SEXUALITY: CRITICAL TO ADDRESSING POVERTY AND FOOD INSECURITY

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with
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championing
women's sexual and
reproductive rights

arrow
thematic papers

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CRITICAL TO ADDRESSING POVERTY AND FOOD INSECURITY

**Ambika Varma
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INTRODUCTION

Sexuality is a defining aspect of being human. How individuals choose to express their sexuality has ramifications on their health, well-being, participation in, and contribution to societal development (Hawkins, Cornwall, & Lewin 2011). While it holds the potential to tackle tenacious issues such as eradicating poverty and hunger, mainstream development discourse has largely ignored issues of sexuality. The absence of any reference to sexuality—aside from addressing HIV and AIDS—in the Millennium Development Goals (MDGs) is one such oversight. As we approach the deadline for the MDGs this year, around 1.2 billion people continue to live below the poverty line of $1.25 per day, and 842 million people suffer from chronic hunger (MDG Report 2014; FAO 2014).[1] The number of people classified as living in multidimensional poverty is even higher, pegged at 1.5 billion (UNDP 2014).

The year 2015 also marks the launch of a new set of universal goals—the Sustainable Development Goals (SDGs). In the post-2015 development agenda currently being crafted, of the 17 proposed goals, the first two goals focus on the themes of poverty elimination (goal 1) and ending hunger (goal 2), showing they remain relevant (Open Working Group [OWG] 2014). Yet, it is disturbing to note that despite the lobbying from women's groups and LGBTI

activists, sexuality is still missing. While the goals are seen to be more progressive in comparison to the MDGs and incorporate the "elimination of all forms of discrimination," promote "inclusive development," and "ensure universal access to sexual and reproductive health," it does not explicitly mention human rights, particularly sexual rights. While access to information and education is mentioned under indicator 3.7 (goal 3), it does not clearly state comprehensive sexuality education. This omission is indicative of the continued uneasiness development agencies and governments have with sexuality and sexual rights.

Not only are women's and human rights issues being side-lined from the development agenda, civil society organisations working on these issues are also finding limited spaces to engage with these issues at high-level meetings where these important development goals are being threshed out. The exclusion of women's groups from both the negotiation of the political declaration and the Commission of the Status of Women (CSW59) Methods of Work resolution is one such example (CSW Statement 2015).

Economic growth is seen as the magic bullet that lifts the people out of poverty, hunger, and other deprivations. Many developing countries have

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[1] The data cited in the reports are for the period 2011-13.

boarded on the globalisation bandwagon by introducing neoliberal policies and market-led growth, the foundations of which were laid in the Washington Consensus.[2] While globalisation has led to reducing poverty to some extent, it has also contributed to increasing inequalities. It is noted that between 1990s and 2013, income inequality measured as the Gini-coefficient rose across the Asia-Pacific region from 33.5 to 37.5 (Asian Development Bank [ADB], United Nations Economic and Social Commission for Asia and the Pacific [UN ESCAP] and United Nations Development Programme [UNDP] 2013).

Early development concerns with sexuality were framed within reproduction and population growth, as it relates to consumption, poverty and environmental sustainability. This led to policies that were targeted solely at controlling the fertility of the poor women. With the advent of the HIV and AIDS pandemic, governments around the world were forced to acknowledge that human beings are sexual beings. However, sexuality was also seen as something that needed controlling. In most cases, policies have been developed around dominant heteronormativity, penalising those who do not fit or conform to it (Chandiramani 2007; Cornwall & Jolly 2006; Jolly 2010).

Since sexuality is not seen as a "major" concern like poverty, food, and jobs, it has not been documented, studied, and reported with the same interest or imperative. Likewise, there is very little data on poverty and food insecurity among marginalised groups, such as transgender people and same sex

desiring people. They do not feature in the statistics of demographic surveys in most countries. Few studies have systematically looked into the intersectionalities of poverty, food insecurity, and health through a sexuality lens. This exclusion is not only an injustice towards those who have been left out, but is also a missed opportunity to tackle the major development issues of poverty reduction, food security, education, health, decent employment,[3] shelter, and to secure the fundamental entitlements necessary for leading a life with dignity.

This paper attempts to look at poverty and food security through a sexuality and sexual rights lens to bring out the linkages between these issues. Being exploratory in nature, this paper has its limitations. The objective is mainly to open doors for more exploration and a more nuanced study of the concepts on sexuality, poverty, and food security. It looks at poverty as multidimensional deprivations and a product of systematic exclusions of groups of people including girls, women, and sexual minorities because of their gender identities and sexual orientation. While exclusions based on sexuality is a universal issue, this paper focuses on India as these exclusions continue to happen despite the tremendous strides the country has made in economic growth, which has only benefitted the privileged few. It recommends that using pluralistic and inclusive approaches in understanding the different issues and using a rights-based approach in ensuring rights for all are upheld.

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[2] According to Serra, Speigel and Stiglitz (2008), the Washington Consensus (WC) is the set of views about effective development strategies that have come to be associated with the Washington-based institutions—the IMF, the World Bank, and the US treasury. John Williamson first introduced the term in 1993. WC is based on ten reforms: 1. fiscal discipline, 2. change in public spending from subsidies to health and education, 3. tax reforms, 4. market-determined rate of interest, 5. market-determined exchange rate, 6. trade liberalisation, 7. no restriction in foreign direct investment (FDI), 8. privatisation, 9. deregulation, and 10. solid property rights (Bhattacharyya 2013).
[3] Decent work is generally understood to mean productive work by people in conditions of freedom, equity, safety, and dignity (International Labour Organisation [ILO] 1999).

UNDERSTANDING POVERTY AS MULTIDIMENSIONAL DEPRIVATIONS

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In mainstream discourses, poverty is often understood in narrow terms of income and consumption, and measured by Gross Development Product (GDP), "growth," and "poverty line income." It ignores the complex economic, social, and political forces that interact to produce poverty. Tackling poverty requires an understanding of its multiple dimensions and likewise its measurement should factor in multiple indicators.

The Multidimensional Poverty Index (MPI), developed by Oxford Poverty and Human Development Initiative, presents a set of indicators that reflects the multiple deprivations that a poor person faces with respect to education, health, and living standards. These three dimensions are measured using 10 indicators, such as for education (years of schooling, school attendance); for health (child mortality, nutrition); and for living standards (electricity, drinking water, sanitation, flooring, cooking fuel); and assets. A person is identified as multi-dimensionally poor if he or she is deprived in one third or more of the dimensions. The MPIs can be deconstructed by region, ethnicity, and other groupings and dimensions, making it a useful and dynamic tool to measure poverty (OPHI 2010).

By this definition, we find that those who are poor, are also those who have been marginalised from the social, economic, and political development processes. Exclusions based on gender, age, sexual orientation, disability, caste/class, and religion, amongst others, lead to powerlessness, poor status in society, and lack of agency leading to poverty. Thus, exclusions of all forms are the root cause of poverty. On the other hand, inclusion and positive framing of sexuality can potentially offset poverty.

UNDERSTANDING FOOD SECURITY AND FOOD SOVEREIGNTY

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Like poverty, food insecurity threatens to derail human development. Despite efforts made by a wide range of actors, feeding all people remains a challenge. An understanding of the different concepts in relation to the entitlement to food is essential in making the linkages between the different issues.

Food Security is said to "exist when all people, at all times, have physical and economic access to sufficient, safe, and nutritious food that meets their dietary needs and food preferences for an active and healthy life." Conversely, lack of secure access to adequate and nutritious food leads to food insecurity. To achieve food security, four critical dimensions—availability, access, utilisation, and stability of both availability and access to food—is essential (FAO 2006).

Food Sovereignty, on the other hand, is an essential pre-requisite for food security. The concept was defined and brought to the public debate by a grassroots movement known as La Via Campesina at the World Food Summit in 1996. It represents an alternative to neoliberal policies and is based on the principles that recognises food as basic human right; value for food producers, their knowledge and skills and the need for them to be part of all food-related decision-making; the imperative for agrarian reforms that reinstates control over all resources of production; protection of natural resources; food as a source of nutrition for consumption and not as a commodity for trade or as a weapon to control people; and the need to oppose multinational corporations and agencies that have taken control over global agriculture and food production (Claeys 2013).

The right to food was first recognised as a human right by the UN Universal Declaration of Human Rights [UDHR] Article 25 in 1948, as a part of the right to a decent standard of living. "The right to adequate food is realised [sic] when every man, woman, and child, alone or in community with others, has the physical and economic access at all times to adequate food or means for its procurement" (UN Committee on Economic, Social and Cultural Rights [CESCR] 1999). As an entitlement, there is a binding responsibility on the parts of governments to ensure access to adequate food to all at all times.

Globally, about 60% of undernourished people are women or girls. Studies across developing countries have revealed a strong correlation between hunger, malnutrition, and gender inequality. Between 1970 and 1995, a total of 55% of the hunger reduction was attributed to improvements of women's situation (Smith & Haddad 2000 in ADB 2013). The percentage of undernourished may have been more had marginalised sexual minorities and other groups been included in the computation.

Access to food and utilisation of food are intrinsically linked to an individual's or a community's ability to exercise their agency. This ability may largely be due to income poverty, but it is also linked to socio-economic-political structure and systems that keep a majority of people around the world poor and hungry. For instance, gender is a determinant to access to adequate nutrition and food for girls and women, especially within households. Much cited examples of discrimination in household food distribution can be found in South Asia, where a hierarchy prevails in the taking of meals in the house. By this order, adult men eat first, followed by younger men and boys, and then the girls and women. Especially in poor households, since the girls and women eat last, there is very little food left, or the best parts are consumed by the men.

For this reason, hunger and malnutrition is higher among girls and women than boys and men in South Asia (IDS 2014).

Similarly, choices about the food that is consumed can only be made if people have control over the means of production—land, water, natural resources, and seeds. Many women and men are losing this right and control due to neoliberal globalisation, and farmers, especially in India, are taking adverse steps such as suicides because of indebtedness and failure of crops. This phenomenon continues to date (Times of India 2015).

As per the 2014 Global Hunger Index and the Food and Agricultural Organisation's State of Food Insecurity in the World 2014, 805 million people around the world are undernourished/hungry. South Asia faces one of the great challenges in reducing food insecurity, resulting in a population that is unable to lead an active and healthy life. While India is said to have made the steepest absolute decline in GHI scores since 1990 due to progress in reducing undernourishment in children, access to and low levels of utilisation of food remains a major problem. Despite improvements in weight, almost every second child in India is said to be stunted, which is another form of malnutrition. Low utilisation of food is also influenced by poor hygienic conditions, inadequate water and sanitation facilities, which increase the risk of infection through unsafe handling of food. Another reason cited for poor utilisation of food among the poor is the low levels of participation in the economic development process (IFPRI 2014; FAO 2014).

India has improved its GHI ranking from 63 in 2013 to 55 in 2014, but it still trails behind its so-called economically weaker neighbours (Nepal—44 and Sri Lanka—39), and is only marginally better than Bangladesh and Pakistan (ranked 57) (IFPRI 2014). In a

country that produces food in surplus, malnutrition in the form of micronutrient deficiencies such as iron, vitamin A, calcium and protein, is high. One of the reasons for such deficiencies is the changing agricultural and consumption patterns in India mainly forced by transnational companies and introduced through government policies. Traditionally, multi-cropping was practiced in India. With the introduction of mono-cropping and the rice and hybrid varieties by the government to increase yield in production, crops such as millets, pulses, and oilseeds are disappearing from the regular diet of the people, especially the poor. Food distributed via the Public Distribution System (PDS) is often poor in quality and does not supplement a healthy and diverse diet (IFPRI 2014, p. 33). Anaemia is chronic among Indian women of reproductive age, with every second woman (56%) being anaemic (International Institute for Population Sciences [IIPS] & Macro International 2007). Iron deficiency anaemia is particularly problematic for pregnant girls and women, especially in the cases of excessive bleeding during delivery, which can be fatal or have life-long disabilities.

Poverty and food insecurity are closely linked, especially when food needs to be purchased. It is said that the poor spend up to 70% of their income on food items. Even a small fluctuation in food or fuel prices has an adverse effect on not just the quantity but also the quality of the food consumption. Further, expenditure on food has implications on other expenditure such as health, education, and housing, among others (ADB 2012).

UNDERSTANDING SEXUALITY

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Sexuality is understood and experienced in different ways by different people. In mainstream development

discourses, sexuality has been addressed mainly in the context of health, gender-based violence, and population control. While these have been found as useful entry points to broach an otherwise "taboo" subject in most cultures, they have essentialised sexuality within a heteronormative framework (Chandiramani 2007; Gosine 2005; Jolly 2010). In addition, looking at sexuality in a negative light does not allow the exploration of its potential for empowerment of individuals, and economic, social, and political advancement (Hawkins, Cornwall, & Lewin 2011).

The most widely quoted and accepted definition is the one that came out of a workshop convened by the World Health Organisation in 2006:

> Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors (WHO Working Definition 2006).

Sexuality, by this definition, goes beyond sex and reproduction. The influence of social, economic, political, religious, and cultural factors often act as barriers not only to the physical expression of intimate relations but also to how individuals are enabled or disabled from participating in and contributing to the developmental process (Cornwall,

Correa, and Jolly [2008, p. 5-6] in Jolly 2010). The socio-cultural constructs of sexuality and gender norms are predominantly heteronormative. Heteronormativity implies that people abide by the gender norms that are aligned to their assigned biological sex. These norms influence the way the

body is clothed, and people's mobility in public spaces, among other aspects of public and private lives of individuals. By setting these binaries of sexes, and ascribing fixed behavioural norms to them, people who are outside these boxes are considered "not normal." By such a definition, those who deviate from

BOX 1: DEFINITION OF TERMS

Reproductive Health

Reproductive health implies that people are able to have a responsible, satisfying and safe sex life, and that they have the capacity to reproduce and the freedom to decide if, when and how often to do so. Implicit in this are the right of men and women to be informed of and have access to safe, effective, affordable, and acceptable methods of fertility regulation of their choice, and to appropriate healthcare services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of a healthy infant (WHO 2006).

Reproductive Rights

Reproductive rights embrace certain human rights that are already recognised in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing, and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents (ICPD PoA 1994).

Sexual Health

Sexual health implies a positive approach to human sexuality and the purpose of sexual healthcare is the enhancement of life and personal relations, as well as counselling and care related to reproduction and sexually transmitted diseases (adapted, UN).

Sexual Rights

Sexual rights embrace human rights that are already recognised in national laws, international human rights documents and other consensus documents. These include the right of all persons, free of coercion, discrimination and violence, to the highest attainable standard of health in relation to sexuality, including access to sexual and reproductive healthcare services; seek, receive, and impart information in relation to sexuality; sexuality education; respect for bodily integrity; choice of partner; decision to be sexually active or not; consensual sexual relations; consensual marriage; decide whether or not, and when to have children; and pursue a satisfying, safe and pleasurable sexual life (WHO 2006).

Source: Asian-Pacific Resource and Research Centre for Women (ARROW). (2009). *Reclaiming and redefining rights. ICPD +15: Status of sexual and reproductive health and rights in Asia*. Kuala Lumpur: ARROW.

the norm—lesbians, gays, bisexual, and transgender people—are seen as "not normal." Similarly, sex workers who challenge the dominant norms of sexuality fall outside the frame of what is "normal." While these norms shape individual behaviour and perceptions, they also resonate in policies and programmes across development issues. The framing of sexuality positively leads to multiple pathways of human development, including people's empowerment, health, and well-being.

SEXUALITY: EXLORING THE LINKS TO POVERTY, FOOD SOVEREIGNTY, AND FOOD SECURITY

The centrality of sexuality to human beings means that it cannot be separated from an individual. The dominant heteronormative framework of sexuality denies population access to resources, and full participation in development based on their gender identity and sexual orientation. These discriminations are so entrenched within the society that unless attention is drawn towards them they are seen as normal. For this reason, policy makers and people in positions of power and privilege exclude women and sexual minorities and other marginalised groups in their policies and programmes. The lack of recognition of these groups thereby ignores the numerous contributions they make to the society. For instance, in India like in many parts of the world, women's care and domestic work are unrecognised in economic terms, and therefore unpaid. If a price tag were to be attached to the unpaid work, and if it were to be paid out of the public funds, it would be as high as 182% of the Indian tax revenue (ADB 2013). Thus, non-recognition of the potential of those who have been kept in the margins becomes stumbling blocks in the road to progress. Gender and sexuality are therefore key determinants of poverty and food insecurity. (See

Figure 1: Social Exclusion, Poverty, and Food Security Cycle, page 08 and Table 1: Linkages among Poverty, Food Security, Food Sovereignty and Sexuality Issues, pages 10-13.)

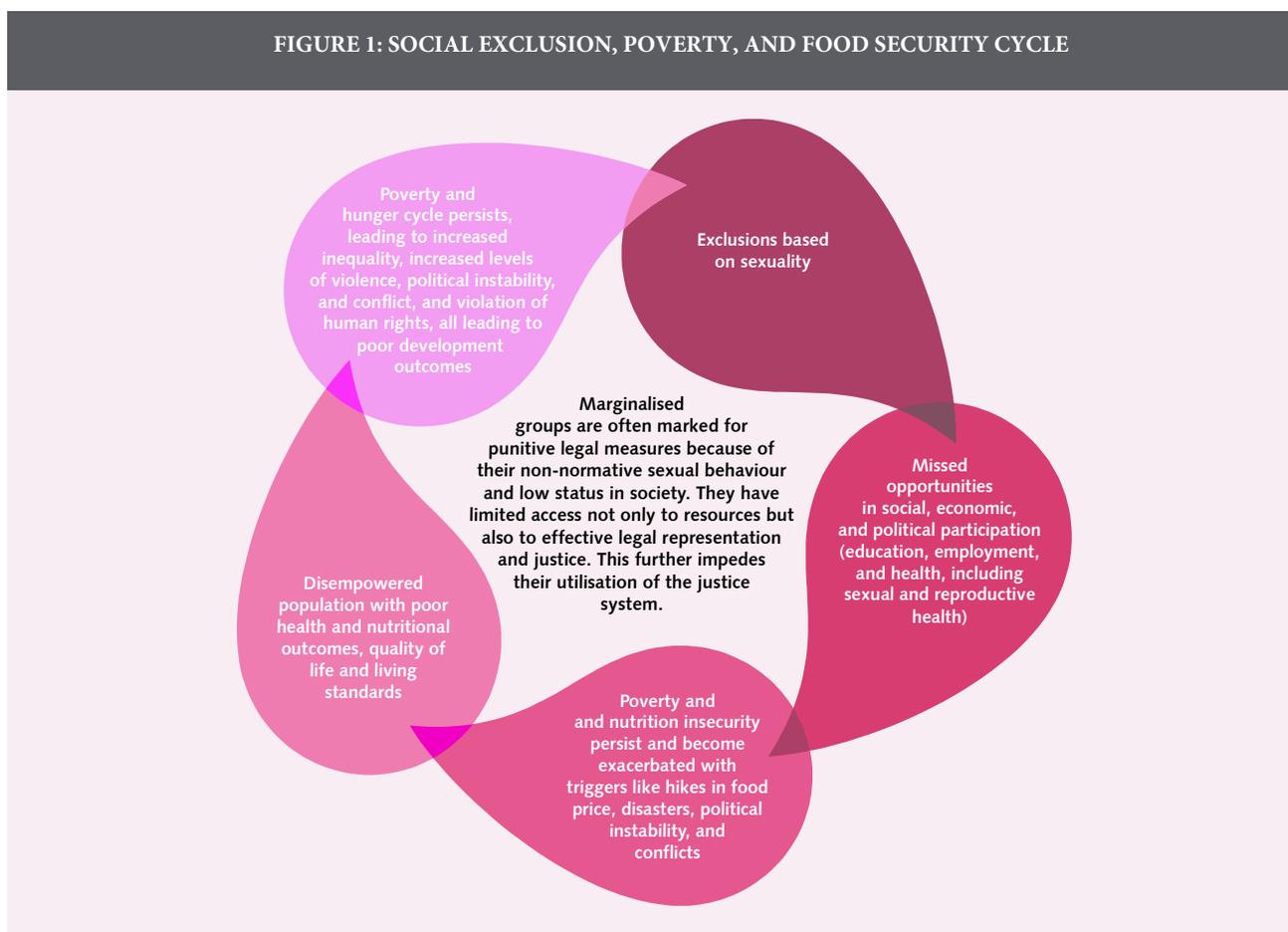## BARRIERS TO ACCESSING EDUCATION

Education is seen as emancipatory and empowering in itself and an important dimension of poverty. For this reason, it is seen as a critical indicator of MPI, the MDGs, and the new SDGs. It is generally believed through the attainment of knowledge and skills, one can improve one's position and bargaining power in the society, negotiate for better employment and pay, and thus get out of the poverty cycle. Education is a fundamental human right.

School Education

School enrolments at the primary and secondary levels, and number of years spent at school can be greatly affected by sexuality. Many children, especially girls, children of parents in stigmatised occupations like sex work and waste picking, HIV-positive children, children of HIV-positive parents, and transgender children drop out because of a number of social and institutional bias. Stigma, harassment, and violence are reasons for not finishing school. This is especially true of transgender children who are teased, harassed, and even sexually abused for non-conforming to sexual norms. They may also face violence within their homes, forcing them to leave their families and thus discontinue education (Centre for Equity Studies et al. 2014).

In the context of India, girls are largely prepared for domesticity, and managing the house is seen as more important than attending school. Moreover, they are seen as being useful in lessening the workload of their parents, either in the fields (in rural areas), in taking

FIGURE 1: SOCIAL EXCLUSION, POVERTY, AND FOOD SECURITY CYCLE

Poverty and hunger cycle persists, leading to increased inequality, increased levels of violence, political instability, and conflict, and violation of human rights, all leading to poor development outcomes

Exclusions based on sexuality

Marginalised groups are often marked for punitive legal measures because of their non-normative sexual behaviour and low status in society. They have limited access not only to resources but also to effective legal representation and justice. This further impedes their utilisation of the justice system.

Missed opportunities in social, economic, and political participation (education, employment, and health, including sexual and reproductive health)

Disempowered population with poor health and nutritional outcomes, quality of life and living standards

Poverty and and nutrition insecurity persist and become exacerbated with triggers like hikes in food price, disasters, political instability, and conflicts

care of their younger siblings, cooking, and cleaning, among others. Once a girl reaches puberty, girls born in poor families are often married off, as marriage is seen as a way out of poverty. Sexual relations are sanctioned only within matrimony, so parents believe that the earlier the girls are married off, the lesser are the risk of them getting sexually active, pregnant, or sexually abused outside the socially sanctioned avenue of marriage (Khanna, Verma & Weiss 2013). Even if girls are not married off before the legal age of marriage, they may still discontinue school because of restriction on their mobility post-puberty.

Schools are also known to perpetuate gender norms and stereotypes such as assigning separate tasks for boys and girls, where girls are asked to sweep and clean the school, while boys are allowed to go outside the school premises (Centre for Equity Studies et al. 2014).

To encourage school enrolment and participation and to tackle malnutrition among children, the mid-day meal scheme was introduced in schools in India. This positive initiative by the government has seen the level of nutrition insecurity dropping among school going children in India (IFPRI 2014). However, despite these initiatives, we see a vast differential in educational attainment in India. The 2011 Census of India reports the female literacy level at 65.46% compared to the male literary rate of 82.14% and the

national average of 74.04% (Census of India 2011). It is noted that about 43% of students in India drop out before completing their elementary education (Jejeebhoy and Santhya 2011 in Das 2014).

The above examples show how sexual norms come in the way of school attendance and basic educational skills for girls, transgender people, and others. Poor quality of education and how sexual and gender norms are reinforced in institutions are other stumbling blocks to empowerment. Low education can impact on one's life opportunities, being a disadvantage in the formal labour market, and can have implications on self-esteem.

Sexuality Education

Comprehensive sexuality education in schools is vital for imparting information on sexuality and sexual and reproductive health to adolescents and young people. Lack of accurate information has many negative ramifications especially in settings where such information is obscure, biased, inadequate, and incomplete. Since talking about sex is taboo, young people grow up and perhaps live their entire lives with little knowledge and misconceptions about sex and sexuality. This can further add to their biases about people with different sexual identities, thus perpetuating the invisibility of sexual minorities.

In India, the Adolescent Education Programme is highly contested, especially because of the content of the curriculum. There continues to be resistance from many sides including the government, which questions the very need for such education. The curriculum developed by the National AIDS Control Programme in 2007 was discarded (ARROW 2011), and a revised version of the curriculum was later reintroduced in select states in India namely, Bihar, Odisha, Madhya Pradesh, Maharashtra, and

Rajasthan. However, it is still not compulsory in schools, has several shortcomings, and is far from being comprehensive. Some of the weaknesses of the curriculum include obscure and vague language, omission of essential terms such as sexuality and sexual health, exclusion of methods of contraception, their availability, accessibility and the consequences of their usage, and not fully including sexual minorities among others (Das 2014).

The National Family Health Survey (NFHS-3) findings show that only 61% of women age 15-49 and 84% of men age 15-49 had heard of AIDS (International Institute for Population Sciences [IIPS] & Macro International 2007). Women were much less informed than men. Knowledge and beliefs around HIV and AIDS are important to sexual practices, transmission, and how people living with HIV are treated. Therefore, it is sad to see the apathy of the Indian government in introducing comprehensive sexuality education in schools in the name of preserving culture. This is another way in which socialisation of sexual norms is played out in policies and programmes.

Sexuality as seen only within marriage also leads to turning a blind-eye towards the sexual needs of young people, widows, and likewise the needs of older women. Even within marriage, only some aspects of sexual relations are acknowledged, such as fertility. This is reflected in national level data collection where reproductive health information such as on contraception is only gathered from married women, leaving out a majority of young people who may be sexually active.

Thus, the barriers to access education because of gender and sexual norms, greatly affect not only the opportunities for poverty reduction, but also achieving food and nutrition. Poor children who probably get one nutritious meal because of school

TABLE 1: LINKAGES AMONG POVERTY, FOOD SECURITY, FOOD SOVEREIGNTY AND SEXUALITY ISSUES

	EDUCATION	HEALTH	EMPLOYMENT
EXCLUSIONS BASED SEXUALITY	Stigma and discrimination hamper school attendance and completion of schooling for girls, and for many HIV-positive children and children of HIV-positive parents, transgender children, and children displaying behaviour not aligned to their assigned biological sex.	Restriction on the mobility of girls and women outside their homes make it difficult for them to access healthcare services.	Discrimination impacts getting decent work. Low levels of education hinders chances of getting decent work in the formal labour market. A majority of women, girls, and sexual minorities find themselves in the informal sector, with little or no protection of their labour rights.
	A large number of girls discontinue school when they attain puberty for various reasons, including pregnancy, early marriage, and taking on domestic chores and the burden of care.	Inability to recognise medical conditions due to lack of education, and the inability to take decisions about health, are barriers to utilisation of healthcare services.	Transgender persons find it difficult to find jobs in the formal labour market because of discrimination and stigma. Many of them have to resort to singing, dancing and begging in the streets. They often face violence and are harassed by police.
	Adolescents are deprived of vital information on sexual and reproductive health and life skills, imparted through sexuality education in schools in higher classes, if available, due to leaving school post-puberty.	Stigma and harassment by healthcare providers, and poor quality services deter utilisation of vital healthcare services. This is particularly true for trans people, people living with HIV and AIDS, and persons displaying different sexual orientation.	For fear of discrimination and losing their jobs if their gender identities are disclosed, many lesbians and gays may continue in jobs that they may not like or are exploitative. They may also face sexual harassment, and or blackmailing at work.
		The bodies of girls, women and sexual minorities are often sites of medical research without informed consent.	Apart from lacking education and skills, girls and women may find difficulty to find paid work outside their homes because of restrictions on their mobility. Employers may be biased against women because of their potential in getting pregnant and therefore taking time out of work due to their pregnancy. Women may also lose their jobs when they get pregnant.
		Privatisation of health and healthcare services increases out-of-pocket expenditure for health.	
		Transgender people may also have to resort to risky sexual behaviour in order to meet their expenses for gender reassignment surgery. Alternately, they may go for cheaper and unsafe options.	
		Lack of access to modern contraception results in unwanted pregnancies, and the inability to space childbirth. The inability to take this critical decision about their bodies has detrimental effect on many women's health and well-being. Fear of becoming pregnant or contracting sexual diseases can lead to abstinence, and hampers sexual pleasure.	Girls and women's care and domestic work is undervalued and therefore remains unpaid for.
			Sex workers are one of the most ostracised groups because of the criminalisation and non-recognition of their work.
		Taboos around sexuality also make it difficult especially for young people, and women to discuss matters around sexual health openly with the healthcare providers.	Women may face many barriers to pursue a political career from nomination to election. Their sexuality, marital status, and whether or not they have children are all matters that influence their pursuit of this career path. Any deviation from the norm can raise questions on their credibility and candidature. Likewise, it would be difficult for a gay, trans person or for that matter a sex worker to consider a career in politics. The career choices are grossly limited.
		Fear of violence, discrimination, and stress from having to hide their gender identities and orientation can lead to depression, and even suicidal tendencies.	

TABLE 1: LINKAGES AMONG POVERTY, FOOD SECURITY, FOOD SOVEREIGNTY AND SEXUALITY ISSUES

HOUSING/LIVING STANDARDS	MARRIAGE & SOCIAL RELATIONS/ NETWORKS	GENDER-BASED VIOLENCE
Access to clean, safe housing is an issue for transgender people, and sex workers, who live in poor habitats and location with poor access to clean water, and sanitation facilities.	Marriage is often seen as recourse out of poverty. Many girls from poor families are married off early, even before they reach the legal age of marriage in their respective countries.	Sexual discriminations are often sites of violence. Homophobia and transphobia have resulted in hate crimes and violence against those who are even perceived to be in same sex relationships and transgender persons. Rape is seen as a corrective measure for "abnormalities" of the so-called "sexual deviants."
Same-sex desiring people may have to hide their sexual orientation in order to find housing. Similarly, single women may face difficulties in finding accommodation because of their single status.	Marriage does not guarantee social safety net for all women. In countries where joint ownership is not mandated when property is bought, men are more likely to have single ownership. Women may also find it hard to negotiate rights to property in order to maintain relationships both with their natal and husband's family.	Lack of legal protection can also give sanction to violence against those in a same sex relations or are perceived to be in one. In this way, violence is institutionalised and tolerated.
Poor living conditions and limited private spaces can also greatly hamper sexual pleasure. Hurried sexual encounters may leave little time to practice safe sex, increasing the risk of sexually transmitted infections.	Since many societies allow sexual relationship only within marriage, those outside the institution of marriage-widows, single women, young people, and same-sex desiring women and men-find little spaces to pursue a loving relationship. If found out, they may face abuse, violence and ostracism.	
	Fear of ostracism can force many to be in a heterosexual marriage or to remain in unhappy marriages.	

TABLE 1: LINKAGES AMONG POVERTY, FOOD SECURITY, FOOD SOVEREIGNTY AND SEXUALITY ISSUES		
	EDUCATION	HEALTH	EMPLOYMENT
IMPACT ON POVERTY REDUCTION	Since education is seen as a primary means out of poverty, low educational attainment results in a large population that is unskilled, and ill-prepared for the labour market, that lacks self-confidence and bargaining power, are more susceptible to violence and further stigmatisation, keeping them entrenched in poverty.	Poor health hampers access to gainful employment and likewise poverty can result in poor health. Out-of-pocket expenditure for healthcare services can lead to indebtedness and impoverish people for generations.	A steady and paid job is critical to poverty alleviation. Discrimination based on peoples' sexuality and gender is counterproductive to achieving poverty reduction. When girls' and women's work is unrecognised and unpaid, it results not only in income poverty, but also restrictions in access to resources, social networks outside their homes, their right to development and freedom.
IMPACT ON FOOD SECURITY/FOOD SOVEREIGNTY	Discrimination in education is a lost opportunity to reduce malnutrition. Being out of school due to their gender and sexuality deprives many benefitting from nutritional programmes such as mid-day meals scheme. Women farmers face particular discrimination because of low levels of literacy and numeracy and are often excluded from trainings, access to technology and other skilled agricultural activities, and are paid less compared to their male counterparts. Access to resources is critical to attain food sovereignty.	Discriminatory practices around food distribution within households, disfavouring girls and women increases food insecurity and malnutrition among them. When food has to be purchased, and with rising food prices, food security of girls, women, and marginalised groups are greatly compromised. Because the poor spend most of their budget on food, little is left for medical expenses. They may also resort to risky transactional sex in order to buy food, which increases the risk of contracting sexually transmitted infections including HIV. Eating cheap, poor quality and unhealthy food to fill a hungry stomach leads to malnutrition and micronutrient deficiencies. People with poor health have difficulty in absorbing food, affecting their nutritional status. This is especially true for people living with HIV (PLHIV), as they deal with a compromised immune system. Malnutrition can lead to tiredness, lack of desire and even inability to lead a healthy sexual life.	Unemployment, unpaid and lowly paid work can affect food and nutritional security, especially when food has to be purchased. In cases where food is cultivated, women may still face food and nutritional insecurity because food needs to be sold in the market. Low status within and outside their homes because of the non-recognition of their paid and unpaid work also may result in self-censure and restriction in the utilisation of food. Discriminations impact food sovereignty as is seen in limited or no access of women to sources of production, such as land, water, seeds, and finance.

TABLE 1: LINKAGES AMONG POVERTY, FOOD SECURITY, FOOD SOVEREIGNTY AND SEXUALITY ISSUES		
HOUSING/LIVING STANDARDS	**MARRIAGE & SOCIAL RELATIONS/ NETWORKS**	**GENDER-BASED VIOLENCE**
Lack of access to safe and clean shelters, clean water, and sanitation facilities are indicators of poverty. People living in precarious and vulnerable locations and habitats are often found to be poor.	As social networks are important when seeking work, those who are in the margins find it difficult to negotiate these terrains. Those who have been ostracised from their families and are also unemployed are unable to fall back on their families for support. This is especially true of trans people. Unable to access family resources, transgender people often fall victims to poverty.	Violence can impact poverty reduction, as fear of violence restricts people from fully participating in economic activities, leading to poverty.
Poor sanitation, hygiene, and lack of access to clean drinking water affect nutritional security, and increase malnutrition and infections and poor health. The poor are known to prioritise spending on food, thereby compromising on the living standards.	Being in a family, and being accepted despite one's sexual orientation, expression or gender identity, is important to accessing and utilising adequate food. Those who lose this safety net are also at high risk of being food and nutrition insecure.	Girls and women who have to go far to gather food, fuel, and water may face violence, sexual harassment and sexual violence in many situations. There is much evidence of this in times of conflict, civil unrest and disasters.

OVERALL OUTCOMES

- ■ ■ Inability to eradicate poverty and break the cycle of poverty.

- ■ ■ Food insecurity, hunger and malnutrition persists and may even become exacerbated with triggers like hikes in food price, disasters, climate change, and conflicts.

- ■ ■ A majority of the population remain disempowered with poor decision-making powers and are unable to improve their lives.

- ■ ■ A majority of the population lack the ability to take critical and informed decisions about their h ealth with detrimental impact on their health including their sexual and reproductive health.

- ■ ■ Increased levels of inequality adversely impact social and economic development.

- ■ ■ Violation of all human rights including the right to food, development, sexual and reproductive rig hts, education, water, health among others.

- ■ ■ Increased levels of violence, political instability, and conflict.

attendance are deprived of the same when they drop out of school, greatly affecting their food and nutritional status.

BARRIERS TO ACCESSING HEALTHCARE SERVICES

Health is one of the social determinants of poverty. Poor health can be an outcome of poverty and, conversely, poor health can result in poverty. In addition to being more at risk to fall ill, because of stigma and a host of structural and non-structural reasons, poor people find it difficult to receive timely, prompt, and quality treatment (Commission on Social Determinants of Health [CSDH] 2008). The impact of the globalisation on the health sector is felt most by the poor. With the reduction in public expenditure on health, and the privatisation of the health sector, out-of-pocket expenditure for healthcare has increased. This is especially true for women who are less likely to be able to afford treatment when ill, suffer gender discrimination, lack of time due to the burden of care, have low esteem due to socialisation, and therefore have less decision-making power with regards their health.

There is much evidence about the lack of access to modern contraception among poor rural women as they tend to experience unwanted and multiple pregnancies. It can also lead to unsafe abortions, especially where there are barriers to accessing safe abortion services, leading to deaths or life-time disabilities. This can be gleaned from the low contraceptive prevalence in low- and middle-income countries and the rural areas, and also from the fact that the burden of contraception lies heavily on women (Ravindran & Nair 2012).

Nutrition and food security is another dimension of health. While poor nutrition affects the general health, it also affects sexual health. These can include sexual

dysfunction, lack of desire, painful intercourse, among others. Malnutrition can also lead to tiredness and illness and subsequent inability to lead a healthy sexual life (ARROW & WDF 2012).

Women are less likely to discuss sexual health issues with medical professionals. Less than 30% of female clients with sexual problems discuss treatments with their general practitioners and only one-third of these are likely to accept medication. Very few women would raise the issue of hypoactive sexual desire disorder (HSDD) or sexual aversion disorder as a primary problem when talking to health provider as the majority think that it is not appropriate for women to talk about sexual desire and that it is normal for women to have low sexual desire (Hayes, R.D. et al. 2007 in Wylie, Kevan et al. 2010 cited in ARROW & WDF 2012).

Other barriers to good health among the poor are inadequate living conditions. Poor quality shelters, lack of clean sanitation facilities, and lack of access to clean water, amongst others make it difficult to manage matters related to sexual and reproductive health, such as menstruation (which result in urinary tract infections, and reproductive tract infections), and the use of barrier methods for contraception (e.g., female condom and diaphragm) (Ravindran & Nair 2012). Poor living conditions and limited private spaces can also greatly hamper sexual pleasure. Hurried sexual encounters may leave little time to practice safe sex, increasing the risk of sexually transmitted diseases.

Because of their marginalised status, many transgender people and sex workers live in poor habitats and similarly lack clean water and sanitation facilities. Likewise, the risk of falling ill is also high among these groups.

Transgender people face exceptional discrimination by healthcare providers who often refuse or withhold healthcare, especially to those who are HIV positive. The cost of gender reassignment treatments may push transgender people toward sex work or opt for poor quality or cheap or traditional options (Centre for Equity Studies et al. 2014).

BARRIERS TO ACCESSING MATERIAL RESOURCES

Marriage as a Means of Accessing Resources

Marriage between a man and a woman is considered the norm, and many people experience pressure to marry. Those who deviate from the norm or those who are no longer married, such as single people, widows, and divorcees often face societal ostracism. This can happen in the form of taking part in certain religious or traditional functions. Many of those in heterosexual marriages may prefer to be in same sex relationships, but are unable to come out because of fear of social stigma. Marriage is also seen as a means of escaping poverty and the negative ramifications of this is seen in India and across South Asia in the form of early, child, and forced marriages (ARROW 2011; Khanna, Verma & Weiss 2013).

While marriage of two consensual people can be a happy matter, practices around marriage can be very impoverishing. In India, marriages are a big expenditure and can push people into poverty and indebtedness for life and even generations. It is common for people to sell and pawn assets, such as land, house, and gold. Parents may make many sacrifices to save up for the dowry. Girls are often withdrawn from schools as investing in education is considered an unnecessary expenditure. As earlier mentioned, educational attainment is important to empowerment, and lack of it can lead to low self-esteem, powerlessness, and lessens the ability to

negotiate important life decisions including those related to their sexuality, health, work, and nutrition. Sometimes, to escape dowry payment, parents may marry off their young daughters to older men, who may not demand a price, leading to unequal power relations between the couple because of the age difference. This can further make them vulnerable to a number of gender-based violence, including rape and trafficking (Bandyopadhyay et al. 2006).

Some women, by virtue of marriage, may gain some access to resources, such as land, since in many countries in South Asia, girls are deprived of inheritance. However, because of lack of mandatory laws of co-ownership, marriage does not guarantee access to land and property (Hawkins, Cornwall, & Lewin 2011). Indian property rights entail equal rights irrespective of sex. However, many women find it difficult to negotiate their right to property in order to maintain good relations with their natal and husband's family.

Because same-sex relations are not recognised by law or society, marriage is not a way out of poverty for sexual minorities. As has been noted before, because of the fear of coming out, many same-sex desiring people may live in undesired heterosexual relationships. The non-recognition of same-sex relationships may also come in the way of mobility, when a couple decides to live together, or inherit from each other. Definitions of what comprises a family is also a barrier to access resources for many.

Employment as a Means of Accessing Resources

Many poor and marginalised people are unable to complete their school education. They may also not have specialised skills to work in the formal sectors. For this reason, a majority of poor and marginalised groups are in the informal sector with little or no

protection of their labour rights. The informal sector, not being regulated, is ridden with middlemen and agents, which leave the poor and marginalised communities in vulnerable, non-negotiating positions. In India, they may end up being bonded labourers, having to work for nothing as they are repaying their debts to their employers (Centre for Equity Studies et al 2014).

Transgender people in India have great difficulties in finding work. Often, their only options for livelihood are singing, dancing, and begging in the streets. Thus with no permanent livelihood options many transgender people remain ridden in poverty. This has implications for food and nutrition security as food consumed may be of cheap and poor quality and consumed just to fill a hungry stomach.

Gays and lesbians may have to keep their sexual identities secret to remain employed. The fear of being caught and exposed, and of losing their livelihood has tremendous impact on their mental health. They may face harassment at their work place and may not find jobs in the areas of their choice. They may also not have the necessary social networks to gain employment in the formal or informal sectors (Sexual Rights Initiative 2013).

Sex workers are another group that are highly ostracised in the Indian context. In India, while sex work itself is not criminalised, soliciting sex and having brothels are. For this reason, sex workers' places of work are often raided, they are harassed in streets by police, and may languish in jails till they are rescued and bailed out.

People living with HIV may also find it difficult to find jobs because of discrimination. They may stay in jobs that they may not like out of fear of their positive status being disclosed. Mandatory health checks for

employment and fear of breach of disclosure of HIV status also are the many discriminatory practices at work.

Women who spend their entire lives in domestic work and care-giving have little insurance for the present or future. Since care work is not paid and accounted in the country's economy, they are often forgotten. Dependency on husbands or family members to provide for food, shelter, health, and clothing puts them in a subordinate position within homes. They often experience violence from their husbands and may even be socialised into accepting it.

Having a steady, paid employment that is not exploitative, is essential to ensure food and nutrition security, good health and well-being, and to get out of the poverty cycle. Exclusion on the basis of one's gender and sexual preferences can greatly compromise the right to work, food, decent and equal pay among others.

Legal and Citizenry Rights as Means of Accessing Resources

Since laws are framed within heteronormativity, there are many barriers to gain citizenship rights through the legal mechanisms. For instance, since Section 377 of the Indian Penal Code (IPC) allows for criminalisation of same sex relationships, transgender people, and those who may be perceived as being gay or lesbian, a number of human rights violations are legally sanctioned.

Criminalisation and non-recognition as citizens also affects access to food. In India, malnutrition and hunger have been addressed by providing food at subsidised prices through Public Distribution System (PDS). Access to essentials such as rice, wheat, pulses, cooking fuel, and others is provided by means

of an identification card given to the head of the family that serves as a ration card. A proof of address, such as an electricity bill or tenancy agreement, is needed to acquire such a card. Since most transgender people are transient and do not have a house per se, it is very hard to acquire such a card and subsequently access subsidised food. The only way out for many is by paying hefty bribes to the bureaucrats.

With little opportunities for earning a decent livelihood or means of feeding and taking care of a family, people resort to many coping strategies which may not necessarily contribute to their health or well-being. Women and sexual minorities may resort to risky sexual engagements in order to feed themselves and their families. Given their lack of negotiating power in these situations, including on the use of condoms, they are exposed to the risk of HIV infection and to violence.

OTHER BARRIERS: GENDER-BASED VIOLENCE

Violence is experienced by the poor, women, sexual minorities, and other minorities at many levels. The subordinate position they have in the society exposes them to societal and institutional violence. Violence often starts at home and many poor women, transpeople, lesbians, and gays experience them within their family. Not ascribing to heterosexual norms is the main reason for much of the violence.

The National Family Health Survey (NFHS-3) report shows that women and men both think beating of wife is acceptable. Among women, 54% believed that wife beating is justified if she shows disrespect for her in-laws or if she neglected the house or children compared to 51% among men. In addition, 37% of ever-married women have experienced spousal physical or sexual violence and 16% have experienced

spousal emotional violence (International Institute for Population Sciences [IIPS] & Macro International 2007). This internalising of gender norms is problematic and clearly reflects on the value systems of the society where girls and women are discriminated just because of their gender.

As per the India Exclusion Report 2014, the transpeople are categorised as the most socially excluded, and experience violence at multiple levels. They find it difficult to even navigate public spaces.

Gays, lesbians, and transpeople experience rape, are forced to marry, and be in heterosexual relationships, as a corrective measure to cure their "abnormality." These incidences of violence not only have negative implications to physical well-being, but also to their mental and emotional state, and in many cases may lead to death or life long disabilities.

Masculinity is the norm, putting pressure on many men to engage in risky behaviour around sex, such as sex without using a condom, leading to dire health consequences for themselves and their partners. This also leads to a culture of rape, and violence. Despite experiencing sexual violence at home and in war, women's lack of resources may prevent them from leaving violent relationships. Many sexual harassment and violence cases at work and at home (such as marital rape) go unreported from fear of bringing shame to self and the family. This non-reporting allows for violence to perpetuate in the society. Often, in the process of proving in courts that sexual violence was experienced, the individuals' rights to dignity and self-preservation are further violated.

While societies continue to be organised around heteronormativity and social exclusion of the "others" who do not fit into the normative

framework, poverty and other forms for discrimination will persist. We may develop indicators and programmes to reduce poverty and hunger, but until we fully recognise the rights of all people, the right to exercise autonomy over their body, and remove all forms for discrimination and barriers (especially those related to sexuality) to access to material and non-material resources, these goals will never be achieved.

PUTTING THE "S" BACK INTO THE SRHR AND DEVELOPMENT DISCOURSE

The language of rights has been useful in mobilising the disenfranchised to claim their entitlements and justice. The rights framework itself is the foundation for all legal systems, which allows for "some level" of check in violations for human rights. It has also allowed spaces for raising issues of gender, sexual and reproductive health and rights, and rights of minorities, and right to food among others. While sexuality and sexual rights remains to be contested issues, governments across the world have agreed to uphold this right by being signatories to international agreements such as the International Covenant on Civil and Political Rights (1966), International Covenant on Economic, Social and Cultural Rights (1966), Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (1979), and Convention on the Rights of the Child (1989). In addition, governments are also signatories to the Programme of Action of International Conference on Population and Development (ICPD POA 1994), and Beijing Platform for Action (BPfA 1995).

The concept of sexual rights is relatively "the new kid on the block" in raising it as an entitlement within the human rights principles (Petchesky 2000 in Correa, Petchesky, & Parker 2008, p.4). Embedding it in the principles of human rights of universality, indivisibility, interdependency, and interrelatedness, has enabled arguments for sexual rights for all. In 2006, a group of human rights experts, sexual minorities activists gathered in an experts' meeting held at Gadjah Mada University, Yogyakarta, Indonesia. The Yogyakarta Principles, the outcome of the meeting, details 29 principles on the application of international human rights law in relation to sexual orientation and gender identity. These principles were adopted and signed by representatives from 25 countries at the meeting.

Sexual rights embrace human rights that are already recognised in national laws, international human rights documents and other consensus documents. These include the right of all persons, free of coercion, discrimination and violence, to the highest attainable standard of health in relation to sexuality, including access to sexual and reproductive healthcare services; seek, receive, and impart information in relation to sexuality; sexuality education; respect for bodily integrity; choice of partner; decision to be sexually active or not; consensual sexual relations; consensual marriage; decide whether or not, and when to have children; and pursue a satisfying, safe and pleasurable sexual life (WHO working definition 2006).

> **The universality, indivisibility, and interrelatedness with other human rights, including the rights of citizens enshrined in a country's constitution must therefore allow for the application of sexual rights over cultural and religious conservatisms that seek to block it. Governments should uphold these rights and grant full citizenship to its people rather than collude with conservative groups.**

WAYS FORWARD

INCLUDE SEXUALITY AND SEXUAL RIGHTS IN THE POST-2015 DEVELOPMENT FRAMEWORK

The post-2015 sustainable development goals and framework is critical in shaping the development policies, programmes, and its implementation in the coming years. To ensure that transformative development happens, sexuality, sexual rights, and human rights need to be spelt out in the document to avoid any ambiguity in its implementation and funding. Comprehensive sexuality education, abortion rights, access to contraception to young people, and including young people's sexual rights, and removing all form of discriminatory laws and practices around sexuality must be part and parcel of this important document. It is not enough to incorporate words like inclusiveness and non-discrimination when actions are contrary to what is being said. To ensure inclusiveness, full participation of and consultation with women civil society groups and LGBTI groups in the drafting process as well as in its implementation is a must. Tokenism and lip services will not lead to any transformative and lasting change.

REINSTATE THE ROLE OF THE STATE IN DELIVERING PUBLIC GOODS

In a democracy, the first accountability of any government is towards its citizens. However, in today's globalised economies, we see that governments are more accountable toward corporates. There is an imperative to reinstate the role of governments to deliver public goods for all its citizens without discrimination. To do so, the existing country policies and programmes need to be reviewed in the light of existing instruments, such as the Convention on the Elimination of All Forms of

Discrimination against Women (CEDAW) (General Recommendation 26), International Covenant on Economic, Social and Cultural Rights (ICESCR), Universal Declaration of Human Rights (UDHR), International Assessment of Agricultural Knowledge, Science and Technology for Development (IAASTD), International Labour Organisation (ILO) Convention 184 (especially Articles 18, 189) and International Convention on the Elimination of All Forms of Racial Discrimination (ICERD). Government policies need to adhere to these human rights instruments and ensure its implementation is monitored at all levels. Appropriate systems need to be in place to deal with violation of these policies.

BREAKING THE SILOS IN DEVELOPMENT PRACTICES AND THEORY

We have seen the victories of social movements that have come together with a common mission of achieving and upholding human rights. The Cairo and Beijing conferences are some such examples. As we seek to address the many challenges through the post-2015 agenda for sustainable development, we need to ensure inclusiveness of all people and ensure fluidity and intersectionality in the themes. There is a need to look into the practices, and funding development comprehensively.

While fighting the different battles such as right to food, education, health, and other inalienable rights, we should not forget our rights to control over our bodies, personal consumption, ownership and control over resources, and most importantly rights of specific marginalised communities— LGBTIQ, sex workers, and people with disabilities among others.

DEVELOPMENT RESEARCH NEEDS TO BE INTERDISCIPLINARY

There is very little work done on sexuality in development. With lack of data and information, the evidence-base of how issues are interlinked is not clear to people and policy makers. These in turn affect how policies are framed. Government surveys need to include aspects of sexuality and sexual health such that better analysis of issues can be done and likewise better policies can be framed that address the issues. Research work also needs to take into account the sensitivity of the issues of marginalised groups. Care needs to be taken to do no harm in jeopardising these communities further.

BREAKING THE SILENCE AROUND SEXUALITY

For achieving concrete social change in thinking around the concepts of sexuality and heteronormativity, we need to work from the communities upwards. Governments respond best when there is a massive push from below. Civil societies are best placed to play the role of watch dogs and raise issues of violations of human rights. Boundaries need to be constantly pushed to make space for inclusive development and social justice.

REMOVE LEGAL AND INSTITUTIONAL BARRIERS TO ACHIEVE SEXUAL RIGHTS FOR ALL

To safeguard rights of all, as instituted in the constitutions of countries, it is important, firstly to remove all legal barriers that discriminate sections of the society based on gender and sexual orientation. This includes the recognition of sex work as work. Removing legal barriers is only the first step. Other institutional barriers in government offices, police departments, health systems, education and other institutions also need to happen. Sensitisation of

service providers and especially of government officials to concepts of pluralism, rights is required. Such initiatives can be done on regular basis by NGOs working on different issues of sexualities, through their advocacy work, and the media.

REVISITING SEXUALITY EDUCATION

There is a need to reinstate comprehensive sexuality education in schools. It should also be incorporated into the curricula across all fields of studies, such as pedagogy and teaching, medicine, and its auxiliary subjects like bioethics, law, media studies, history, film making, art, police and defense forces, to name a few. Adult learning centres can also be set up in communities where people have the opportunity to learn and reshape values and beliefs around sexuality. Sexuality education curricula needs to be comprehensive and aimed at providing knowledge and information. There should therefore be no space for any kind of obscurity, and facts need to be stated clearly. More importantly, the curricula should include human rights and sexual rights with due consideration given to marginalised communities. Investment in terms of time and money need to be made in training teachers to overcome their own inhibitions and biases on matters of sexuality. Only by opening up the space for talking about sexuality can we break taboos, fears, stigma, and concepts of shame around sexuality.

While funding may be seen as a big constrain and even an excuse for not taking these big steps, many of the above recommendations can be taken up even with constrained funding.

BOX 2. PERSONAL REFLECTIONS ON SEXUALITY
BY KUMAR DAS

I was born and brought up in a traditional Bengali middle class family in Calcutta. I lived with my parents and sister. My mother is a housewife, and because my father had long working hours (except on Sundays), I spent more time with my mother, sister and aunt, to whom I was particularly attached. My sister was fond of cosmetics, and she used to colour my nails before colouring her own. My mother also dressed me in female clothes till class 2 (about 7 years). As I reflect on my life, childhood, and adolescent years, I believe I have greatly been influenced by the female members of my family. This has also shaped my views on sexuality.

When I was in Class 9 (about 14 years old), a Bollywood movie called Jism was released in India. The hero, John Abraham, is a very masculine man. One day, I told one of my friends that I really like him. This brief conversation was shared by my friend to the others in school, and I was teased and bullied that I had fallen in love with John Abraham. I was shocked that an innocent comment of mine had been blown out of proportion, and complained to the teachers about it. The teachers also laughed at me and trivialised the issue. Being embarrassed, and because of the shame I experienced, I did not attend school for two weeks.

After school, I joined Presidency College in Calcutta, India. I took the metro (underground train) every day and I preferred to be close to the door as the trains were always crowded during the morning hours, and it helped getting out of the train easily. One day, a man aged around 25 years, standing in front of me, tried to touch my private parts. As the compartment was crowded, I had no space to move. My first reaction was of shock and dislike and when I began to relax, I experienced pleasure. I shared the incident and experience with a friend and was told off in terms of how, as a male, I could possibly enjoy the touch of another man.

Like most males I know, I too shared my first sexual experience with a sex worker. I told my friends how I had a good time with her. Again, I did not expect to be rebuked and was taken aback by the foul language they used for the sex worker and the aggression and violence each word held.

These experiences forced me to reflect on my own powerlessness. Despite my education, I was unable to resist the dominant perceptions of sexuality. I was also ill-equipped to respond and say that "it was ok to experience a different kind of sexual desire which does not fit into the norms set by the society." Having faced shame and exclusion, I can only imagine the multiple barriers experienced by all persons who are in the fringe of the society because of their sexual orientation and gender identity, poverty, or simply for being different or subordinate. We all aspire to love, to be loved and cared for, and to feel accepted for what we are. Does it really matter what our sex or gender identity is?

CONCLUSION

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Through the internet and social media, people have been able to connect across the world to like-minded groups and individuals. It has been a source of mobilisation, opening spaces for communicating without being penalised or stigmatised. This has to a great extent helped in breaking the silence around sexuality and sexual rights.

India has witnessed one of the biggest mobilisations in recent years against Section 377 of the Indian Penal Code (IPC). The mass mobilisation against this law forced the Indian High Court to decriminalise and remove it, in favour of the sexual minorities in 2009. This was seen as a great victory for the movement. While the act was overruled by the Supreme Court, to the great disappointment of those who favoured the removal of the act, the possibility of pushing the boundaries for social justice and making change happen brings a glimmer of hope for those continuing the fight against social injustices.

In April 2014, the Supreme Court of India held that the transgender community could identify themselves as a "third gender," and that they be given full citizenship rights and access to educational institutions, job opportunities, and government welfare programmes. This is indeed a positive step towards affirming the rights of transpeople, which has opened up the spaces for participation in the public sphere and one can only hope that it will have ripple effects in recognising the sexual rights of all.

Sexuality, poverty, and food security are complex fields in their own right. Exclusions and poverty and food insecurity are mutually reinforcing. This paper has tried to look at how exclusion based on sexuality can produce and sustain poverty and food insecurity. There are many pathways that link the three concepts and only a few have been discussed here. It is impossible to resolve issues of poverty and food security without understanding the lived realities of people. As sexuality is an integral part of human beings, it cannot be separated from discourses of poverty and food security.

This paper has attempted to highlight the multiple discriminations people face based on their gender identities and sexual orientation that block and even setback years of progress in development.

Control and fear are not the best ways to organise societies. It only leads to insecurity, dissent and unhappiness. An affirmative and positive approach to sexuality will not only lead to peace, non-violence, pleasure, contentment, fearlessness, and empowerment, but truly contribute to happiness, well-being and human progress.

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