

# Sexuality and Rights Workshop

## MEETING SUMMARY

**James P. Grant School of Public Health  
February 18, 2007**

**Dhaka, Bangladesh**



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## **Introduction**

The Sexuality Rights Workshop was held at BRAC Center Inn on January 16<sup>th</sup>, 2007 in Dhaka, Bangladesh. The workshop was organized by the RPC team at James P Grant School of Public Health, BRAC University. It was a day-long function, which brought together various organizations throughout Dhaka that are working with urban and rural populations in the arena of sexual and reproductive health and gender issues. The event consisted of presentations on ongoing research and projects. The day was concluded with a brainstorming session of themes of the day and action steps moving forward. Overall, the daylong workshop was an ideal avenue to network and share lessons learned from practical field experience. Dr. Sabina Faiz Rashid,<sup>1</sup> moderated the workshop. She explained that the objectives of the conference were the following: i) to build partnerships with key persons/organizations interested in working together to create a platform of awareness and advocacy in the area of Sexuality and Rights ii) share resources and learn from each other, and iii) possibly work together in training, research and advocacy activities in the future.

This document is organized by each presentation given at the workshop. Any questions or comments that were posed during the session are listed below. For more information about any of the presentations, please feel free to contact the individuals listed on the contacts sheet in Appendix I.

Dr. Rashid introduced the first speaker, Dr. Hilary Standing, a Research Fellow from the Institute of Development Studies (IDS) University of Sussex, England; and Director of the Research Program Consortium (RPC) on Realizing Rights: Improving Sexual and Reproductive Health for Poor and Vulnerable Populations, a DFID funded project, which also sponsored this workshop.



Dr. Standing giving an overview on RPC project

Dr. Standing gave a general overview of the RPC: The international consortium consists of 6 partners (Bangladesh-BRAC, Kenya, Ghana, US, and 2-UK partners). She noted some of the areas of research being undertaken and the links between this program and the Pathways to Women's Empowerment Program, which also has both BRAC and IDS as partners. This presents an ideal opportunity to move towards joint programmatic goals. The programs are funded by the UK Department for International Development and there is a big stress on communication of research to different audiences.

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<sup>1</sup> Assistant Professor, Reproductive and Sexual Health and Rights (course coordinator), James P Grant School of Public Health, BRAC University, Dhaka, Bangladesh. The RPC team consists of members from BRAC and BRAC University, Dhaka.

For example, BRAC is working with journalists to increase reporting of sexual reproductive health programs and issues.

The Realizing Rights RPC has four themes: 1) Measurement and mapping of sexual and reproductive health conditions and morbidities. 2) Improving access to reproductive health technologies especially for hard to reach groups 3) Bridging the gap between the international language of sexual and reproductive rights and realities on the ground 4) Understanding policy processes and how to get contentious issues such as abortion, violence, rights, etc. onto policy agendas

Dr. Standing said that the area of sexual rights is part of a developing sub-program of work which crosses both RPCs and is called Sexuality and Development. The idea is it operates as an umbrella program for hosting research and other sexual health rights related activities. The rationale is that sexuality is important to human well-being and is a fundamental part of human experience, but it is not part of mainstream research. Sexual rights are an important part of everyday struggles. Activities being developed under this area are research, mobilization of local networks, curriculum development, training and changing development practice to embrace positive visions about sexual rights .

### **Heteronormativity and its Implications**

Dr. Dina Siddiqi, Research Associate at the University of Pennsylvania was the first speaker at the workshop. She offered an analysis of: *Heteronormativity and its Implications*. Dr. Siddiqi noted that heteronormativity as a concept was deeply embedded in our ideological framework. A heteronormative perspective includes the belief that human beings fall into two distinct and complimentary categories, male and female. Further, sexual and marital relations are normal only when between people of different sexes and that each sex has certain natural roles in life. A broader definition of the term refers to the discourses, practices, and institutions that legitimize and privilege heterosexuality and heterosexual relationships as fundamental and “natural” within society. Within this logic, anything that falls outside the “norm” is categorized as not-normal, deviant or unnatural. Among other things, the entrenchment of heteronormative ideals makes it difficult for individuals to express ideas, thoughts, and actions that fall outside the “norm”. Lesbians, gay men, transgendered people, and men who have sex with men (MSM) would all fall into this category. The latter tend to be classified as bad, deviant, or abnormal; exclusionary or exploitative practices in law and in cultural practice can be justified on the basis of such labeling. The continued validity of Section 377 of the Bangladesh Penal Code, originally introduced under British colonial rule, is a case in point.

In this context, Dr. Siddiqi pointed out that it is possible to be *heterosexual without being heteronormative*. The question is not of sexual preference but of conforming to a particular social formation, that of the heterosexual patriarchal monogamous family unit. For instance, women who chose to remain single, who openly have sexual relations outside of marriage or who have children outside marriage, transgress heteronormative ideology. Thus they are frequently labeled deviant, bad or immoral. Heteronormativity can be seen as a way of disciplining bodies and populations.



Dr. Siddiqi speaking about *Heteronormativity in Bangladesh* [Dr. Rashid sitting next to her.]

Patriarchy and heteronormativity frequently go hand-in-hand with each other. Dr. Siddiqi stated that although, they are not the same, heteronormative ideology lies at the heart of patriarchal domination. Dr. Siddiqi gave several examples of the extent to which constructions of masculinity and femininity, as well as of race, class and sexuality were mutually constitutive and held together by invisible heteronormative imperatives. For instance, during the period of slavery in the US, white women's chastity/purity was constructed in opposition to that of the black slave woman, who was seen hypersexualized and always sexually available. In this narrative, by definition the black woman could not be 'raped' since she possessed no chastity. The enslaved black man was constructed as savage, uncontrolled and lusting after the pure white women. White men's masculinity turned on their ability to protect 'their' women from rape by the black male. The narrative of lynching so dominant at the time turns on fear of black male sexuality and ideologies of protection. The operation of power, especially the rape of slave women by their masters, is obscured in the process of maintaining the social order. Dr. Siddiqi reminded the audience that Michel Foucault's insight that sexuality is an apparatus of power continues to be relevant. In the Bangladeshi context, we should not assume that there is complete cultural silence around sexuality

Fear of an AIDS epidemic has significantly helped open up the dialogue regarding sexuality. However this is a narrow and medicalized discourse. Sexuality continues to be attached to socially 'deviant' groups such as sex workers or MSM. There is an urgent need to talk about sexuality in a broader social scheme.

Finally, Dr. Siddiqi noted that in Bangladesh, academic or policy discussions around policy tended to be limited to sexuality as a problem, whether it be sexual violence or the fear of spreading disease. She ended with a question about pleasure and how we can begin to talk about sexuality as a positive aspect of our lives.

#### QUESTIONS/COMMENTS POSED DURING THIS SESSION CONSISTED OF:

- The presentation reminds us of the awkward situation middle class researchers often face. They find themselves much more ‘puritanical’ than working class women who are more open to talking about sexuality without reservations.
- In the same vein, those who work with female sex workers sometimes find the latter making comments indicating acceptance of their lifestyle, and even pleasure. Dr. Siddiqi responded that the dominant assumption that all sex workers are exploited victims forced into their occupation should be challenged. We should ask ourselves why we are uncomfortable at the prospect of a sex worker deriving pleasure from his/her work.
- Heteronormativity is deeply embedded in our legal system. Exp: the definition of a woman in Bangladeshi law is an individual who is not a man.
- Marital rape is regularly overlooked both by culture and by law of many societies. How is that being addressed within the context of heteronormativity?
- Capitalist commodification of sexuality in the media and rising fundamentalism are other challenges to expanding the discussion of sexuality.

#### Women, Nation, and Izzat

The next presenter was Rubaiyat Hossain, Guest Lecturer at BRAC University. Ms. Hossain presented on *Women, Nation, and Izzat* (respect in Bangla). The presentation was a discussion of Ms. Hossain’s study of the negation of women’s status and role in Bangladesh history and in current times. Women and their *izzat* have been mentioned prominently throughout literature and history in Bangladesh, however there has been little effort to reduce the marginalization of women due to rape. When you lose your *izzat*, in Bangladeshi society, you become socially marginalized. There is little recognition of the women who were raped during the national liberation. The State sanctioned the destruction of documents that contained names of women who were raped by Pakistanis, thus eliminating any record of women victims. Additionally, abortion clinics were set up to provide services to women who wanted to abort their babies. The fit of women into the equation has not been considered over time. The concept of nationalism can conflict with rights issues: e.g. Age of Consent Law. Literary solutions of restoring motherhood: Several publications recount women’s testimonies of injustice. There needs to be sensitivity to the disclosure of women’s experiences because there can be a reverse backlash against them in their respective communities. Ms. Hossain concluded by stating that there is an ongoing disregard for women and the atrocities committed against them.

## **Facing the invisible: Exploring the lives of people with alternative sexual identities**

Ms. Barua was the next speaker. She has been working within the lesbian, gay, bisexual, and transgender (LGBT) community in Dhaka. A key aspect of the LGBT community is that it often has its own sphere and is not open to the public domain. The focus of the study was to see how they are being discriminated based on their sexual orientation. Ms. Barua conducted this study in 2005, at Ain-O-Salish Kendra, a legal aid and human rights NGO. The study was conducted in the light of sexual rights being one of the basic pillars of the concept of human rights. The methodology consisted of case studies, focus group discussions, and interviews. The questionnaire consisted of a survey of their perceptions of society, law, and political questions surrounding this issue. She observed that silence and invisibility play a dual role: while protecting the LGBT community, they are also the embodiments of their marginal status in society. This spectrum varies among this community as gay men have more space to form their own community compared to lesbians. Many lesbians have to lead a double life in light of circumstantial and societal pressures. So they are not easy to reach. Only three lesbians could be interviewed for this study. The visible transgendered individuals who are advocating their rights in the NGO-chalked HIV-AIDS prevention matrix happen to come from the semi-lower and lower classes of the society as these people of the other social backgrounds are yet to operate on the real space, preferring to remain on the cyber space or remain silent for their safe, calm human existence. So the question of visibility is a class-based issue which further restates that the lower class are less repugnant to the matters of so-called honor and acceptance of society.

Ms. Barua also discussed Penal code 377 reaction among the LGBT community. Most individuals within the community feel that sexuality should be discussed first as a first step. No action would be meaningful without some sort of appropriate social base set in the LGBT community. There is a great deal of ambiguity around this law and there are very few actual actions taken, setting no precedent to the law.



Transgender individuals are ostracized by society, hence they tend to form strong social circles. There needs to be an atmosphere of open communication so this community is easier to reach. Local psychology groups are divided in their stand regarding this issue. Among the various issues, there is discontent on how to approach this issue, given the differences in the LGBT culture between the east and

the west, and the limited scope of address from an eastern cultural perspective. The emergence of the “*Boys Only Bangladesh*” has allowed gay Bangladeshi men a safe place to meet each other and share mutual feelings. Several case studies were presented of individuals from the LGBT

community that recounted their experiences. Ms Barau concluded by restating that there needs to be more research in this community as well as a safe space where LGBT individuals can express themselves and discuss concerns within the community.

### **Male Sexuality and Rights**

The next speaker was Dr. Sharful Islam Khan, an Associate Scientist at ICDDR,B. Dr. Khan has been conducting research among males having sex with males, the transgender community and other stigmatized sub-populations at risk for HIV/AIDS in Bangladesh, since 1997. The concept of sexuality encompasses various factors such as sexual practices, desire, preferences, orientation, sexual economics, gender, culture and politics. As sexuality is constructed in the socio-cultural, socio-economic and spiritual context, it would not be appropriate to see sexual acts as discrete acts. Sexual acts are socially constructed behaviors. Dr. Khan argued that if we fail to understand the broader scope of sexuality, we may not understand sexual rights as well. Sexual rights are basic human rights which enforce sexual well-being and human dignity in its core. Case studies of two young Bangladeshis, a man and a woman, were provided by Dr. Khan on how sexual rights are violated in Bangladesh. The case studies clearly demonstrated how sexuality and related issues in Bangladeshi society have become taboo and how a silence has been created which hinders not only peoples' sexual rights, but also facilitates unhealthy sexual health. Dr. Khan argued that a disparity exists in the perception of male sexuality from a public health perspective and from a social perspective. Public health priorities do not linearly relate to males' own sexual health priorities, which may limit males' (and females') participation to sexual and reproductive health services where availability and accessibility are not necessarily problems.



Dr. Khan presenting to the group.

Dr. Khan argued that in the patriarchal society of Bangladesh, women are subordinated in most spheres of lives including sexual aspects. Males who have sex with males (MSM) in Bangladesh cannot avoid (or do not like to avoid) the mandatory marriage custom. Marrying women to continue patriarchy and family heritage is the dominant framework in this heteronormative society. Dr. Khan argued that male to male sex and MSM issues are not similar to the Westernized concept of homosexuality or gay politics. Although the term “MSM” has been

used for a long time, Dr. Khan thought the term MSM tends to be problematic. Overuse and improper use of the terminology further isolates and stigmatizes men.

Dr. Khan also described a bit about his ongoing project on transgender (hijra) community. Along with research activities, ICDDR,B also assisted the “*Badhan Hijra Shangha*”, a community based organization, to create a theater group named “*Rongberong. Rongberong*”. The theater troupe performed a play at the Sasakawa Auditorium of ICDDR,B. The script of the play was prepared by the hijra community and they performed an improvisational drama theatre production. The play reflected the pains and pleasure of hijra life in Bangladeshi society where they attempted to move beyond HIV/AIDS paradigm and focus on their personal everyday life context. This also empowered them in terms of critically thinking about their life situation and to shed light on some personal resolution concerns.

#### QUESTIONS/COMMENTS POSED DURING THIS SESSION CONSISTED OF:

- Is there research done on the violence against women? Dr. Khan stated ICDDR,B conducted some studies on violence against women. The results are ready for dissemination.
- Is there a need for repeal for Sec. 377? Dr. Khan believes section 377 has to be challenged if we really want to work in the framework of sexual rights. However, there are many political issues around 377 in Bangladesh. It is needed to build a platform of civil society, advocates, law enforcement agents, researchers, academics, politicians, and NGO professionals to work on 377 in future. Dr. Khan suggested that Bandhu should continue to document not only in numbers but also in a comprehensive manner about the incidents of abuse and violence that are occurred against MSMs and Male Sex Workers.
- Finally Dr. Khan in response to the confusion of the terminology, stated that researchers and program people have to be careful in using the terms. So that terms will not impose any new scientific imperialism in Bangladesh in else where in South Asia.

#### **Bandhu Social Welfare Society**

Ms. Marium Ul Mutahara’s spoke about Bandhu Social Welfare Society’s (BSWF) activities with males who have sex with males (MSM). The organization works in four large areas of the MSM framework: kothis, male sex workers, gay men, and male youth. Ms. Mutahara cited the National Serological and Behavioral Surveillance which identifies: MSM in Bangladeshi society are at high-risk for Sexually Transmitted Infections (STI) and HIV transmission. The STI prevalence among the MSM population is approximately 7%, and the HIV prevalence is less than 1%.

Safe sex promotion has been conducted through peer education and condom promotion, STI management care, creation of an open environment of dialogue regarding advocacy of HIV and STIs issues, capacity building through skills development. Using a holistic approach, BSWS provides its services through three interlinked frameworks. These are Center based services, Health services, and Fields services. Ms. Mutahara mentioned that BSWS targets individuals within the community people through the training unit, research and advocacy unit, and the prevention and care unit. Various services are provided through BSWS from counseling services,

referrals, drop-in center, and IEC/BCC materials and condom distribution. In addition technical assistance is also provided.



Ms. Mutahara speaks about the Bandhu Social Welfare Society's efforts

### **Some thoughts from Naripokkho experiences**

Ms. Maheen Sultan presented next about the Naripokkho experience working in the arena of sexuality. Ms. Sultan described the difference between sexuality versus reproductive health: Sexuality as a broader perspective. Sexuality is at the intersection of psychological and physiological dimensions. There is a great deal of discomfort with the issue. A Naripokkho study released revealed that violence against women is highest in rural Bangladesh. Violence against women can be propped by sexual dissatisfaction, marriage at a young age, can lead to polygamy, can cause suppressed sexual desire among women. Naripokkho works with sex workers and hijras. Individual has rights, well-being, right to equal wages, healthy quality, security, and entitlements. Some of the issues mentioned by Ms. Sultan were the issue of marital rape, rape of sex workers, sexual harassment recognition, lack of information on sexual health, and abuse of women via pornographic media. The women's movement was joined by Hijra's which added to the number of activists fighting for fair treatment and individual rights. Finally, Ms. Sultan mentioned that information on sexual health and associated norms are blurred. It is vital to create safe spaces to talk and discuss important issues surrounding women's health, sexuality, and violence.

### **QUESTIONS/COMMENTS POSED DURING THIS SESSION CONSISTED OF:**

- Is there a guideline or step on how to create a safe space women? Social acceptability is important. Section 377 will play a big role. There needs to be a relationship with the police so they understand what human rights information they should know. Creating secure spaces is important. There needs to be an embrace of inter-sex individuals where

the constitution need to keep women in the fold and the identification of women and their biology needs to be considered.

- Adolescent sexuality: there is a double standard where younger girls getting married and older men being able to be single.
- HIV has broken barrier between talking about reproductive health and sexual health.



Ms. Sultan responding to questions.

### **Community perceptions on sexuality in Matlab**

The last presentation was by Dr. Hashima-e-Nasreen of Research and Evaluation Division, BRAC. She reported on a study that was conducted to understand the perception of sexuality among individuals in Matlab: aimed to develop a community based holistic and culture sensitive intervention on sexual reproductive health. Research was carried out to understand people's perceptions and experiences on sex and sexuality, how sex was interpreted, and how they learned about sex. Interviews were carried out with villagers as well as learning local cultural nuances and village interpretations on sex.

Sexuality was defined as feeling, love, certain good and bad acts, pleasure, procreation, attraction. Adults do not agree with romantic love however youth do. Rather it is seen as a violation of religion or something that leads to negative behavior. Local healers see sexuality as a necessary factor of procreation, while pharmacists see it as a social convention. Most aspects of sexuality, with the exception of pleasure, safe sex, monogamy, love, and rape within marriage, are considered bad (i.e. homosexuality, pornography, masturbation, etc.) Females usually learn about sex from family while males usually learn from peers. Parents rarely speak to youth about sex. Adults believed that worries and anxiety may come from sex. Sexuality is part of a religious frame of mind in Matlab society. Ms. Nasreen's team also found that women's first duty is to please her husband. Similar to other studies presented throughout the day, culturally marital rape is not seen

as rape. Society and religion governs a great deal of sexuality in Matlab. Women and men perceived that religious belief, culture and societal norms mostly controls one's sexuality in their village.

The research found that the survey method was not an appropriate method to carry our research on sexuality in private settings. Because of the sensitivity of the issues initial research should be followed up with a qualitative research. A focus group discussion format is not best tool for data collection regarding this topic rather informal discussion and face to face interviews are recommended.

#### QUESTIONS/COMMENTS POSED DURING THIS SESSION CONSISTED OF:

- How were young women approached during this study? There was resistance and negative reaction in the beginning. A focus group discussion did not work out well. Parents were hesitant to allow their children to talk to researchers. However, by using BRAC's influence and good rapport building there was progress and interviews were conducted.
- Interventions were developed by transforming the results of the study into problem solving stories which addressed the psycho-social context of the village being studied.
- It is important to know that there may be opposition to a progressive view. Was there variety in opposition? There was initial opposition that was overcome because picture stories helped to mirror the social context of risk and vulnerability and to encourage active participation of the community.



Ms. Nasreen discussing the Matlab study.

#### COMMON THEMES OF THE DAY:

The last activity of the day consisted of breaking off into two groups that were asked to address two questions (see Appendix I for outline of groups 1 and 2):

- 1) What are the gap in knowledge on research and priorities that were noted?

2) What are some advocacy and policy suggestions the group would recommend?



A group discussing the questions posed during the final session of the workshop.

Regarding “Gap in Knowledge”, both groups agree that streamlining terminology should be a priority. There is a disconnect between various terminology used among members of the community and common language should be used when working with individuals. Better use of terminology will allow community-based organizations to reach target populations more effectively.

There should be clarification of Section 377 of the Penal Code in Bangladesh. It is used too often to harass individuals and there are no convictions. Hence it is important for individuals working with and who are part of the LGBT community to have a thorough understanding and knowledge of individual rights.

Gender issues and domestic violence was mentioned several times throughout the course of the day. Both groups felt that it was important that these issues are a key to prevention efforts.

**NEXT STEPS”**

Action items subsequent to the workshop were offered in closing by the entire group. Possible activities consisted of:

- Creating a Listserv – networks that allow organizations to maintain communication and exchange strategies and ideas
- Shared research agenda that we work on and move forward with.
- RPC – Will look to develop broader networks outside of Bangladesh. Communication ongoing efforts in other countries will be provided.
- Provide workshops for students at BRAC University and other interested persons in Bangladesh.

**APPENDIX I**  
**Group 1 and 2 responses to the:**  
**“COMMON THEMES OF THE DAY”**  
**Questions**

<b><u>Group 1</u></b>	<b><u>Group 2</u></b>
<b>What are the gap in knowledge on research and priorities that were noted?</b>	<b>What are the gap in knowledge on research and priorities that were noted?</b>
<p>Terminology – important to look at local use of terms and international terms as well. Changing and evolving terminology is important. History of terms is important too.</p> <p>Section 377 – What does it mean for people. How is it being used to harass people. It is a threat and no one has ever been taken to court over 377</p> <p>Domestic violence – Talking about the cultural construction of sexuality. Violence is often tolerated in cultures. Women returning to abusive relationships. Economic dependency, counseling, etc. Is the cycle different among classes and what can be done to address each class? Look at media, literature, cinema: violence is looked at as romantic often.</p> <p>Track shifting conception of masculinity – how is it being undermined or reinforced. Two different types of femininity: Islamist vs. commodified version of femininity. No real shift in what is appropriate femininity is being captured. How is it perceived in larger culture?</p> <p>Pleasure – silence needs to be broken. Women should talk about it more.</p>	<p>Reaching the right people in ways that are meaningful</p> <p>Stakeholders need to be identified through an awareness workshop</p> <p>Mental health needs to be lobbied within the government.</p> <p>Intervention in non STI matters. E.g. partner notification.</p> <p>Outreach for service providers. New generation coming in and they need to be taught.</p> <p>Tribal groups that are not studied scientifically. They are happily residing within community and they are not addressed at all. The issue is only brought to light when there is a fray in tradition. Tribal laws vs. common law do not always align.</p> <p>Incest should also be considered. It is very prevalent however it is not discussed openly. Look at UNICEF’s previous research on this topic. There will be a resource bibliography made that discusses prior research.</p> <p>Network, potentially called “BREAKING THE SILENCE” needs to be considered.</p>
<b><u>Group 1(cont.)</u></b>	<b><u>Group 2(cont.)</u></b>

<b>What are some advocacy and policy suggestions the group would recommend?</b>	<b>What are some advocacy and policy suggestions the group would recommend?</b>
<p>Language needs to be streamlined. To get out of a set framework.</p> <p>Understand better the sexual majority i.e. heteronormativity</p> <p>Understand common themes across the sexual continuum</p> <p>Understand how class 8 context influence sexuality</p> <p>Develop methodologies to appropriately research sexuality: invite outside orgs to provide trainings.</p> <p>How to develop safe spaces to discuss/practice sexuality advocacy.</p>	<p>Gender based violence: focus on minorities.</p> <p>Health care providers need to offer sexual health care such as psycho-sexual health. Need to receive appropriate healthcare</p> <p>Sexual harassment and violence: how is section 377 used to police individuals. Ambiguity in law that doesn't legalize/illegalize prostitution.</p> <p>More channels offering information and support. i.e. telephone help lines</p> <p>Ensure accurate and sensitive portrayal of sexuality in the media.</p> <p>Use existing outlets such as internet websites to promote advocacy. Eg. Kohi-Noor condoms website.</p>

**APPENDIX II**  
**Sexuality and Rights Workshop**  
**AGENDA**

<i>Inquiries: <a href="mailto:sabina@bracuuniversity.net">sabina@bracuuniversity.net</a>; <a href="mailto:farahmahjabeen@bracuuniversity.net">farahmahjabeen@bracuuniversity.net</a></i>		
9.00 am	Introductions	Dr. Sabina Faiz Rashid - workshop agenda/objectives Participants introductions
9.20 am	Dr. Hilary Standing	RPC Agenda
<b>Presentations</b>		
9.30 am	Dr. Dina Siddiqi, Independent Researcher  Presents and then discussion	<i>Heteronormativity and its implications</i>
10.00 am	Ms. Rubayyat Hossain, Lecturer, BRAC University (and Independent Film-maker)  Presents and then discussion	<i>Nation, Women and Izzat</i>
<b>10.30 -10.45 Tea Break</b>		
10.45 am	Ms. Bashabi Barua, Lecturer, State University of Bangladesh  Presentation and Discussion	<i>Breaking the Silence, Facing the Invisible</i>
11.15 am	Dr. Sharful Islam, Medical Anthropologist, ICDDR,B  Presentation and Discussion	<i>Male sexuality and rights</i>
11.45 am	Ms. Marium Ul Mutahara Bandhu  Presentation and Discussion	<i>Intervention – experiences, challenges</i>
<b>12.15 pm Lunch</b>		
1.00 pm	Maheen Sultan and Rita Das Roy Naripokkho  Presentation and Discussion	<i>Interventions ‘Sexuality, reproductive rights and violence’</i>
1.30 pm	Dr. Hashima-e-Nasreen, Research and Evaluation Division  Presentation and Discussion	<i>Community Perceptions of Sexuality</i>
2.00 pm	<u>Participatory Discussion</u> –where do we go from here? <u>Prioritizing areas</u> – Research, Training, Interventions...	
<b>3.45 pm Wrap up and Tea</b>		

**APPENDIX III**  
**SEXUALITY AND RIGHTS WORKSHOP ATTENDEES**  
**January 16, 2007**

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