



TARSHI

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talking about sexuality

A REPORT OF PRELIMINARY FINDINGS FROM THE TARSHI HELPLINE

thanks to

All past and current counsellors on the TARSHI helpline AC, BB, ET, GS, JN, JS, PG, PN, RC, S, SK, SSD, SV, VJS and ZK. Arundhuti Pauline Gomes, Azeema Faisunnisa, Lopamudra Paul and Prabha Nagaraja for helping analyse the records, generating countless tables and ideas and writing the report. Shireen Jejeebhoy and Radhika Chandiramani for reviewing the report and valuable feedback. All staff at TARSHI, especially Janette Sunita for editorial support. Each and every TARSHI staff member and volunteer over the years who has painstakingly entered handwritten data into the computer. Sherna Dastur for designing this publication. The MacArthur Foundation for awarding the fellowship in 1995, which allowed the TARSHI helpline to come into being. The Ford Foundation for its generous support through the years.

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introduction

Blatant in media messages, part of most advertising strategies, unavoidable in public spaces, be it public transport or public hoardings touting all manner of goods from toothpastes to tires, popular media representation of sexuality in the Indian metros has an increasingly in-your-face quality. Despite this, as an intimate part of the everyday life of most people, sexuality is still relegated to a shadowy realm – it is never talked about directly but only referred to indirectly. It is regarded as part of the private sphere and though much of what we do assumes the presence of an underlying sexuality, rarely does the average person articulate it. Sexuality is a word shrouded in secrecy and shame. Culture, morals, and tradition are cited as reasons for the deafening silence. When spoken about, whether with friends or family or the larger society, it is the negative, violent aspects that are talked of. Rarely is sexuality celebrated as being positive.

The picture is multi-dimensional. On the one front there is the cultural and social silence around sexuality, on the other there is reference to sexuality through innuendo and the media. The known multiplicity of scenarios in which sexual behaviour is currently conducted further complicates the picture.

In India the practice of early marriage is prevalent (the 2005-2006 National Family Health Survey shows that 44.5% of women between 20 and 24 years of age, get married by the age of 18 and 16 % of women between the ages of 15 and 19 are already mothers), yet the sexuality of adolescents is denied. Sexuality education is considered a ‘western import’. Where Family Life and Life Skills Education takes its place there is great concern about these programmes being culturally appropriate and sensitive. Cultural sensitivity of course translates into not talking about the ‘S word’

at all. The taboos around talking about sexuality also contribute to a greater incidence of sexual violence. For instance, a recent Population Council, India study by Rajib Acharya and Shireen J Jejeebhoy entitled Adverse Health Outcomes of Physical and Sexual Violence Within Marriage: Experiences of Young Women in Maharashtra, India, found that women who were beaten or were forced into sex were significantly more likely than other women to have experienced sexual and reproductive health problems. In addition, the 2007 Study on Child Abuse in India commissioned by the Ministry of Women and Child Development, Government of India, shows that out of 12, 477 child respondents, 53% reported having faced one or more kinds of sexual abuse. The implications for policy and intervention are obvious; life skills and sexuality education interventions for young people that include elements of gender and sexual and reproductive rights is essential.

There is scant attention paid to the realities of sex despite the fact that over 80% of the HIV transmission in India is by the sexual route. In most HIV prevention efforts, talk of sex, if any, is restricted to sex work or multi-partner sex – with accompanying undertones of these being undesirable, highly risky and somewhat unusual expressions of sexuality. What about the risks people run in the ‘ordinary’ sex they practice? The occasional ‘lapses’, the sudden flings, the affair with the neighbour?

A whole generation is growing up in the era of AIDS. What are young people learning about sexuality? There has been considerable debate on whether sexuality education should be introduced in school curricula. Parents as well as schoolteachers are embarrassed to talk frankly about sexuality. Sexuality education is provided, if at all, in biology lessons about ‘the human reproductive system’.

The relevant chapter is often left till the end of term or not taught at all. As a result, there is tremendous ignorance even about basic facts like bodily functions. Because of a lack of knowledge about sexuality, people engage in unsafe sexual behaviour, placing themselves and their partners at risk.

The TARSHI Helpline was set up in 1996 to provide information, counselling and referrals on sexuality, sexual and reproductive health to people so that they could make wiser choices. TARSHI is an NGO based in New Delhi, India and is registered under the Societies Registration Act in 1997. The Helpline has responded to nearly 60,000 calls. This report presents the results of a preliminary analysis of the data we have documented of the calls received on the Helpline.

the telephone helpline

The TARSHI Helpline provides information, counselling and referrals on a range of sexuality, sexual and reproductive health and rights issues. The Helpline is staffed by trained counsellors and directed by a qualified clinical psychologist. The Helpline service is available in Hindi and English; it is free, confidential and guarantees anonymity.

The profile of the callers on the TARSHI Helpline and the nature of concerns they call with indicate more than clearly that the TARSHI Helpline has been successful in working towards its vision of the right to sexual well being and to an enjoyable and self-affirming sexuality for all. We work towards expanding sexual

and reproductive choices in people's lives. Our programmes address all people of all ages, communities, classes and sexual preferences, with a focus on women and young people and their sexual and reproductive health and rights. Sexuality is at the core of personal autonomy and a wider public discourse is important in order for the existence of socio-cultural conditions that foster sexual well being.

Each call on the Helpline is documented in writing, in order to maintain a high quality Helpline service, to continue to offer quality counselling to callers who call again and to deepen TARSHI's understanding of sexuality and reproductive health and rights issues within the Indian socio-cultural environment. The calls are not tape recorded in order to preserve the callers' confidentiality and anonymity. However, counsellors are trained to make relevant notes of the conversation immediately following

each call. Documenting the issues that the callers seek counselling for also provides data for future research and analysis on how sexuality is being played out in diverse circumstances of peoples' lives. The information from calls informs and guides the activities that TARSHI engages in.

The Helpline currently runs three days a week, Monday to Wednesday, from 10 am to 4 pm. In earlier years, the service was available from Monday to Friday 9 am to 5 pm. Over the years, the Helpline has been publicised over FM radio, cable television, through newspaper and magazine articles and through the TARSHI website. The most successful mode of advertising has been FM radio. The Internet is fast becoming a popular way of reaching out to people and we have recently received calls from people as far away as Tamil Nadu, Assam and Karnataka, who got our number from the Internet.

socio-demographic profile of callers

The Telephone Helpline is especially for women and young people. However while most of the callers to the Helpline are young people, fewer than 20% are women. The Helpline has recorded 59,631 between February 14, 1996 and October 10, 2007 of which 57,773 have been analysed. For the purpose of data analysis, 13,885 non-serious (blank/unclear) calls were removed from the total number of calls.

About our callers

The total number of calls analysed for this report is 43,888.

Language

- Those who spoke only in Hindi = 30,478 (69.4%);
- Those who spoke only in English = 8,441 (19.2%);
- Those who spoke in both Hindi and English = 4776 (10.8%)

Gender of callers

- Number of calls from men = 35,924 (81.9%)
- Number of calls from women = 7,798 (17.8%)

Over 150 calls have been received from/about transgendered and transsexual people/issues (0.3%)

The fact that more men call the Helpline reflects the reality that men have better information about and access to services than women. However, even though many women do not call the Helpline themselves, their male partners do sometimes access Helpline services on their behalf. Men phone on such varied topics with regard to their partners/wives such as pain

during intercourse, irregular and/or painful periods, problems in conception, contraceptive options etc.

Because people calling the Helpline are not obliged to provide any background information on themselves TARSHI's records do not always include details like marital status and age of the caller.

Callers are also not obliged to provide any information other than that which is required for the service to be of use to them. About 2000 callers have mentioned their occupation, of which about 22% have been students. In addition, government employees and professionals (doctors, lawyers and engineers), academicians, homemakers, businesspersons and domestic help have also accessed the service.

34.7% of calls are from first-time callers while 41.7% of the calls

are from callers who have called before. In about 24% of the cases, the information about whether they have called before is not available. This is because of a number of reasons, for example, the caller may not want to say if they have called before or they terminate the call abruptly or before the counsellor can get this information.

Age of callers

Though the age of the callers ranges from 10 to 76 years, 68% are less than 30 years old.

The data shows that 42.6% of calls are from people between the ages of 15 and 24 years.

TABLE 1: Age distribution of callers

AGE GROUP OF CALLERS	NUMBER OF CALLS	PERCENTAGE
<15 years	133	0.30%
15 to 19 years	5416	12.34%
20 to 24 years	13313	30.33%
25 to 29 years	11111	25.32%
30 to 34 years	3528	8.04%
35 to 39 years	1664	3.79%
40 to 44 years	983	2.24%
45 to 49 years	310	0.71%
>50 years	336	0.77%
Unknown Age	7094	16.16%
TOTAL	43888	100.00%

TABLE 2: Marital status of callers

Callers are not obliged to reveal any information about themselves during the course of their conversation on the Helpline. Therefore information about their marital status is often not recorded (if they have not volunteered the information) and even if it is recorded, there is no way of verifying that it is accurate information. It is important to keep this in mind while reading the following data:

MARITAL STATUS OF CALLERS	NUMBER OF CALLS	PERCENTAGE
Single	16924	38.56%
Married	18815	42.87%
Separated / Divorced / Widowed	68	0.15%
Unknown Marital Status	8081	18.41%
TOTAL	43888	100.00%

content of calls

The first concern that a caller calls with is documented and used for quantitative analysis. It is important to remember that callers go on to more questions as the call proceeds. So, for example, the caller may begin by asking about the timings of the service or what the service is about (first query would be recorded as ‘TARSHI information’). After this information is given, they may go on to ask any number of questions related to their doubts, concerns or problems to do with sexuality.

The duration of calls varies from as little as a minute to over an hour depending on the nature of the concern and the amount of time and privacy the caller has. The service provides information, counselling and referrals. The Helpline Referral list includes Gynaecologists, Psychologists, Psychiatrists, and NGOs working with women, on child sexual abuse, HIV and legal aid, etc.

TABLE 3: First concern of callers on the TARSHI Helpline

FIRST CONCERN OF CALLER	TOTAL	PERCENTAGE
General Sexuality Information	15371	35.02%
Problems related to sex – for self/partner	9028	20.57%
Contraception	5276	12.02%
About the TARSHI service, general queries	3668	8.36%
Relationship problems	3485	7.94%
HIV/AIDS	3440	7.84%
Menstrual problems	1517	3.46%
Referral information	1047	2.39%
Infertility	562	1.28%

FIRST CONCERN OF CALLER	TOTAL	PERCENTAGE
Abuse in sexual relationship / incest	275	0.63%
Gynaecological problem	184	0.42%
Legal information	35	0.08%
TOTAL	43888	100.00%

General Sexuality Information includes information on frequency of sex, masturbation, genital size, shape and colour, circumcision, breast size and shape, emissions, virginity, sex for the first time, homosexuality, transgender issues, pleasure enhancement, unusual sexual practices, sexual positions and techniques.

Common myths and misconceptions related to sexuality that are encountered on the Helpline

Nocturnal emissions are a sign of weakness/illness that need to be cured.

Condoms reduce pleasure.

Condoms are only for those who want to avoid pregnancies.

Masturbation is harmful – it causes weakness, pimples, and dark circles under the eyes, infertility and sexual problems.

Women do not masturbate.

Sex with a virgin cures STDs and AIDS.

The intact hymen is a sign of virginity/ a woman who does not bleed on the ‘wedding night’ is not a virgin.

It is a woman’s duty to have sex with her husband whenever he wants her to.

Oral sex can lead to pregnancy (if semen is ingested).

Anal sex cannot lead to conception. Anal sex is safe sex.

Premature ejaculation can be ‘cured’ by medicines.

Only peno-vaginal intercourse is ‘real’ sex.

Sex between two men is not sex but ‘masti’ (play).

Oral/anal sex is considered wrong/bad, or at best forbidden, yet it is practised, leading to guilt and shame.

Sexual Problems include concerns related to sexual performance, pain during/after sex, reduced interest in sex, partner not interested/satisfied with sex etc. It is interesting to note that seems to be a serious lack of communication between partners on sexual matters. Callers who have been married for several years also report not having discussed their sexual issues with their spouses. They find it easier to discuss their concerns and questions with a stranger on the phone than with their intimate partners.

The most commonly reported sexual problem is premature ejaculation in men and painful sex in women. Many men compare their performance with what they see in ‘blue films’ (‘pornographic’ films) or what they have heard of their friends’ ‘accomplishments’. Many men and women are unaware that while a man can get aroused and reach orgasm quite fast, it takes a woman (physiologically, and more often due to psycho-socio-cultural factors, socialisation

etc.) much longer to do so. It appears that the lack of information/knowledge about differences in sexual responsiveness leads to much discontent.

Treatment seeking preferences

Callers often call with requests for medicines for premature ejaculation, nocturnal emissions and in some cases even to help them control their urge to masturbate.

Some report having consulted indigenous health practitioners for these problems and also report not having benefited from the ‘treatment’.

Some callers have spent a lot of money that they can often ill-afford in search of the right ‘treatment’.

Non-medical solutions are not taken as seriously as medical ones.

Callers prefer to be told to take medicines or consult a doctor than to be told to change a particular behaviour in order to improve sexual functioning.

Conception, Contraception and Abortion related queries include information on how conception takes place, different natural, chemical and barrier methods of contraception, pregnancy tests, emergency contraception and abortion.

HIV and AIDS related queries include questions about what HIV is, how it is different from AIDS, routes of transmission, fears and misconceptions, testing and treatment.

Relationship Issues are mainly to do with interpersonal problems between intimate partners/ spouses and in a few cases in-laws or extended family members.

what do women and men talk about on the helpline

The following figures reflect the top six concerns that men and women call with. As evident from the tables below and from counsellors' observations, men find it easier to begin with sexual concerns while women usually begin with medical and relationship problems and then may go on to sexual issues. Menstrual problems do not figure in the top six concerns that men call with while the same can be said for women and HIV.

TABLE 4: Gender differentials in first concerns of callers

THE FIRST QUERY OF CALLERS	NUMBER OF MEN	PERCENTAGE
General Sexuality Information	13924	38.76%
Problems related to sex – for self/partner	8487	23.63%
Contraception	3466	9.65%
About the TARSHI service, general queries	3039	8.46%
HIV/AIDS	2937	8.18%
Relationship problems	1789	4.98%

THE FIRST QUERY OF CALLERS	NUMBER OF WOMEN	PERCENTAGE
Contraception	1792	22.98%
Relationship problems	1672	21.44%
General Sexuality Information	1400	17.95%
Menstrual problems	796	10.21%
About the TARSHI service, general queries	603	7.73%
Problems related to sex – for self/partner	515	6.60%

TABLES 5A-D: Distribution according to Age and First Concern of callers on the TARSHI Helpline

TABLE 5A: shows the number of calls made by people of different age groups within different query categories. For example, a total of 15372 calls were analysed within the General Sexuality Information category (2nd column), of which 5444 of calls were from people between 20 and 24 years old.

TABLE 5B: shows the percentage of calls made by people of different age groups within different query categories. For example, a total of 15372 calls were analysed within the General Sexuality Information category (2nd column), of which 35.4% of calls were from people between 20 and 24 years old.

TABLE 5C: shows the number of calls within each age group that have to do with specific queries. In other words, of the 5416 calls by 15-19 year olds that were analysed, 3088 were to do with General Sexuality Information related queries.

TABLE 5D: shows the percentage of calls within each age group that have to do with specific queries. In other words, 57.02% of 15-19 year olds whose calls were analysed, called with General Sexuality Information related queries.

TABLE 5A: Number of calls made by people of different age groups *within different query categories*

AGE GROUP	GENERAL SEXUALITY INFORMATION	SEXUAL PROBLEMS	CONTRACEPTION RELATED QUERIES	MENSTRUATION RELATED QUERIES	INFECTION RELATED QUERIES	GYNAECOLOGICAL QUERIES	ABUSE	FERTILITY RELATED QUERIES
<15 yrs	59	2	4	19	10		9	1
15-19 yrs	3088	346	426	272	533	5	81	5
20-24 yrs	5444	2444	1854	489	1155	51	102	120
25-29 yrs	3211	3268	1690	356	732	55	26	244
30-34 yrs	890	1039	471	128	238	20	12	94
35-39 yrs	377	526	128	46	100	17	3	33
40-44 yrs	157	182	42	34	55	4	3	5
45-49 yrs	77	96	12	24	21	3	2	2
>50 yrs	90	112	10	6	11	1	1	2
Unknown	1979	1012	639	143	585	28	36	56
TOTAL	15372	9027	5276	1517	3440	184	275	562

TABLE 5B: Percentage of calls made by people of different age groups *within different query categories*

AGE GROUP	GENERAL SEXUALITY INFORMATION	SEXUAL PROBLEMS	CONTRACEPTION RELATED QUERIES	MENSTRUATION RELATED QUERIES	INFECTION RELATED QUERIES	GYNAECOLOGICAL QUERIES	ABUSE	FERTILITY RELATED QUERIES
<15 yrs	0.38%	0.02%	0.08%	1.25%	0.29%		3.27%	0.18%
15-19 yrs	20.09%	3.83%	8.07%	17.93%	15.49%	2.72%	29.45%	0.89%
20-24 yrs	35.42%	27.07%	35.14%	32.23%	33.58%	27.72%	37.09%	21.35%
25-29 yrs	20.89%	36.20%	32.03%	23.47%	21.28%	29.89%	9.45%	43.42%
30-34 yrs	5.79%	11.51%	8.93%	8.44%	6.92%	10.87%	4.36%	16.73%
35-39 yrs	2.45%	5.83%	2.43%	3.03%	2.91%	9.24%	1.09%	5.87%
40-44 yrs	1.02%	2.02%	0.80%	2.24%	1.60%	2.17%	1.09%	0.89%
45-49 yrs	0.50%	1.06%	0.23%	1.58%	0.61%	1.63%	0.73%	0.36%
>50 yrs	0.59%	1.24%	0.19%	0.40%	0.32%	0.54%	0.36%	0.36%
Unkown	12.87%	11.21%	12.11%	9.43%	17.01%	15.22%	13.09%	9.96%
TOTAL	15372	9027	5276	1517	3440	184	275	562

TABLE 5C: Number of calls *within each age group* that have to do with specific queries

AGE GROUP	GENERAL SEXUALITY INFORMATION	SEXUAL PROBLEMS	CONTRACEPTION RELATED QUERIES	MENSTRUATION RELATED QUERIES	INFECTION RELATED QUERIES	GYNAECOLOGICAL QUERIES	ABUSE	FERTILITY RELATED QUERIES	TOTAL
<15 yrs	59	2	4	19	10		9	1	133
15-19 yrs	3088	346	426	272	533	5	81	5	5416
20-24 yrs	5444	2444	1854	489	1155	51	102	120	13313
25-29 yrs	3211	3268	1690	356	732	55	26	244	11111
30-34 yrs	890	1039	471	128	238	20	12	94	3528
35-39 yrs	377	526	128	46	100	17	3	33	1664
40-44 yrs	157	182	42	34	55	4	3	5	983
45-49 yrs	77	96	12	24	21	3	2	2	310
>50 yrs	90	112	10	6	11	1	1	2	336
Unknown	1979	1012	639	143	585	28	36	56	7095

TABLE 5D: Percentage of calls *within each age group* that have to do with specific queries

AGE GROUP	GENERAL SEXUALITY INFORMATION	SEXUAL PROBLEMS	CONTRACEPTION RELATED QUERIES	MENSTRUATION RELATED QUERIES	INFECTION RELATED QUERIES	GYNAECOLOGICAL QUERIES	ABUSE	FERTILITY RELATED QUERIES
<15 yrs	44.36%	1.50%	3.01%	14.29%	7.52%		6.77%	0.75%
15-19 yrs	57.02%	6.39%	7.87%	5.02%	9.84%	0.09%	1.50%	0.09%
20-24 yrs	40.89%	18.36%	13.93%	3.67%	8.68%	0.38%	0.77%	0.90%
25-29 yrs	28.90%	29.41%	15.21%	3.20%	6.59%	0.50%	0.23%	2.20%
30-34 yrs	25.23%	29.45%	13.35%	3.63%	6.75%	0.57%	0.34%	2.66%
35-39 yrs	22.66%	31.61%	7.69%	2.76%	6.01%	1.02%	0.18%	1.98%
40-44 yrs	15.97%	18.51%	4.27%	3.46%	5.60%	0.41%	0.31%	0.51%
45-49 yrs	24.84%	30.97%	3.87%	7.74%	6.77%	0.97%	0.65%	0.65%
>50 yrs	26.79%	33.33%	2.98%	1.79%	3.27%	0.30%	0.30%	0.60%
Unknown	27.89%	14.26%	9.01%	2.02%	8.25%	0.39%	0.51%	0.79%

It is evident from the tables above that:

- The maximum number of calls is received from people between 20 and 24 years and to do with General Sexuality Related Information. (35.4% calls received from this age group for sexuality related information). This reflects a lack of knowledge and a curiosity for sexuality information in this age group.
- People younger (15-19 year olds – 20%) and older than this age group (25-29 year olds – 20.8%) are also asking for Sexuality Related Information.
- People who are between the ages of 25 and 29 years are the second highest age group of callers (25.3%) overall.
- Sexual Problems top the list for those between 25-29 years (36.2% calls received for Sexual Problems are from 25-29 year old people).
- People younger and older than this age group also have concerns related to Sexual Problems. (27 % of calls on sexual problems are from 20-24 year olds and 11.5% are from 30-34 year olds).
- Contraception related information is also one of the highest concerns for people between 20-24 years (35.1%) and 25-29 years (32 %).

These figures are indicative of the following:

- People do not have access to basic accurate information about sexuality and their bodies even though these are issues that all human beings grapple with at least at some point in their lives.
- The information that they have is usually incomplete or inaccurate as the sources of sexuality information seem to be ‘blue films’ (‘pornographic’ films), misinformed friends or more recently, Internet sites.
- People of all age groups and educational backgrounds are seeking this information (the youngest caller being 12 and the oldest over 70 years of age). However, the maximum number of calls come from people in the age group of 15-29 years.
- Lack of basic sex information leads to uninformed choices that may cause people to deal with unintended consequences like pregnancy or infection, including HIV. While a qualitative analysis of calls is not in the scope of this report and will be dealt with later, preliminary analysis and counsellor observations point to this fact. For example, some callers are surprised to hear that anal sex is not safe in terms of both unwanted pregnancy and infection. The implications for HIV prevention work are obvious.

caller feedback

The counsellors are trained to let the callers direct the course of the call and ask questions of them only when relevant to the concern they call with. By the very nature of the anonymity of the Helpline service, there are very few avenues for feedback from callers because:

Callers may suddenly terminate the call and never call back.

They may call back but not mention that they have called before.

They may mention they have called before but not say what they called about the last time.

Sometimes they forget when they had called last and about what.

However in a few cases, we do get feedback from callers, some of which is described below:

An 18 year old English speaking man wanted to thank the counsellor for biology information on the female and male genitals and also the reproductive system and its functions. He is a student of Class XII Science from a prominent school in Delhi.

A 28 year old Hindi speaking married man said ‘Thank you very much for your help’ – wife showed a lot of affection to him for the first time.....

A 26 year old Hindi speaking married man was very thankful to TARSHI and said whenever he needs ‘correct’ help he calls TARSHI.

A 24 year old single woman who spoke in Hindi and English wanted information on how to avoid pregnancy. She said she was to be married soon and didn’t want to have any children straight away.... She said she was very thankful for the information given.

A 28 year old Hindi speaking married man asked for information about TARSHI ‘agar aap bura na mane’ (‘if you don’t mind’). When information given, he said ‘achcha ye social service hai’ (‘so this is social service’) and thanked the counsellor profusely.

A 25 year old Hindi speaking single man thanked the counsellor a lot and said, ‘Bhagwan aapka bhala kare’ (‘may God bless you’).

A 22 year old married woman who spoke in Hindi and English said ‘your facility is very nice’.

A 48 year old Hindi speaking married man thanked TARSHI very much for the help provided. He also said, ‘koi meri baat dhyan se nahin sunta jitna ki aapne suna’ (‘no one listens to me as carefully as you did’).

A 49 year old Hindi speaking married man thanked the service and said, ‘bahut acchi Helpline chala rahein hain’. (You are running a very good Helpline)

As feedback and expressions of gratitude come during the course of the conversation or at the end of a call, it is not recorded as the first query of the caller and so it is currently not possible to give an exact number of ‘thank you’ calls on the Helpline.

How callers hear about the service

Over the years, the TARSHI Helpline has been publicised through various media, the most effective of which has been FM radio. While TARSHI has not advertised in the print media much, articles about the Helpline or the issues addressed by it have often carried the Helpline number.

In 39% of calls, callers reported hearing about the Helpline through friends and acquaintances.

In 29.6% of calls, the source of information was FM Radio.

11% of callers report having got our number from newspapers/magazines.

More recently callers are getting to know of the Helpline through the Internet (through the TARSHI website and through search engines).

conclusion

In conclusion, this review suggests that the TARSHI Telephone Helpline is used by a large number of urban residents. Callers are usually male, although problems discussed may not always be about men's problems; the easier access for men (due to mobility as well as fewer social restrictions on men to access services such as the TARSHI Helpline) may have resulted in the larger number of male callers.

The larger proportion of callers is Hindi speaking. Callers from all walks of life have called on the Helpline in Hindi. The acceptability of this service was assessed by the comments of those who called back to provide feedback on the advice provided and those who gave feedback in the course of the call as well.

The calls show that sexual decisions are made against a backdrop

of personal values, desires, morals and apprehensions, and relationship and societal pressures. These are amongst the most intimate and difficult decisions that individuals need to make and most often have far-reaching social consequences. There are not too many places where one can seek help in grappling with personal issues of this nature. Communicating about sexuality is not easy. There is scope for misinterpretation and distortion in any communication, more so when the topic itself is fraught with shame and fear.

Because sex is more than a matter of the mechanical juxtaposition of various body parts, people's emotions, fantasies, roles and expectations have to be addressed. Sexual relationships between people occur in the context of social and cultural structures that are based on inequitable gender and power relations.

To keep from people explicit information on sexuality on account of their being considered incompatible with culture, is inimical to the rights and the lives of all people.

It is imperative that any attempt towards sexuality education incorporate what is known of ground realities. Talking about sexuality in a manner that attempts to divorce it from passion and desire, will continue not only to be nonsense, but will perpetuate misconception and prejudice. What we need are sexuality education programmes that cater to people's diverse needs, and, that are not based on the assumption that there is a single homogenous sexuality.

Apart from information, people need to be able to clarify what they have understood so that it makes sense to them in the context of

their own lives. This can be done in different interactive ways, e.g. telephone Helplines, street plays, workshops, school based programmes and so on.

People of all ages have a right to information about their sexual and reproductive health concerns and a right to access appropriate services for these needs. The TARSHI Helpline provides a much-needed service to callers and the service continues to inform all of TARSHI's other initiatives. Findings suggest that telephone Helplines, serviced by trained and sensitive counsellors can fill an important need for sexuality information among urban Indians and particularly among the young.

The meta-messages that are conveyed are as important as the overt content of the messages. Fear and punishment based messages have limited efficacy – after a point, no one listens anymore. Keeping safe involves giving up certain pleasures or at least working to

reduce the risks associated with them. Taking care takes energy and may be encouraged by telling people about other activities that are pleasurable. This requires an approach that validates sexuality as an integral and rewarding part of life.

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TARSHI

TARSHI (Talking About Reproductive and Sexual Health Issues) is a registered NGO based in New Delhi, India that works on issues of sexuality, sexual and reproductive health and rights. TARSHI believes that all people have the right to sexual well-being and to an enjoyable and self-affirming sexuality.

TARSHI works towards expanding sexual and reproductive choices in people's lives in an effort to enable them to enjoy lives of dignity, freedom from fear, infection, and sexual and reproductive health problems. TARSHI works towards achieving this vision through the following programmes.

The Helpline

Provides information, counselling and referrals on sexuality, sexual and reproductive health issues.

Public Education

Public events, campaigns and sessions in schools and colleges to raise awareness on sexuality issues

The Sexuality and Rights Institute

An annual two-week long conceptual course focussing on the interface between sexuality and rights, conducted in collaboration with CREA. For more, please visit www.sexualityinstitute.org

Publications

On a range of sexuality issues for diverse audiences ranging from children to NGOs working in the field.

Training

On helpline counselling skills and on sexuality, reproductive health and rights issues.

The South and Southeast Asia Resource Centre on Sexuality

Increases knowledge and scholarship on issues of sexuality, sexual health and sexual wellbeing in the South and Southeast Asia region. For more, please visit www.asiasrc.org