaedia of Sexuality. New York: Continuum.

5. Lim, Lin Lean, Ed. (1998). The Sex Sector: The Economic and Social Bases of Prostitution in Southeast Asia. Geneva: ILO.



Abortion is a major issue in many countries in the region. Abortion has different legal status across South and Southeast Asia. In India, the Medical Termination of Pregnancy Act (MTP Act) liberalises the conditions under which women can access abortion, such as contraceptive failure. Abortion being legal, however, does not necessarily make it safe or even easily accessible. For example, some abortion providers tell women that they need to get their husband's consent to have an abortion even though this is not the law. Many women therefore turn to unqualified, unlicensed practitioners, often with serious negative health consequences.

In Vietnam, abortion has been legalised, primarily for population control purposes, as it was in India. The highest proportion of abortions in Vietnam is teenage abortions. In Laos, it is illegal although it occurs regularly in private clinics and is used as a form of contraception by many women. In Bangladesh, abortion is allowed only as 'menstrual regulation'. In Indonesia, abortion is illegal, but there are provisions for menstrual regulation services. In Thailand abortion is only allowed in case of rape. In Sri Lanka it is illegal even in the context of rape. In the Philippines, as one participant reported, reproductive health advocates see talking about abortion as 'political suicide', such is the strength of opposition to the practice. Therefore, advocates around reproductive rights talk about expanding contraceptive choices as opposed to securing the right to choose an abortion.

Feminists' position on abortion has traditionally been that women should have the right to choose whether to abort. This stance has received a jolt in recent years with the increase in sex-selective abortions. In India and China in particular, but also to a lesser extent

in Vietnam, a demographic gender imbalance has opened up, with fewer girls being born than boys. Some feminists oppose sex-selective abortion as they view it as a method to terminate female fetuses, although the conflict with women's right to choose whether to abort remains unresolved. As a participant from Sri Lanka asked, 'Why should women have to pay the price for son preference by being forced to have babies they do not want?'

The practice of sex-selective abortion is illegal in most countries, but this has only driven it underground, leading to an increase in unsafe abortions. Again, it was emphasised that work needs to be carried out on the ground to combat the cause, rather than just the practice, of sex-selective abortion. The preference for boys is culturally entrenched in many societies, and until this changes, the demand for sex-selective abortions will remain.

'The women's movement,' argued an Indian activist, 'has spent lots of time getting the law passed but less on educating women and communities. If we had put the effort into education, we might have made more difference'.



ABORTION IN SRI LANKA

Abortion is illegal in Sri Lanka even in cases of rape or incest. Although activist groups have lobbied for years for its decriminalisation, religious groups and conservative politicians have stifled attempts at reform of the law.

Women in Sri Lanka have relatively strong health and education status compared to other parts of South and Southeast Asia. Most women receive prenatal care and maternal mortality is low. Abortion, however, presents an exception to this rule. Illegal abortions are common, and unsafe abortions performed in informal clinics frequently result in serious health complications. Since incest does not justify abortion, there have been cases of girls as young as ten years old being forced to have babies. The demand for abortion is partly driven by a continued preference for sons. Sex determination tests allow couples to detect and then abort female fetuses. Some have argued that addressing the preference for sons will be more helpful than stopping women aborting.⁶ Social stigma around illegitimacy is also a factor behind the demand for abortions. In both cases, women are treated as instruments for preserving social traditions, rather than as individuals with their own needs.

What about making the question not about being unsafe or safe, but unhappy or happy?



sexuality and adolescents

6. Sunila Abeysekera (1997): Abortion in Sri Lanka in the Context of Women's Human Rights. *Reproductive Health Matters*. May 1997. No. 9. P. 87-93.



The definition of adolescence is disputed. The UN Convention on the Rights of the Child states that adolescence ends at the age of eighteen, while other agencies have other cut-off points. Participants argued that adolescence is a social construct that cannot best be conceptualised in terms of age alone. For example, some 18-year-olds are more mature than others. Defining someone as an adolescent should depend on the individual concerned. Looking at young people on a case-by-case basis on the basis of evolving capacity, however, can pose problems for lawmaking, as the latter requires standard universal definitions.

Adolescent sex in Asia is viewed differently for males and females. Young men are expected to have sex at a young age, often before marriage, in order to gain as much experience as possible, while young women are generally expected to preserve their virginity until marriage. In Thailand, as one participant reported, a woman is seen as ‘losing her body’ in her first sexual experience. A man, on the other hand, is seen as ‘gaining someone else’s body’.

As with the sexuality of other social groups, adolescent sexuality is defined by power structures. ‘Young people,’ according to a participant from Vietnam, ‘are in an inferior position because of their age and the power hierarchies that were in place before they were born’. Respect for one’s elders is a strongly entrenched tradition in much of the region, and adults are therefore well placed to influence adolescents’ sexuality.

Influence often means control. The older generation sees adolescents as irresponsible and thinks that their sexuality needs to be controlled in order not to jeopardise the stability of society or their own and others’ health.

The question asked was ‘Why do we always speak of adolescents as a problem as opposed to individuals who are contributing to society?’

As a participant from China observed, ‘relationships are not only sexual – we always talk about sex rather than love to young people’. When sexual health is addressed, moreover, young people are often expected to be accompanied by adults when seeking treatment or advice. In the Philippines, for example, only people above the age of eighteen can buy contraceptives – adolescents need parental approval.

Such attitudes make it difficult for adults to connect with adolescents on issues of sexuality. Services aimed at young people are often patronising or, as one participant said, ‘ridiculous’. Young people, it was argued, are more interested in being treated as equal human beings than with the condescendence displayed by hanging up posters of pop stars in clinics and assuming that that is sufficient to make the place ‘youth-friendly’. In Cambodia, although the national curriculum includes sexuality, there are no pictures in the educational material, and teachers and service providers rarely teach it because they are too embarrassed.

Most adolescent reproductive and sexual health programmes are very quick to tell adolescents about a variety of ways to protect themselves (condoms, pills, negotiation, and abstinence) but do not leave them with a sense of how they can achieve sexual wellbeing.

In the absence of programmes and messages that take into account their diverse contexts and realities, adolescents therefore tend to look elsewhere for sexual references – to popular culture, or misinformed peers,



or pornography. Indonesian youth, for example, learn from what they see on television, and so ‘being slim and white with straight hair’ has become a desirable look. The easy availability of pornography (in Cambodia it is shown in coffee shops) is also a prominent source of sexuality information for young people. Repressing these, argued some participants, is likely to be a less productive long-term strategy than delivering more comprehensive information to young people in more attractive and appropriate ways.

Instead of adults trying to control adolescent sexuality, it should be up to young people to make their own decisions with full knowledge of what they are doing. ‘My objective,’ as one NGO participant put it, ‘is to provide enough information so they can make their own choice’. And another participant from China wisely asked, ‘What about making the question not about being unsafe or safe, but unhappy or happy?’

THE PHILIPPINES – SEXUALITY AND THE CATHOLIC CHURCH

The influence of the Catholic Church on sexuality in the Philippines is pervasive. 83% of Filipinos are Catholic and, although the status of women is improving and the country has had a female president, societal rules governing relationships are strict.

Only monogamous heterosexual relations within marriage are considered legitimate by the Church. Homosexuality is seen as unnatural and masturbation as sinful. The Church does not allow divorce, although it does grant marriage annulments.

The State often reinforces Church sanctions. Prostitution, homosexuality and pre-marital and extra-marital sex are all illegal in the Philippines. Church groups have been known to collude with the police and the media to crack down on prostitution. Abortion, too, is illegal except when a woman’s life is endangered. Private and State hospitals turn away patients whose illness they believe to be caused by complications from unsafe abortions. The Church mounts regular anti-abortion campaigns in order to stifle calls for its decriminalisation.

Church protests also prompted the discontinuation of free condom distribution in high schools in the early 1990s. This policy had been part of the government’s HIV/AIDS prevention strategy, but it bowed to pressure from religious authorities and their congregations. The Church has also opposed the Reproductive Health Bill that is currently drafted in Parliament.



A Chinese academic at the consultation described safer sex, wherein condoms reduce pleasure in return for increasing safety, as a 'bad trade-off'.

Pleasure and safety, he added, are not mutually exclusive.



sexuality and HIV/AIDS

As a participant from a Chinese university observed, the advent of HIV/AIDS increased the discourse on sexuality and made its study more respectable. Issues that were previously taboo in many Asian societies, such as sex work, homosexuality, sexual violence and contraception came out into the open and began to appear on policymakers' radar screens.

The effect of this has been mixed. AIDS has had some 'positive' impacts. By raising awareness of debates over sex workers' rights and the marginalisation of other groups, the virus has given people working on sexuality issues an opportunity to advance their agenda. Decriminalisation of sex work, for example, has received increased attention in countries such as Cambodia, India, Hong Kong and Thailand. Marginalised sexualities, too, have begun to be addressed by health services and governments as important issues. In Vietnam, drug use and sex work are 'social evils'. Earlier, before HIV/AIDS became prevalent in Vietnam, it was difficult for donors to even fund programmes on these issues. Now, with increased political commitment, the discourse of compassion has begun and drug users have turned into people in need of love and compassion.

The virus has also had more negative effects (beyond the obvious health impacts). In some parts of Asia, it has increased discrimination against homosexuals and sex workers, and made sex 'dangerous, irresponsible and dirty', in the words of one participant. There are also partner notification debates in several countries, such as Cambodia, India, and Thailand. Some participants warned that partner notification would stigmatise people living with HIV/AIDS further and would not serve as a long term strategy to prevent HIV.



Stigma is a major cause of both the spread of HIV and the reduced quality of life of those infected with the virus. The more marginalised people are, as an AIDS activist from China suggested, the less chance they have to obtain information on HIV and other STIs. In India, participants reported severe stigma against people living with HIV who remain sexually active. They are blamed for the spread of the virus, with no responsibility for safety falling on those who are not infected. As a participant said, ‘they now have to protect the entire world against themselves’.

Notions of ‘safer sex’ which are promoted by many governments can increase stigma around the virus. Prevention messages tend to warn of the danger of sex rather than promoting its pleasurable aspects through safer sex practices. As was highlighted at the meeting, talking about pleasure can be an effective HIV prevention tool. An NGO in Indonesia promoted this approach with the homosexual community and has utilised an empowered and proactive approach to pleasure. By explicitly talking about sex with a non-judgemental attitude, they were able to communicate the realities of risks and choices in different contexts.

A Chinese academic at the consultation described safer sex, wherein condoms reduce pleasure in return for increasing safety, as a ‘bad trade-off’. Pleasure and safety, he added, are not mutually exclusive.

HIV/AIDS IN CAMBODIA – ROLLING BACK THE TIDE

HIV prevalence rates in Cambodia are the highest in Asia. Approximately 3% of adults are infected and, unlike in most other countries in the region, heterosexual sex rather than injecting drug use has been the main conduit for the virus. Although infection rates rose rapidly to their current levels – AIDS was first detected in Cambodia in 1991 – recent containment efforts by the government and civil society have begun to reverse the virus’s spread.⁷

The spread of HIV in Cambodia accompanied the country’s transition to democracy in the early 1990s. The transition was overseen by United Nations civilian observers and peacekeepers, many of whom admitted to visiting sex workers.⁸ Rapid economic growth accompanied the political transition, and newly-wealthy Cambodians further increased the demand for sex work. This growth was uneven, however, and women from poor rural areas moved to the cities to meet the demand. In the absence of significant efforts to distribute and encourage the use of condoms, HIV faced few obstacles. HIV prevalence in Cambodia is currently declining. The number of people living with the virus fell by around 20% between 1997 and 2001, and infection rates among brothel-based sex workers declined from 43% in 1998 to 29% in 2002.⁹ Intensive government information campaigns and a ‘100% Condom Use’ campaign which aims to make condom use in brothels universal have been largely responsible for this, with support from non-governmental groups critical to the campaigns’ success.

7. David E. Bloom, Ajay Mahal, Larry Rosenberg, Jaypee Sevilla, David Steven, Mark Weston (2004): *Asia’s Economies and the Challenge of AIDS*. Asian Development Bank, April.

8. Peter Godwin, Suth Wantha Seng, and Chhi Vun Mean (2000): *The HIV/AIDS Epidemic in Cambodia: the Contribution of the Health Sector*. Espace, Populations, Societies, no. 2.

9. UNAIDS (2004): *AIDS epidemic in Asia fact sheet*. UNAIDS, Geneva, July.



Strengthening the voice of people in the community is an important task for activists, and peer education on sexuality issues is one way of achieving this, as it gives confidence to educators and enhances leadership skills.



strategies for working on issues of sexuality

The final session at the consultation addressed strategies for working on sexuality. Although the strategies available differ depending on political and cultural contexts in each country, several common themes emerged.

The first of these was to involve communities in advocacy around sexuality. As we have seen above, there are limits to what governments and laws are able or willing to do, so community mobilisation is essential if people's lives on the ground are to be improved. The women's movement in Indonesia, for example, began as disparate individual community groups and grew into a powerful force that persuaded the government to address violence against women and set up a commission on women. Strengthening the voice of people in the community is an important task for activists, and peer education on sexuality issues is one way of achieving this, as it gives confidence to educators and enhances leadership skills. Identifying and encouraging community groups to network with other groups was another strategy highlighted by participants for strengthening community action.

Community advocacy efforts can focus on a variety of issues. Addressing societal and cultural norms, traditions, and taboos, looking at religious interpretations, going back to the history of particular customs, exploring local meanings and terms might also help change the way sexuality is viewed within a particular cultural context. Networking across movements, increasing rights literacy within local communities, and dialoguing with local leaders might also help in mobilising communities.

The second key strategy involves working with the media to raise awareness of sexuality issues.



Training journalists and reporters on sexuality issues, influencing TV and radio programmes (activists have made concerted efforts to influence the content of a new TV show addressing lesbian and gay issues in the Philippines, for example), and exposing opinion leaders to concepts such as rights, were identified as potentially fruitful ways of engaging the media.

Freedom of the press, of course, varies across countries. In India, for example, the media is relatively free. In Vietnam and China it is run by the State, so activists need to approach government ministries to encourage them to give coverage to issues. As an activist from Vietnam reported, however, there is only space for certain issues in the media, so the potential for using the media is limited in some countries.

SEXUALITY AND AUTHORITARIANISM IN CHINA

Women's status in China improved dramatically after the communists gained power. Until the early 20th century, women had been treated as chattels who were expected to obey the Confucian tradition of female submission to males. The 1950 Marriage Law, however, introduced equal rights for both sexes. China's Constitution also emphasised gender equality. Many more women now have jobs and their power within families has also increased. Legal equality does not always translate into reality, however, and women are still a minority in the higher-paid professions.

The Chinese government, in an attempt to curb rapid population growth, instigated a one-child policy in 1980.¹⁰ The policy allows couples living in cities to have only one child and couples in rural areas to have two if they are spaced over

several years. Confucianism views having a male child as an imperative, however, and the combined pressures of this philosophy and the one-child policy have led to an increase in both sex-selective abortion and female infanticide. As a consequence, the sex ratio between women and men has tipped in favour of men in recent years. The country is thought to have over 60 million more men than women.¹¹

Although repressive towards heterosexual couples in terms of controlling their fertility, the Chinese government has in recent years shown increasing tolerance of homosexuality. Homosexuality is not criminalised (though it is frowned on by society), and because of the advent of HIV/AIDS, the government has begun to reach out to homosexuals in an attempt to stop the spread of the virus. Television programmes have incorporated discussion of gay and lesbian issues, the Ministry of Health has supported hotlines and information campaigns set up by NGOs, and the government has allowed the formation of new gay groups. AIDS has also helped bring gay and lesbian individuals together into a more cohesive movement, with many using the internet to expand and mobilise for better treatment.

Where the scope for working with governments and media is constrained, several participants suggested using international agencies as a mouthpiece, as an alternative strategy. During the communal riots in Gujarat, India, for example, NGOs fed news to the international media, which embarrassed the government. International agencies such as Human Rights Watch also have the clout to put pressure on governments, although some participants warned of the need to be sensitive to the needs of different groups as some might not want global attention, because it may increase repression.



International agencies and media are more likely to become involved in a cause if they are given good quality information about it. A way of doing this is to research and document sexuality-based rights infringements. Fact-finding reports, which are a popular strategy in India, Sri Lanka and Thailand, involve activists investigating a case of violence against a woman, for example, by speaking to family members, local politicians and the police, and creating a report. By documenting a number of cases, a systematic pattern may emerge, providing a robust case for action. Again, as with media work, it is more difficult to produce such reports in authoritarian states such as China and Vietnam, as security personnel often follow investigators and censor what is written.

Another key strategy that emerged was the need for doing regional and comparative research on issues of sexuality. Deepening the understanding of particular issues of sexuality within different movements (eg. the women's movement, the disability rights movement, the LGBT rights movement, etc.) could highlight connections that were not previously acknowledged. However, as someone noted, we must also be careful to examine what the specificity of sexuality is, so it does not get lost in other issues. Another important aspect to work on further is how to integrate pleasure into sexuality work, deconstruct and demystify acts and concepts of pleasure, and enhance perceptions of condoms and safer sex as fun.

With all these strategies, it is obviously crucial to be aware of country contexts. Some participants reported working with religious authorities in countries where they are a powerful force – engaging with the more progressive religious leaders is a particularly promising approach. In authoritarian states, rights-based approaches may

not produce the best results – community mobilisation may be a more promising strategy in such contexts. As one of the consultation convenors noted in her summary of the meeting, however, culture is not static. Those working on sexuality need to be flexible, adapting their messages and methods to changing contexts. 'We should not fall into the trap of using culture in a fixed manner,' she said, 'culture shifts and we need to shift with it'.

10. BBC (2000): China steps up one-child policy. BBC News, 25 September.

11. BBC (2000) *ibid*





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THE SOUTH AND SOUTHEAST ASIA RESOURCE CENTRE ON SEXUALITY

Hosted by TARSHI (Talking About Reproductive and Sexual Health Issues) in New Delhi, India, The South and Southeast Asia Resource Centre on Sexuality aims to increase knowledge and scholarship on issues of sexuality, sexual health and sexual well-being in this region. The Resource Centre specifically focusses on sexuality related work in China, India, Indonesia, Nepal, Sri Lanka, Thailand, The Philippines, and Vietnam. A regional Advisory Committee provides inputs on country specific needs. Similar regional centres are located in Africa, Latin America, and the United States. The Centre serves as a space for activists, advocates, practitioners, and researchers, to better understand, examine and expand upon the complex issues surrounding debates on sexuality.

The goals of the South and Southeast Asia Resource Centre are to:

1. Develop and build on the scholarship and capacity in the field of sexuality in the South and Southeast Asian region with a view to transform theory into practice
2. Enhance the conceptual understanding of the fields of sexuality, gender, and rights and of their inter-linkages with socio-cultural issues in the South and Southeast Asian region
3. Increase and consolidate the knowledge base and resources available on issues of sexuality and sexual well-being in the South and Southeast Asian region.

Amongst other programmes, the Resource Centre conducts an annual Regional Institute on Sexuality, Society and Culture, publishes a quarterly magazine, *In Plainspeak*, and, hosts a website with comprehensive resources on sexuality and electronic moderated discussions on sexuality.

For more details please visit www.asiasrc.org

