MONTAGE OF SEXUALITY IN SRI LANKA
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DEDICATION

To all those who will look in the mirror tonight and see a sexual facet of themselves and touch a deep part within to be a kinder person tomorrow. This book is for anyone who has ever loved themselves or anyone else.
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Sexuality is an intrinsic part of life and connotes the totality of a human being. Unlike the word 'sex' that represents a physiologic act or the categorizations into which human beings are often boxed into; sexuality denotes the most intimate feelings and deepest longings of humans to find sexual expression and meaningful relationships with others and often with their own identities.
Human sexuality is the way people experience and express themselves as sexual beings. This involves biological, erotic, physical, emotional, social, or spiritual feelings and behaviors. It includes a link to sex, gender, gender identity and expression, gender roles, sexual orientation, sexual characteristics and experiences, thoughts, ideas, and fantasies. It also entails how we experience intimacy, pleasure, touch, love, compassion, joy, and sorrow. Sexuality also affects and is affected and often controlled by cultural, political, legal, philosophical, moral, ethical and religious aspects of life.

Sexuality could also result in violence, harassment, discrimination, exclusion, stigma and prejudice, especially when one’s sexual orientation, gender identity and expression or sexual characteristics, desires and practices are different or perceived to be different from what is the norm in the social context in question. Of course, sexuality doesn’t exist in a vacuum and often intersects with a range of other factors, including, class, gender, race, age, religion, disability, health and economic status etc. and the way in which different people experience and express their sexuality and how society responds to the same could vary based on these factors and others.

Sexual health is an integral component of preventive health in Sri Lanka. In spite of a long-documented history of acceptance of the diversity of sexuality as a part of the complex human condition, there are gaps in the modern society in understanding and appropriately responding to sexuality. This book attempts to capture a diverse spectrum of sexuality related issues in Sri Lanka. It also profiles background information in relation to Sri Lanka from the context of different topics pertaining to sexuality, history and existing laws and policies. It profiles a number of authentic narrations by both known and anonymous contributors. This book culminates into a montage of sexuality in Sri Lanka profiling deeply personal and moving accounts of the experience in sexuality in a multi-cultural island nation.

The way in which different Sri Lankans express and experience their sexuality varies vastly from each other. The purpose of this book is not by any means to capture all facets of that diversity – this is by no means possible. This book represents the voices of different people to deepen our collective understanding of sexuality. The authors aim to highlight some previously unexpressed aspects of the lives of those who have narrated their stories. Our objective is to closely represent the sexuality experiences of different people in our society so that others, healthcare professionals in particular, will be more empathetic and accepting of sexuality related issues. The authors hope that these deeply personal and sensitive narratives will build a bridge across the human experience and the healthcare structures and stakeholders in Sri Lanka. We hope that these stories and the accompanying analyses could inspire a sense of understanding and empathy and take us a small step forward to being a society that could respect the inalienable dignity of Sri Lankans in all their diversity and celebrate the plurality we all undeniably live amongst.

Santhushya Fernando
Senel Wanniarachchi
Janaki Vidanapathirana
GLIMPSES IN TO THE HISTORY OF SEXUALITY IN SRI LANKA

"Reminders of what was a more “sexually liberal past” can be seen painted on our walls or carved and etched in stone."
Human beliefs, practices and taboos on sexuality have varied in different periods of time in different parts of the world, with what was considered ‘normal’ or ‘abnormal’ at the time, often being controlled by a complex and constantly changing plethora of factors. These factors include the dominant culture, religion, politics and the media. For instance, how and how much one chose to reveal or conceal them, have often been politicized and commoditized based on when and where one lived. This is especially true for women.

Reminders of what was a more ‘sexually liberal past’ can be seen painted on our walls or carved and etched in stone. The paintings of the frescos in the ancient Sigirya rock fortress in the Matale District, built during the reign of King Kashyapa in the 5th Century B.C., depict women, who besides their necklaces, armlets, wristlets, ear and hair ornaments and what appear to be delicate tattoos encircling in their necks, are bare chested. They illustrate the historical absence of social taboo relating to women exposing their upper bodies, as men continue to enjoy this to this date. The adjacent Mirror Wall or Ketapath Pavura is full of poems written in lyrical and sensual language about the frescos’ beauty. In October 14, 1967, a mob had secretly vandalized these world famous paintings of the frescos by smearing paint over them. Some had been completely destroyed with a rod and many others, disfigured. This defacing of the frescoes is still a mystery. However, some analysts say the desecration was done by conservative forces who believed the paintings were an ‘inappropriate’ depiction of our history. One of the frescos was later featured on the Sri Lankan 2000 Rupee note which the government stopped issuing in 2012.

Similar depictions of women are found in the Ajanta caves in Maharashtrha, India and in the finely carved wood carvings in the Embekka Temple in Kandy from the Gampola Era (14th Century) built by King Vikramabahu III. A similar scene of love making as well as an image of a bare chested woman playing drums is found in the lower chamber of the Mulkirigala cave temple from the Kandyan Era (3rd Century B.C.) located in the Hambantota district. The temple is known by locals as ‘Punchi Seegiriya’ (Little Sigiriya). Furthermore, in statues and paintings found in the Kathaluw temple in Koggala, women who appear to be from the upper echelons of society are seen to cover their chests simply with what appear to look like shawls. The temple is believed to have been built in the 15th century. Particularly noteworthy is the statue of the images of Kinnara and Kinnari from the Sanda Kinduru Jataka (Channa Kinnara Jataka) which tells a story of a previous life of the Buddha where the Kinnari is seen wearing simply a chest band to cover her chest. In Kathaluw, there are several paintings in which women appear to cover their chests with garments that appear to look like bibs. In stark contrast, the same temple has paintings, which have presumably been added later, with women in Victorian dresses that cover their bodies from their wrists to the toes. At the Thiwanka Pilimage (Thiwanka Image House) in Polonnaruwa (12th century A.C.) built on the orders of King Parakaramabahu the First, the panels of the northern wall and vestibule showing the birth stories (Jathaka) of the Buddha as seen in the drawings by P.G. Perera, show women with no garments waist above.

At the Ridi Viharaya, built by King Dutugemunu in the 2nd century BC, located 20 kilometers from Kurunegula in a small village called Ridi Gama, is an ivory carving of a design called the Pancha Naari Gataya which shows five women, bare chested, interwoven together accompanied by two lions carved on either sides. A similar decorative brass carving of five women fighters practicing together from the Kandyan era is now at the National Museum in Colombo.

The sculpture of the Isurumuniya Lovers at the Isurumuniya temple in Anuradhapura (6th century) shows a woman, seated on the man’s lap, lifting her finger. Some historians say the figures may represent King Dutugemunu’s eldest son Saliya and ‘the low caste’ maiden Asokamala whom he dearly loved for whom he is known to have abdicated his throne. A stone carving at the Nalanda Gedige, the ancient stone building in Matale, believed to have been built between the 8th and 10th centuries with a hybrid style of architecture including Hindu elements and Tantric Buddhist carvings, depicts two humans engaging in sexual intercourse with what appears to be a lion. It is unclear if the two humans are two men or a man and a woman. In the left side of the figure is the lion bent forward. The other human figure on the right is behind the man, holding on to him. The human figures are adorned with jewelry and head bands which show that they are either Gods or are from the upper strata of society. Analysts point out that, these carvings are similar to the graphic erotic temple art found in the Khajuraho monuments in Madhya Pradesh.
India where one can find depictions of threesomes orgies and bestiality.

At the Medawela Raja Maha Viharaya in Kandy, one of the stories depicted through the paintings begins with a messenger informing the Brahmin's wife that she is to bring the mid day meal. All women who are in their residence have no upper garment. The next scene shows the three women on their way to the plot of land where the wife and the daughter of the Brahmin now wear jackets. However, the woman, possibly a domestic help, carrying the meal is not wearing an upper garment. This shows that in private spaces women did not wear an upper garment while women of “lower castes” did not wear upper garments even if they were in a public space.

Similarly, images of the Vessantara Jātaka, at the Medawela Raja Maha Viharaya show Queen Mandri, the wife of Vessantara, in the forest with no upper garment. It is clear that the Kandyan artist at the time saw no problem with depicting the wife of the future Buddha in her last birth without an upper garment. Even high class women living in the forest as hermits are shown without an upper garment.

In the depiction of Pusati Devi, the mother of Vessantara, leaving to visit her parents, Queen Mandri's chest is uncovered from her shawl and in the Walagoda Raja Maha Viharaya, the King Sanjaya, Vessantara’s father is leading on a horse and Pusathi Devi is carried on a palanquin. She is peeping out, and her shawl appears to be not wearing an upper garment.

The paintings Mara Parajaya, “Mara’s Three daughters” are seen dancing around the Buddha bare chested in the “Fifth week after Enlightenment”. Also, in the Telepatta Jatakaya depicted in the Mulgirigala Raja Maha Viharaya, one of the most popular scenes is the ‘Houses of Pleasure’ in which women welcome some men to give them the utmost in sensual pleasures.

A gilt-bronze sculpture of the Tara, Hindu mother goddess, that dates from the 8th century A.D. in Sri Lanka, taken by force from the last King of Kandy when the British annexed Kandy in the early 19th century and taken to the British Museum in 1830, shows the goddess’s hour-glass upper body naked with only a garment tied to the hips. When the British Museum acquired the statue, in the 1830s, the museum management had been concerned that the large exposed breasts, narrow waist and curvaceous hips would be seen as too erotic for the public and was kept out of sight for thirty years.

The Saddharma Rathnavaliya composed by a Buddhist monk Dhammasena, tells the story of Queen Rohini, who refused to leave her inner chamber to greet a visiting monk because her upper body was covered with a skin rash. Later, she gives in to the request of the monk and comes out. The Dhammapadakatha narrates that she put on the silk garment that covered her infected body, to appear before the monk. The Dampiya Atuwa Gatapadaya, which is a commentary to the Pali work, goes on to say that Rohini, out of respect for the monk, removed the jacket she had worn to conceal her skin disease. This shows that it was customary for women to not wear an upper garment even before monks.

Portuguese historian Fernando De Queyroz wrote in The Temporal and Spiritual Conquest of Ceylon that the colonial style of dresses was only embraced by the gentry “such is the dress of the Lord and Nobles, for the soldiers, farmers and other common folk, have no other clothing save a cloth which they wrap on their head and a small bit of cord round the loins from which hangs a piece of cloth, one palm broad and a cubit in length, the end of which is tied to the same cord covering their natural nakedness”.

These images could signal either that sex, sexuality and nudity were culturally sanctioned at the time or that the artists of the day had the artistic freedom to express their fantasies and desires through their work.

Marco Polo, the Italian merchant, who visited the island in the late 13th century is quoted in The Travels of Marco Polo “the people worship idols, and are independent of every other state. Both men and women go nearly in a state of nudity only wrapping a cloth round the middle part of their bodies.”

However, with Portuguese colonization, women in the coastal belt took to the long-sleeved jacket rounded at the back and in front with “V” neckline. Meanwhile, in the mid 17th century under the influence of the colonial Dutch, lace collars, frills, cuffs and hemlines began to be freely used. Later, the influence of the Indian Nayakkar dynasties on the Kandyan throne led to a consequent modification in dress in the Kandyan provinces.

According to Nira Wickramasinghe, Professor of Asian Studies, up until the late 19th Century, many women in the Kandyan Kingdom belonging to the so-called “lower castes” did not cover their breasts, whether at home or elsewhere. In the Rodiya community in particular, women could not cover the upper part of their bodies.

Western writers often spoke of the physical beauty of the Rodiya women and they were
often featured on postcards. The paintings by Tavik Frantisek Simon (1877-1947) of women in Dalada Maligawa in 1920s show women, assumed to be Rodiya who are bare bodied at the temple. Ironically, today, there are strict dress codes imposed, especially on women, entering the temple as in many other places of historical and religious significance in Sri Lanka.

The sculpture of the Isurumuniya Lovers at the Isurumuniya temple in Anuradhapura (6th century) shows a woman, seated on the man’s lap, lifting her finger.
Britisher Earnest M. Bowden in the February 1882 English Illustrated Magazine says, “few faces that I have met with in the east have charmed me more than the face of this sad and simple Rodiya girl.”

The same publication says that Appuhamy, a local domestic help, found Geoffrey Wilding, another Britisher who left Sri Lanka in 1914, a Rodiya girl. “Appuhamy in his long life had never seen such beauty... She like her mother was naked from the waist upwards, in accordance with a harsh law, centuries old... Her unblemished skin of so light a brown, had the translucence of youth and bounding health. She walked as gracefully as the young deer... Firm breasts perfectly rounded... She had known for more than a year that when a high enough bidder comes she must go away to spend a few years as the mistress of a man of some alien race.” The Rodiya villages had many women who had left the district in the bloom of their youth, some to the lonely districts to live in the bungalows of planters. They came back with handsome dowries to marry men of their race.

The famous Mount Lavinia Hotel in Colombo which was built in 1810 as a private residence by a British Governor has secret passages that have been discovered later. It is chronicled that a Rodiya girl who worked for the Governor fell in love with him. When the Governor was leaving, he asked her what she wanted from him. Much to his surprise, she did not ask for the house which he was willing to give her. Instead, she asked for official permission to wear a cloth up to her waist, a mark of status normally denied to Rodiyas. The Governor gave his consent with an official gazette notification and the house was sold and turned into a hotel.

Similarly, literature also points to some good examples for how sexuality was expressed in pre-colonial Sri Lanka. In the ‘Sandesha kawyas’ or messenger poems, the poet describes the route that the messenger - a bird, takes, in order to deliver the message to its intended recipient who is often a King or an important person. However, the imagery and the language used in these verses depict the values and beliefs of the writers and the kind of society in which they lived in. It’s not seldom that one finds references to sexuality in them. The Gira (parrot) Sandesha, which is one of the five great Sandeshas written during the reign of King Parakramabahu VI of Kotte (15th century A.D), features a message sent to the Vijayaba Piriwena in Thotagamuwa. Here, the poet, who remains unknown, compares the breasts of women to swans “the breasts of the ladies in this city are more charming than swans. The swans, therefore, being jealous of them, have left the garden-ponds. Noticing the absence of the swans, the ladies thought that they had run away ashamed of being outdone by their beauteous bosoms. So it seems, the ladies there have cloaked their breasts intending to get the swans back.” The poet goes on to compare the ripples in the river, made by the playful bathing of women to a man whose mind has been stirred with desire by the sight of the women.

Similarly, in the Hansa (swan) Sandesha-ya from the Gampola Period (13th Century), which was authored by the monk, Weedagama Maitriya of the forest monastic tradition, the poet welcomes his courier, the swan by describing the image of “the plump breasts of young maidens”. He goes on to describe the image of “bathing women glistening with

“such is the dress of the Lord and Nobles, for the soldiers, farmers and other common folk, have no other clothing save a cloth which they wrap on their head and a small bit of cord round the loins from which hangs a piece of cloth, one palm broad and a cubit in length, the end of which is tied to the same cord covering their natural nakedness”
water and their bodies penetrating the wet cloths pressed against their skin’ adding that their dancing ‘can only be compared to lightening’.

Furthermore, the Salalihini (myna) Sandeshaya which was composed by the monk Thotagamuwe Sri Rahula, an eminent scholar of the Kotte era who spoke and wrote in some six different languages, compares the faces of the women of Kotte to ‘the moon’ and goes on to say that ‘their hips are so small they could be rounded by the fist, and that their laps are as wide as a cartwheel and their breasts - like swans’. The poet goes on to say that ‘if these women hadn’t blinked their eyes, one couldn’t separate them from goddesses’. The poet instructs the Myna to be rejuvenated by breathing the air infused ‘with the smell of different creams that the women apply on their breasts’.

Similarly, in the Mayura (Peacock) Sandeshaya, written by Kaveeshwara, the grandson of Gurulugomi, the composer refers to the story where Maharshi Agastya, a holy sage mentioned in the Vedas, drank all the water in the ocean and says that similarly, if he ‘could drink all the water in the lake in which the women were bathing, he could have seen the jewels tied to the women’s breasts’. The writer goes on to say that ‘it’s more apt to free the breasts from the breast bandages that are concealing them’. Similarly, a metaphor the poet has used equals the woman to the night and the breast bandages to the darkness that is concealing her breasts. The poet compares the ‘rays of the sun that spreads across the world to hands that remove the breast bandages of the women’.

Similarly, the Kokila (koel) Sandeshaya describes the sight of women dancing with a band of bells tied about their hips, the Kavya Sekaraya admires women’s legs and hips and the Paravi (pigeon) Sandeshaya admires women’s hips, breasts and legs. In the Saddharmalankaraya, Ashokama’s beauty is praised by Saliya, similar to how, in Kav Silumina, Pabawothi’s body is praised. It trends by describing a ‘madupanothsavaya’, “a drinking party”, which is a celebration at the royal palace where the king and some women are described to engage in various sexual acts.

In addition to the Sandesha Kavya and great pieces of literary writing by the learned, jana kavi or popular folk verses sung by ordinary people also have many references to sex and sexuality. From these examples and others which aren’t sited here, it’s clear that the writers hadn’t felt need to censor references to sexuality in their artistic and creative expressions which, in hind sight offer an interesting commentary of the social context at the time.

Meanwhile, the custom of fraternal polyandry or eka-ge-kema or ‘eating in one house’ where one wife lived together with several brothers of the same family, has been a common practice in Sri Lanka. Poverty, the desire to limit family size and to keep property undivided within families, appear to have been some of the factors that have contributed to the survival and possibly even the emergence of polyandry. The earliest reference to the practice is perhaps that of the Mahabharata where we find that Draupadi was the common wife of the five Pandava brothers. Further, in the Magul Maha Vihara inscription in the Eastern Province, there is a reference to a queen by the name of Vihara Mahadevi from around...
This queen appears to be a different Viharamaha Devi to the mother of King Dutugemunu and chief consort of King Kavantissa. Robert Knox has also documented this practice in Historical Relation of Ceylon (1681) where he says “In this country each man, even the greatest, has but one wife; but a woman often has two husbands”. Similarly, Portuguese historian Joao Ribeiro says in his work Fatalidado Historica da Ilha de Cellao (1685) that once the marriage ceremony is concluded, the first night is “allotted” to the husband, the second to his brother, the third to the next brother, and so on as far as the seventh night, when if there be more brothers, the remainder are not entitled to the privilege of the eldest six. “These first days being past, the husband has no greater claim on his wife than his brothers have; if he finds her alone, he takes her to himself, but if one of his brothers be with her, he cannot disturb them. Thus one wife is sufficient for a whole family and all their property is in common among them. They bring their earnings into one common stock, and the children call all the brothers indifferently their fathers”. Anecdotal evidence also suggests that there were practices developed to ease communication about sex between brothers such as placing the loin cloth on the door. There had also been a practice of placing the winnowing sheaf or a kulla by the door to signal that a couple was engaging in sexual activity so that any visitors to the house would know better than to walk into the room directly.

The custom of polyandry was, however not to remain legal for long, for the British outlawed it, though it is known to have survived for a considerable period thereafter. Ponnambalam Arunachalam observed in Twentieth Century Impressions of Ceylon (1907) that “Polyandry, though illegal, continues to exist among the Kandyan peasantry, especially in the case of brothers. The law against polyandry is evaded by not registering the union at all or by registering it as with one brother only”. Polygamy and polyamory were a deeply entrenched privilege of kingship. Sri Lankan history points to an “Anthappura” which was the royal harem of the royal palace or the section of king’s palace where the queen and other court ladies stayed. The term harem comes from the Arabic haram meaning forbidden place. A king would often have one queen-wife who was, of royal or noble lineage. In addition to the single officially designated queen-wife, kings maintained a number of lesser wives and concubines. Being an expensive extravagance to upkeep, the number of women in the king’s household was seen as a measure of his wealth, power and influence with the pool of women in the “royal harem” being continuously refreshed. Some historians point out that the harem was guarded by an elite army composed of woman warriors who often wore uniforms and were armed with a full range of halberds, bows, spears and armor. Meanwhile, Hijras, who in many South Asian countries such as Nepal, Pakistan, India, and Bangladesh are recognized as the third gender, have a recorded history in the Indian subcontinent from antiquity onwards as suggested by the Kama Sutra. The Kama Sutra is an ancient Indian Indian text written by the philosopher Vātsyāyana. It is widely
considered to be the standard work on human sexual behavior in Sanskrit literature and the world’s first sex treatise written in ancient India between the 4th Century BC and the 2nd Century. A portion of the work consists of practical advice on sexual intercourse. It is largely in prose, with many inserted verses. ‘Kāma’ which is one of the four goals of Hindu life, means desire including sexual desire, the latter being the subject of the textbook, and ‘sūtra’ literally means a thread or line that holds things together, and more metaphorically refers to an aphorism (or line, rule, formula), or a collection of such aphorisms in the form of a manual. Contrary to western popular perception, the Kama Sutra is not exclusively a sex manual; it presents itself as a guide to a virtuous and gracious living that discusses the nature of love, family life, and other aspects pertaining to pleasure-oriented faculties of human life.

Ten chapters of the book are on ‘stimulation of desire, types of embraces, caressing and kisses, marking with nails, biting and marking with teeth, on copulation (positions), slapping by hand and corresponding moaning, virile behavior in women, superior coition and oral sex, preludes and conclusions to the game of love. It describes 64 types of sexual acts.’

The Kama Sutra is the oldest and most notable of a group of texts known generically as Kama Shastra. Kāmashastra refers to the tradition of works on Kāma or desire. It therefore has a practical orientation, similar to that of Arthashastra, the tradition of texts on politics and government. Just as the former instructs kings and ministers about government, Kāmashastra aims to instruct the townsman (nāgarika) in the way to attain enjoyment and fulfillment. The Kama Sutra says ‘Dharma (virtuous living) is better than Artha (prosperity), and Artha is better than Kama (desire). But Artha should always be first practiced by the king for the livelihood of men is to be obtained from it only. Again, Kama being the occupation of public women (referring to sex workers), they should prefer it to the other two, and these are exceptions to the general rule.

Some analysts point out that, from the 8th century onwards, there were Tantric (Vajrayana) Buddhist practices in Sri Lanka. Tantrayana encouraged Sexual yoga or Karmamudrā which is sexual practice with a physical or visualized consort.

In South and parts of Western India, devadasis who are ‘servants of God’ are girls ‘dedicated’ to worship and service of a deity or a temple for the rest of her life. Historically, after marrying wealthy patrons, they spent their time honing their skills while their patrons had another wife who served them as ‘housewife’. Now the system is seen as a means for poverty-stricken parents to unburden themselves of daughters and some analysts point out that historically the practice is a socially sanctioned form of sex work. Here in Sri Lanka, there are two laws related to sex work - the Brothels Ordinance and the Vagrants Ordinance - both are relics of our colonial past.
The Dhammapada, which is a collection of sayings of the Buddha in verse form, tells the story of Soreyya, the son of a wealthy man, who, one day, was going out in a luxurious carriage for a bath. At that moment, a Thera by the name of Mahakaccayana was adjusting his robes outside the city. The young Soreyya, seeing the golden complexion of the therā, has thought, “How I wish the therā were my wife, or else that the complexion of my wife were like that of his.” The Dhammapada says that as the wish arose in him, he was suddenly transformed into a woman.

According to the Vinaya Pitakaya of the Tripitaka, which is made up of rules of discipline laid down for regulating the conduct of the Buddha’s disciples who have been admitted as bhikkhus and bhikkhunīs into the Order, sexual intercourse is deemed to have occurred if the penis enters any orifice of any being, of any gender, living or dead. It does not specify a gender. Once, while addressing an audience of Brahmins the Buddha said that having sexual relations with five types of persons, presumably with or without their consent, would be unethical. These five types are: women under the guardianship of their parents (māturakkhitā, piturakkhitā), namely, underage children; those bedecked in garlands (mālāgun aparikkhittā), referring to those already engaged to be married. In each case here the Buddha only refers to women as potential sexual partners. Some analysts say this may be because he was addressing a group of male monks.

A letter by the Governor of Goa at the time Joao de Casto, dated 27th November 1547 AD speaks of the abominable crime of the king of Ceylon at the time Bhuvanakā Bahu VII. He is quoted in the early 16th century by A. Strathern as stating, “the sin of sodomy is so prevalent...that it makes us very afraid to live there. And if one of the principle men of the kingdom is questioned about if they are not ashamed to do such a thing as ugly and dirty, to this they respond that they do everything that they see the king doing, because that is the custom among them.”

Meanwhile, Knox referring to the king of Kandy at that time, says “most of his attendants (deputies) are boys, and young men, that are well favored, and of good parentage. For the supplying himself with these, he gives order to his Disavas (Governors of the regions) to pick and choose out boys, that are comely and of good descent, and send them to the court. These boys go bare-headed with long hair hanging down their backs. Not that he is guilty of sodomy, nor did I ever hear the sin so much as mentioned among them.”

Much later, in the age of European colonization of great civilizations of Asia, Africa and Latin America, Homosexuality was criminalized by the British in its colonies, including Sri Lanka. Britain first passed “Sodomy Laws” - that criminalized anal sexual intercourse in 1533 during the rule of King Henry the 8th. As such, sodomy remained a capital offense punishable by hanging in Britain until 1861. Some historians point out that these laws were used to target and humiliate the King’s political opposition. In 1815, the British colonized Sri Lanka. Following this, the laws that criminalize homosexuality were introduced in Sri Lanka through the Vagrants Ordinance, which remains in place to this date and later with the i.e. Penal Code in 1868 through sections 365 and 365 (A). Such laws do not have any antecedents in Buddhist and Hindu jurisprudence.

In Britain, the 1957 Report of the Departmental Committee on Homosexual Offences and Prostitution recommended that “homosexual behaviour between consenting adults in private should no longer be a criminal offence”. The recommendations eventually led to the passage of the Sexual Offences Act 1967 decriminalizing homosexual acts in private between two men of over 21 years in the UK (this was later brought down to 16 years). However, Sri Lanka continues to uphold these relics of our colonial past. In 1995 the penal code which hitherto criminalized ‘carnal intercourse against the order of nature’ between men, was amended to also include women.

The performance of gender roles doesn’t appear to be very rigid in ancient Sri Lanka. German Biologist and artist Ernst Haeckel, in an account of his stay in Ceylon, comments on the characteristics of “the naked brown figures”, i.e. Ceylonese men, who kept their hair long and oiled which gave them a “curiously feminine appearance...increased by their slender and fragile proportions”. He contrasts their physique with those of the darker skinned “sinewy”, “tall and graceful” Tamils. He says that the Dravida (Tamil) people “come
Nalanda Gedige - Man, woman and lion in sex
remarkably near to the Greek ideal’. This was
one of the several comparisons Haeckel made
between Ceylonese men and Greek statues
that provided the yardstick of masculine
beauty for such classically trained men as
the German. As he wandered among the tea
plantations with Tamil laborers in simple
loincloths, he mused ‘How much better
might a sculptor here study the true beauty
and proportion of the human form among
these naturally developed models, than
in the life-schools of European academies’

British civil servant and author Leonard
Woolf, in his biographical novel ‘Village
in the Jungle’, about his years as a colonial
administrator in Ceylon from 1904 to 1911,
noted approvingly that Buddhists have
‘none of that horrible insistence upon sin’
of Christians.

Similarly, looking at men in the marketplace,
Raymond Dorgeles in the 1920’s wondered:
‘Men or Women?... One hesitates... Smooth
skinned, with huge eyes and long eyelashes,
their hair hanging free or wound in a bun,
these males are so perfectly beautiful
that one’s gaze can be fooled’ It was not
uncommon for men to wear garments
with floral designs. Wealthy men, including
Kings and nobles were seen clad in jewelry
adorning nearly every part of the body,
ranging from hair ornaments to toe rings.
This is exhibited to this date, during the
many Perahera processions of various
temples, where men are adorned with var-
ious jewels and colorful costumes. Since
women are not allowed as performers in the Perahera, perhaps with the exception
of the Paththini Perahera, it is not
uncommon for men to cross-dress as

women performers in the procession.
Analysts point out that women aren’t
allowed as performers in processions due
to myths surrounding menstruation.
Similarly, women to this date, are not
allowed in the uda maluwa or the upper
terrace of Bo trees including the sacred
Jaya Sri Maha Bodhi in Anuradhapura.
Ironically it is therini (Buddhist nun)
Sangamitta who carried the Jaya Sri
Maha Bodhi from India to Sri Lanka. The
same applies to the Temple of the Tooth
Relic where women and girls are not
allowed to enter the paththirippuva or the
pavilion where the Buddha’s tooth relic is
placed; when it was Princess Hemamala who
carried the tooth relic from India to Sri Lanka
along with Prince Dantha. Women are also
barred from voting in the elections of the Di-
yawadana Nilame - the custodian of the Tem-
ple of the Tooth Relic and the Basnayake
Nilames. In contrast however, in 1931
Ceylon recognized universal franchise
for all, men and women above the age
of 21, just three years after women in
Great Britain secured their right to vote.

However, what we now call history is
largely what we can read in various texts
such as the Mahavamsa which were codified
after having been passed on from
generation to generation by male Buddhist
monks whose religious beliefs may have
influenced what they wrote. Our next
key source for history is what we find in
books written by white European males
such as Leonard Woolf and Robert Knox
who often perpetuated colonial puritan
stereotypes between the manly and moral
Englishman on the one hand and the
effeminate and vice-indulgent brown Asian.
Some analysts such as Frances Gouda have
pointed out that portraying the Asian
as feminine, vain and primitive and therefore
not capable of ruling themselves, was a
technique the European colonizers used to
justify colonialism.

As such, what we understand by history is
likely to be colored by any hetero-patriarchal
as well as ‘white savior’ and orientalist views
the writers may have held.

Examples however, are ample to understand
that pre-colonial Sri Lankan society
was in many ways far more ‘liberal’ in terms
of how sex and sexuality were expressed and
practiced and we see these indications of
our liberal past on a day to day basis with no
giggles, raised eyebrows or embarrassed
looks.
Each person has a unique sex, sexual characteristics, gender identity and gender expression which are determined by a range of factors including their biological makeup. It is important to understand each term and remove the false beliefs and myths which negatively affect the health and wellbeing of a person. As such, it is important to understand gender as a spectrum as opposed to a binary.

The determination of whether one is male, female, intersex is based on the maternal and paternal sex chromosomes and is also associated with physical attributes such as hormone prevalence and external and internal anatomy. Females have XX chromosomes and males have XY chromosomes.
The sex assignment and classification of people as male, female or intersex at birth is often based on physical anatomy (the appearance of genitals) and/or karyotyping (the number and appearance of chromosomes). Intersex persons have both male and female characteristics, and in a variety of conditions, a person is born with a reproductive or sexual anatomy that doesn’t seem to fit the typical definitions of female or male.

There are some individuals born with a variety of conditions other than ‘standard’ male (XY) or female (XX) anatomy. They present with disorders of sexual development. For example, those with a condition called Turner syndrome have only one ‘X’. They do not have ovaries. In these people, hormonal therapy replaces hormones needed for growth and secondary sex characteristics. Those with Klinefelter Syndrome have an extra X and they have XXY. Most of those with Klinefelter Syndrome are not diagnosed until they see a physician because of infertility. Low testosterone levels lead to low sex drive, and 1 in 600 men face the inability to experience erections.

The United Nations defines gender as the “social attributes and opportunities associated with being male and female and the relationships between women and men and girls and boys, as well as the relations between women and those between men”. The role of gender that society assigns upon a man or a woman is a view that is socially-constructed. It changes between different societies and with time. Everyone has a gender identity. Gender identity is how a person feels and experiences their own gender. Although the majority may express it in alignment with their biological sex, some may express one that is different or opposite. Gender identity is defined as one’s internal sense of being male, female, neither of these, both. It is the internal experience and naming of our own gender. A cis-gender person has a gender identity consistent with the sex they were assigned at birth. A transgender person has a gender identity that does not match the sex they were assigned at birth. A child who was assigned male on their birth and who identifies oneself as a girl or vice versa is transgender. The word transgender is also an umbrella term. In addition to including people whose gender identity is the opposite of their assigned sex (trans men and trans women), it may also include people who are not exclusively masculine or feminine (people who are genderqueer) and those who cross dress. There is no single explanation as to why some people are transgender. The diversity of transgender expression and experiences argues against any simple or unitary explanation. Many experts believe that biological factors such as genetic influences and prenatal hormone levels, early experiences, the process of socialization, and experiences later in adolescence or adulthood may all contribute to the development of transgender identities.

The period at which the transition is decided can be childhood, puberty, early adulthood, late adulthood or it can be hidden in all stages of life. Making decisions about transitioning; what level to transition to, or whether to attempt any transition at all are complicated decisions and require time and support. At the point of decision making, many things are unknown and it can be stressful.

Transgender people experience their transgender identity in a variety of ways and may become aware of their transgender identity at any age. Some can trace their transgender identities and feelings back to their earliest memories. They may have vague feelings of ‘not fitting in’ with people of their assigned sex or specific wishes to change their assigned sex. Many transgender people feel hardship during puberty, since the body begins to change and adapt gender specific features associated with breasts, changes in genitals, menstruation, etc. Many transgender people experience high levels of stigma, discrimination, sexual and gender based violence, abuse, marginalization and social exclusion. In addition to that, social, cultural, legal and economic factors, contribute to disenfranchisement. This may lead to poor health and wellbeing of transgender people and put them at a higher risk of health complications. There can be feelings of isolation and fear which can lead to depression and anxiety. Adult transgender people are much more likely to have suicidal thoughts, with 50% of adults reporting some suicidal ideation. The World Health Organization has identified that transgender people are one of the five groups that are disproportionately affected by HIV globally and are 49 times more vulnerable to acquire HIV infections than the general population. They also experience bullying and harassment at different levels of the community and face several hardships in obtaining education and many missed opportunities. They are more likely to engage in high-risk sexual activities due to missed opportunities in their lives including stigma and discrimination, leading to low self-esteem and disempowerment, making it harder to insist on condom use when engaging in sex.
Transgender persons are more likely to have dropped out of education and have to move away from family and friends. They also face discrimination in the workplace, limiting their economic opportunities. They can encounter problems in accessing their daily needs. Issues of social rejection and marginalization may keep them away from normal social life. The lack of legal recognition of gender identity can result in the denial of educational, employment, and housing opportunities. Some transgender people, who experience poverty, rely on sex work to meet their basic survival needs.

It is estimated that approximately 0.3% to 0.5% of the global population are transgender. There is less evidence available on the transgender population and their health, globally as well as nationally. The recently established Transgender Network of Sri Lanka has started bringing together the transgender community in the island. The Sri Lankan constitution does not directly identify rights for transgender people. However, Sri Lanka is signatory to several international legal instruments recognizing and empowering transgender persons. As part of the constitutional reform process, proposals have been submitted and are being considered to provide special protections for transgender persons under a new Bill of Rights.

A key development that has occurred in gaining wider recognition for transgender health is the recognition that the transgender health should appear in a new category of 'gender incongruence' in the World Health Organization’s International statistical classification of diseases and related health problems (ICD). ICD-11, which is due to be published in 2018.

The Ministry of Health, Sri Lanka has recognized the importance of the health of the transgender people and the challenges they face in accessing healthcare. As such, the Ministry of Health has issued directives to authorities to start services for transgender persons who may require it, in every hospital where there is a Consultant Psychiatrist. When a transgender person requests for services, the responsible Psychiatrists will provide care which includes, assessment, counseling and necessary support. In addition to that, a “Gender Recognition Certificate” will be issued upon request after assessing the person. This certificate will facilitate the obtaining of a new birth certificate by changing the stated sex assigned at birth. This certificate could be issued only to those above 16 years of age.

This certificate has to be certified by a Consultant Psychiatrist and the head of the institution working under the Ministry of Health. This has been further confirmed by the Ministry of Health General Circular No- 01 - 34/2016 under the topic of ‘Gender Recognition Certificate for Transgender Community’. Some state run hospitals have started performing gender affirming surgeries at present.

An online survey carried out among 230 professionals of different levels in Sri Lanka through social media (2018) revealed that the majority of them (63.5%) accepted that being transgender is not a mental illness and only half of them (55%) were comfortable with transgender friends. Further, only half of them (56%) accepted that a state of being transgender cannot be changed with psychological treatment and perceived transgender persons as not being immoral (57%). Less than half of them (42%) accepted that if they were apparent, they could accept their son or daughter being transgender. Majority (72%) felt that they were not concerned about the transgender behavior of their employee, if he or she was productive in the work. Majority of them (70%) understood the need for the incorporation of facts on transgender identities in the school curriculum. There was no statistical significance identified on the comparison of the attitudes of health and non-health professionals. Sri Lanka has committed to providing universal coverage of health services in their efforts to achieve the Sustainable Development Goals by 2030. Ensuring that transgender people will also be able to access health care services is an essential component in this journey.

Another important term is gender expression. Gender Expression is how a person presents his or her gender in the world and how society, culture, community, and family perceive, interact with, and try to shape gender. It is also defined as the physical manifestation of one’s gender identity through clothing, hairstyle, voice, body shape; which is typically referred to as masculine or feminine. Many transgender people seek to make their gender expression (how they look) match their gender identity (who they are), contrary to the sex assigned at birth. There are socially constructed definitions and perceived notions and ideals about how men and women are expected to behave in a given setting. Masculinity and femininity is a configurations of practice structured by gender relations, and can change over time. Their making and remaking is a political process influenced by a range of factors including culture, religion and the media.
Gender equality is defined by the United Nations as equal rights, responsibilities and opportunities of males and females (OCHA, 2012). This does not mean that men and women are considered to be the same. Instead, it tries to create a setting in which men and women, irrespective of their differences will be treated equally and have the access to the same rights and opportunities. As such, if gender equality is achieved, men, women and others would have an equal opportunity of realizing their full human potential as there would be no difference in their access to education, employment, legal services or health care.

Gender disparity is a significant determinant of a country’s health in particular, as it can affect health both directly and indirectly. The sectors of women’s health and safety and maternal health suffer significantly due to gender inequality, particularly because women’s access to education and healthcare is hindered. Additionally, gender-based violence including sexual violence, forced commercial sex, domestic violence and female genital mutilation are examples for issues that directly affect a country’s health. Gender equality was identified as a Millennium Development Goal (MDG) seeking to promote national, global and humanitarian development by 2015. Sri Lanka failed to achieve the MDG targets in the domains of women’s employment and representation in politics.
Growing up, Madhuri Dixit was my be all and end all. She was the definition of beauty. I wanted to be like her, to dance like her. I wanted to dress like her and walk like her and may be one day, love like her and be loved like her. She was everything I ever wanted to be.

All my life, I’ve felt like a girl trapped in a boy’s body. This is why, as I grew up, I started nosing around my mom’s closet. I had no examples of people experiencing what I was going through and this only reinforced the shame I felt.

I studied at a popular all-boys school in Colombo. My name was Kumudu at the time. I was a member of the Sinhala drama circle. I loved everything about drama. I almost always got to play the female lead. Playing a woman gave life to my inner self. For the other kids, this was quite a spectacle and I would often be made fun of. They called me the ‘ponnaya’ (a Sinhala expletive) and other abuses. Initially, I was distressed by all of this but as time passed by I hardened my heart to the endless name-calling and bullying. I even fought back a couple of times. It was almost as if their bullying made me stronger and more resilient.

It was probably my inability to blend in that made me audition for drama. That opportunity to feel like you’re being true to yourself, even just for a moment, was worth all the bullying, the hatred and the name-calling. Ironically, even though stages are actually built to act, for me, it was as if I was acting everywhere else, trying to please the world, and I really felt like myself only onstage.

However, drama couldn’t drown the loneliness and the confusion. I was scared and felt like something was terribly wrong with me. After I left school, I started to grow my hair and nails and wear makeup. These changes
made me feel more and more like myself. I decided to undergo treatment and take hormones. Soon my parents and relatives excluded me from family gatherings and finally I was asked to move out of the house but no one offered me a place to live. I started to get involved in several non-governmental organizations that advocated for equal rights for people with diverse sexual orientations, gender identities and expressions that made me understand the importance of Sexual and Reproductive Health and Rights and the need to ensure that all people are aware of and exercise these rights, they are entitled to, by virtue of birth. Today, I feel like I have come a long way. I am a sexual and reproductive health and rights advocate trying to change societal attitudes about those issues. Now I am the Executive Director of the Sri Lanka Transgender Network. More than anything though, I am being true to myself and don’t have to feel like I am living a lie. I am also a model and an actress. Recently, I won the award for South Asia’s Best Actor for my performance in the movie Frangipani! I’m in love. One day, I want to get married to the love of my life and be a mother. Deep inside, I just want to be happy and to live a life of integrity. Is that too much to ask for?

“Getting adequate social services and services from law enforcement, without being discriminated and harassed, is a right of every Sri Lankan citizen. Gender Identity or Sexual Orientation should not be a criterion to deny this. Therefore, Transgender people too have the right to remain under the protection of the law and get adequate social.”

Bhoomi Harendran
Human Right Activist
Executive Director
Transgender Network- Sri Lanka
Sri Lanka
I was the only girl in our family of three and my parents named me Bhagya. Maybe they thought that I will bring them luck because Bhagya means luck. I must confess that growing up, I was always quite a mischievous kid. One of my first memories is from my nursery where I wanted to play with the boys but they didn’t like it. I was about three years, when my parents were bathing my brothers and I started to notice that the external genitals of boys and girls were different. Before this I didn’t understand why everyone treated girls and boys differently.

To be honest, deep inside, I always felt like a boy. Sometimes I found myself asking God why he made me a girl and not a boy. I always wanted to play with cars and trains, I hated dolls and tea sets.

When I attained of age and “became a big girl” my parents had a small party. I didn’t like it at all. People gave me jewelry, but I didn’t want jewelry. I didn’t like wearing them at all. I hated all the attention. I hated the dress I was asked to wear. I always wore pants. The only dresses I was used to wearing were school uniforms. I remember being asked to wear a dress to a wedding and crying throughout the function till I came back home and took it off. That night I had a big fight with my mother and said I will never come for any events with her if I had to wear dresses.

I went to a popular all-girls school in Colombo. I performed well at exams and was good at sports. I was also a Junior Prefect but when puberty started to hit me, I started to hate myself. I hated that my breasts were developing. I hated my genitals. I absolutely hated menstruation. As I grew up, I also began to realize that I was getting attracted to other girls.

Obviously I didn’t talk to anyone about this at the time. During my A Levels, I started a relationship with Sumudu, another girl in our school. We sat next to each other in class and spoke to each other on the phone after school and even wrote each other letters! After A/Ls, Sumudu got selected to the Medical Faculty. Initially she came to see me every now and then but gradually, it all stopped. Not seeing Sumudu really affected me. She was the only one who knew my secret, our secret. I cried a lot. My psychiatrist diagnosed me with depression.

Whenever a relative visited us, my mother locked me up in my room because she didn’t want them to see me “act like a boy”. I couldn’t even use the washroom at those times because it was across the hall. This is when I started to search the internet about who I was. I started to type random keywords on Google and search. I typed things like ‘girl body boy mind’ “girl wants to be boy”. Then I realized that there was a word for people like me. It was called ‘transgender’. I also realized that there were many others like me in the world. This made me feel so relieved. Even though I hadn’t met any of them, it made me feel like I wasn’t in this alone.

I still didn’t know how to explain what I had just learnt to my parents, so I got more and more depressed. I didn’t even brush my teeth or clean up. I even attempted suicide. All of this was while I was seeing a psychiatrist for depression. Later, he diagnosed me as having bipolar disorder. That psychiatrist didn’t ask me anything about my gender or sexuality. I didn’t have the courage to talk about it. He prescribed me medicine but I hated taking those meds. My mother had to force me every day.

After sometime, my mother suggested that we change the doctors as there were no signs of improvement.
what I had known all along - that I might be transgender! The doctor also informed this to my mother. My mother told him that I'm her only daughter and she wishes there was something that could be done to change me. However, the doctor told her that it's a natural condition. She said that if nothing else could be done to change me, she will support me and accept me. The new psychiatrist injected me the male hormone testosterone. This helped me to become more like my true self. Slowly my symptoms of depression also vanished. I owe my life to this psychiatrist. He's the reason I am alive today. I wish my first psychiatrist was also like him. Later, I learnt that Gender Recognition Certificates are issued by the Ministry of Health allowing us to change the gender in our documents. So I went to the Divisional Secretariat Office and got all the official documents to change my gender. My new name is Tharaka. Tharaka means 'star' and I think my future will be as bright as a star. Today I am following a psychology course. When I complete the course, I want to use my knowledge and experience to help other transgender people who are struggling to find themselves – like a guiding star!
I am a 25 year old woman living in a man's body, looking for the courage to tell the world who I really am. This is why I cross-dress. To enter a space where I can stop living some lie and become more like who I really wish to be. I had a fairly 'normal' childhood. I went to an all-boys school. Ever since puberty, I knew that I've always been attracted to boys. Of course this has always remained a secret. I managed to keep this secret to myself. No one knew. As I grew up, I even had a couple of girlfriends. Having a girlfriend was considered cool and I wanted to fit in, to feel normal. To tell you the truth, I was never sexually attracted to any of them. The first transgender person I saw was Bhoomi. She was courageously living her truth. I was fascinated. I was inspired. I felt like I wasn’t the only one and that I had a role model to look up to.

The first saree I wore belonged to Bhoomi as well. In 2015 a friend of mine asked if I was interested in taking part in a pageant for drag queens. I wanted to try it out and guess what... I won! For me it was much more than a victory at a beauty pageant. It was a victory for me to stand up there feeling like I owned who I was.

My drag name is Cassey Campbell. I stay at a boarding house with some friends who are also from our community. I work at a salon and I also organize events and parties on the side. This brings me a good income. I also follow a design course. I cross-dress as a woman for parties and wherever I feel like I have the freedom to be myself. For the rest of the world, I am a regular man who lives a regular life and wears regular clothes that any other man would wear. My family and school friends have no idea. All my dresses are kept in a locker at the salon where I work. I only go home when I have managed to grow a bit of a beard or at least a stubble. Anyway, even if they saw me as Cassey, they would never think it's me! I've been told you that can’t really tell!

I prefer dresses over sarees. I design them myself and go to a seamstress I'm friends with and get them done the way I want. I also don’t like to repeat wearing the same dress more than once. That’s a big social faux pas. I pluck my own eye brows. Because I work in the fashion industry, I know how to spend a little bit of money and make myself look quite extravagant. I wear a wig and fake breasts. I shave my beard and legs. I don’t like to wear short dresses though, because I think my legs are too scrawny. One of my ears is pierced. Every time I cross-dress, I pierce the other ear using the pin of the ear ring. It hurts, but only for a second!

I also have a Facebook profile for my drag name. Even though it’s like a 'fake' profile, it’s actually my ‘real’ profile. If you think about it, my ‘real’ profile, where I am living a lie is the fake one.

I love organizing parties. We have a party once a month. They’re a lot of fun. Our parties usually have about 200 people. We have gay, bi, transgender and queer people joining. When we know a party is coming up, we spend all our free time preparing for it. It’s all so exciting.

Cross-dressing makes me happy. I feel like I am myself when I dress like a woman. One day, I hope there'll be a world where no one judges me for who I am and what I choose to wear. I don’t think I can ever take hormones or undergo a surgery and transition to be a woman. My family may not accept it either. I’m not transgender and I don’t think I want to be one. All I want is the freedom to express who I am through cross dressing, to be myself and to be treated with respect.
‘Sandeepa’ is my name. You might assume that I am a boy as my name sounds like a male name. This is what everyone thinks; but for me, I am neither male nor female. I am an androgyny. Now let that sink in for a moment.

An androgyny has no specific gender. We have both masculine and feminine traits. I don’t want to limit myself to a box by calling myself male or female. Growing up, I remember being very confused. I always knew that my behavior was different from that of the other kids. My interests were different. My thinking was different. I went to a mixed school and in class, we sat in groups. When we formed groups, my group always had more girls than boys and sometimes I felt that I was both. Sometimes I felt I was neither. Most of the time I was very lonely.

Some of the other kids called me names behind my back but it didn’t really affect me. I never faced any physical abuse at any point. However, in grade six, the name calling started to get worse and the teachers had to intervene and punish those kids. I didn’t even have to make a complaint. The teachers had just found out that this has been going on. To be honest, I don’t think the teachers had my back because they understood anything about gender identity or sexuality, I think they loved me because I was always the smartest kid in the grade. I always won the grade prize and was also a prefect. Everyone knew who I was and I was the teacher’s pet! I’m saying this, because there were other kids who were like me, but they didn’t have any protection from the teachers. After this incident the kids who called me names got scared and they let me be. On the flip side, as a result of this incident, a lot of
kids found out about me, even older students.

Our school has three separate sections and grade 10 to 13, or the upper school was a separate section from the rest of the school. There was even a wall separating it from the rest of the school. After I moved to that part, the sort of safety net I had was lost. There was more and more name calling. What was happening was that a lot of the name calling that was happening behind my back in the primary and the middle school, happened right to my face in this upper school. After 3 or 4 months, even that died down.

It is around this time that I got access to the internet. That changed everything. I first read about transgender people in a magazine. I read that people travel to Thailand to get gender confirmation surgeries. Having read that, I felt that maybe I was also transgender. At that point in my life, I only knew of the LGBT labels. I didn't know anything beyond that.

While I was in my A/L classes, I was messaging another boy and one of the messages accidentally got delivered to another friend of mine! This boy, Asitha, used these messages to blackmail me and say that if I didn't start a relationship with him, he will show these messages to my family and friends. I wasn't too bothered by this. Well, at least I didn't show that I was bothered! I asked him to do whatever he could and that I wasn't scared.

Those days, I was a member of a theatre group. Asitha was also a member of that group. One day, when I wasn't there he has told the other members about me and the message he got; but they've simply told him that it doesn't matter to them and had asked why he felt the need to share that information with them. Our drama teacher has also told him that if he plans to keep talking behind people's back like that in future, he should consider not coming again for rehearsals. He didn't come for drama practices after that! This made me realize that I had a great safety net. After some time, I came out to a teacher in school. He was also very understanding about it and gave me confidence.

After school, I learnt more about the queer movement in Sri Lanka. I read a lot while I was home after my A/Ls. It was during this time that I confirmed to myself that I was not transgender. After that I got selected to university. There as well, I faced some problems because of my appearance and gender expression – not from my fellow batch mates but from my “seniors”. This even affected my education and my results in the first semester were low. One day, a lecturer I knew who was surprised I wasn't performing well in class asked me what was going on and I told him the truth. Then he asked me not to worry and introduced me to some activists and youth movements that advocate for equal rights for persons with diverse sexual orientations, gender identities and expressions. It was at one of these meetings that I met an activist who gave me books on gender and sexuality and also sent me the links of some interesting websites. At that point, what I told myself was that I didn't want a label to identify myself. I am me and that was enough!

It was in 2016, that I realized that I was an androgyny. My close friends know about me and that was never a problem for them. I think some of my school friends think I'm homosexual. I guess, some others think I'm transgender, but I am an androgyny. I have both masculine and feminine traits. My family doesn't try to change me. Sometimes when relatives ask me too many questions, my parents and siblings have my back. In that sense, I think I'm privileged. I haven't had to go through some of the horrendous things others in the community go through every day; at least not yet! I am grateful for this.

I wish everyone has the opportunity of living their truth with no judgment or prejudice. What a beautiful world that would be?
SEXUAL IDENTITY

“God made you like this and loves you like this”
Pope Francis, 2018

“Sexual identity is an integral and a significant aspect of one’s identity as an individual. However, the lack of prominence given to discussing sexual identities comprehensively in Sri Lanka, especially within education settings, is deeply problematic as it has a negative impact on one’s growth and maturity and economic development of the country”

Niluka Perera
Regional Coordinator - Youth Voices Count
Asia and the Pacific.
Sexual identity or sexual orientation is defined as ‘an enduring pattern of emotional, romantic and sexual attractions to men, women, transgender people, all sexes or none and the person’s sense of identity based on those attractions, related behaviors and membership in a community of others who share those attractions’. However, sexual orientation or sexual identity based categorizations have no clear demarcations. As such, like gender, sexuality is a spectrum. Broadly, sexual orientations are categorized into three - namely, heterosexuality, homosexuality, and bisexuality. However, there are many more categorizations. Heterosexual refers to having emotional, romantic and sexual attraction to people of the opposite sex, and homosexual (gay or lesbian) refers to having such attraction to people of the same sex, while having attraction to people of both the same sex and the opposite sex is referred to as bisexual. An asexual is an individual who is not sexually attracted to either men or women. Researchers are divided whether asexuality is a sexual orientation. Another identity is the category of “pan sexuality” and these individuals are attracted to anyone including men, women, transgender and gender queer people. These attractions usually begin between mid-childhood and early adolescence and could arise without any prior sexual experience. It is important to understand that homosexuality and bisexuality are not categorized as mental disorders. Research and clinical experience related to homosexuality has come to the conclusion that it is a normal form of human bonding, and that both heterosexual as well as homosexual behaviors are normal aspects of human sexuality, despite myths which prevail in the society that homosexual people are mentally ill. Therefore, therapies focusing on attempting to convert the sexual orientation of homosexuals back to heterosexuality, are found to be ineffective and unsafe. Sexual identity is distinct from the other components of sex and gender, including assigned sex (anatomical, physiological, genetic) gender identity and social gender roles.

There has been little research into asexuality and pansexuality and there’s little to no data on prevalence. There is no consensus among scientists about the exact reasons why an individual develops a pansexual, heterosexual, bisexual or same sex attraction. Many researches have explored the possible genetic, hormonal, developmental, social and cultural influences on sexual orientation, but none of them have come to a conclusion that one or more of these factors directly determines the sexual orientation.

Sexual identity is a spectrum and most people are not absolutely gay, lesbian or heterosexual. This has been explained by Alfred Charles Kinsey (1894 – 1956), an American biologist, professor of Enterology, Zoology & Sexologist, who in 1947 founded the Institute for Sex Research at Kinsey Institute for Research in Sex, Gender and Reproduction, at Indiana University. His research findings were used to develop a seven-point scale (see below), and reported that most people who identify as “straight” or heterosexual are actually somewhere between 1 – 3 on the scale, and most people who identify as lesbian/gay are 3-5, meaning most people are a little bi-sexual.
This scale does not include asexual people as they are not romantically or sexually attracted to any gender. There are many surveys around the world that show that 1-3% of the population have same sex attraction. According to the Sri Lankan National estimates in 2018, there are 40,000 men who are having sex with men in the country.

The World Health Organization is developing the 11th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-11th), planned for publication in 2018. The Working Group on the Classification of Sexual Disorders and Sexual Health was entrusted with reviewing and making recommendations on disease categories related to sexuality in the chapter on mental and behavioral disorders in the 10th revision (ICD-10), published in 1990. ICD-10 states that sexual orientation alone is not a disorder. The Working Group found no evidence that these categories be deleted entirely from ICD-11th. Also it highlighted that including sexual identity categories may create unnecessary harm by delaying accurate diagnosis and treatment. Health concerns related to sexual orientation can be better addressed using other ICD categories. Once published, this will be a great achievement to avoid discrimination and stigma.

Stigma and discrimination directed towards homosexual and bisexual individuals could lead to them concealing their sexual identity, and prevent them from coming forward to seek services. The discrimination they face at the hands of the health staff can lead to the avoidance of health services, which can lead to the deprivation of sexual and reproductive rights. According to UNAIDS, men who have sex with men have a 10 times higher chances of acquiring the HIV infection than the general population, due to discrimination at the policy level and cultural and societal attitudes.

There is a lack of legal safeguards to prevent discrimination based on sexual orientation or gender identity. Incidents of homophobia and biphobia go unreported due to people wanting to protect their identities in Sri Lanka. Police often misinterpret the laws on the basis of a person’s appearance or behavior and there have been reports of harassment and abuse. In other words, it is important to understand that stigma and discrimination towards sexual identities result in adverse outcomes for the entire society.

The current Penal Code in Sri Lanka in section 365 and 365A indicates that “any person who, in public or private, commits, or is a party to the commission of, or procures or attempts procure the commission by any person of, any act of gross indecency with another person, shall be guilty of an offence and punished with vigorous imprisonment for 10 years”. It is important to note, that the laws apply to both homosexual and heterosexual sex when the terms “Any act of gross indecency” are interpreted, yet only gay, lesbian and bisexual individuals are targeted as criminals under 365 and 365A of the Penal Code of Sri Lanka. This was first introduced during British colonial rule, in tandem with the introduction of the British family law system of marriage, divorce, property and inheritance laws. The Penal Code (Amendment) Act No. 22 of 1995 changed the rape and sexual harassment laws, introduced incest, child sexual exploitation and trafficking into the Penal Code and raised the age of sexual consent. It also changed the language in the article 365 A, making “gross indecency between male persons” gender neutral, thus extending the law against same-sex sexual activity to women.

These laws hinder the rights to access to health. Globally many countries have already repealed similar discriminatory laws and Sri Lanka is lagging its feet. At the end of 2017, there are 72 countries around the world that still have laws that criminalize same-sex sexual activities among consenting adults, including Sri Lanka.

An online survey carried out in Sri Lanka among 230 professionals of different fields through social media (2018) revealed that many of the participants believed that homosexuality was not a mental illness (64.3%), a sin (68.7%) or immoral (54.3%). Just above half (57.8%) were of the view that homosexuality couldn’t be cured by psychological counseling and treatment. Many (62.2%) supported the repealing of existing laws in Sri Lanka against homosexuality, and were in favor of including facts on sexual orientation in the school curriculum (78.3%). The majority (81.3%) were not concerned
about the sexual identity (gay, lesbian, bisexual identities) of an employee if he or she is productive, but a lesser proportion (42.2%) would accept their child being homosexual (gay, lesbian, bisexual), as a parent. There was no significant difference between the attitudes of medical professionals and non-medical professionals regarding homosexuality. The punitive laws which still prevail affecting LGBT health need to be repealed to ensure rights of these citizens. Currently, revisiting and amending the respective legal framework in the country is under discussion through the constitutional reform process. Repealing these laws is also identified in the National HIV/STI strategic plan of Sri Lanka for 2018-2022.
“Everything was perfect in my devout Christian world. I grew up in a family where church was a daily part of our lives, and God was the center of the universe. God, church and the bible: three things I knew I couldn’t do without, and that was besides being a youth leader in my teens, a choir member and an upstanding do-good-er in the eyes of the church community. My life revolved around my church and my beliefs, and the friends and extended family I found because of them. Everything was perfect—until I started being attracted to boys. The three things I based my life upon suddenly took a violent turn in my life.

My same sex attraction was the most natural thing to me; as puberty hit, I started noticing boys just the way other boys started noticing girls. It was a strange and confusing time because it seemed to me I was the only one I knew who was doing so. I found many reasons and justifications wherever I looked, but the one place I sought answers and validation only had condemnation and guilt to give me. I remember being barely fourteen and sitting with a mentor and an immediate leader in my church, being accused of being a homosexual, how I was condemned to an eternity of hell (justified by scripture from the bible) if I didn’t change my way of thinking and behavior, if not for me for the sake of my family’s reputation and standing in society and in the church.

I was cornered. I was naïve and I was taught that life leads you to many burdens one must learn to bear. This was my cross that I would slog and slave on alone for the coming years; living my life like a prisoner, my every action under close scrutiny, my every thought up for discussion, all in aid of a recovery to a widely acceptable conformity I knew deep in my heart was just not possible. I constantly wondered how the stories I’d read and heard about God as a child were such lies.

If God was a father who loved unconditionally, why did his self-appointed leaders paint him to be a tyrant who wanted to punish me for something I have very little choice over? I loved God, but his people and the self-serving doctrine they promoted were not for me. Looking back, leaving that church was the best thing I had done. I left a doctrine that refused to accept me into a world of friends and family that reaffirmed my faith in God, and the Bible. I found two people and a church quite by chance that told me that my sexuality doesn’t get in the way of the love of God. These two people, this church and what they stood for, was the Grace of God; something Jesus died to make sure was mine. I like to think of what my life would’ve been like had I heard of what they’d had to say at the tender age of fourteen. A message of love based on the same book that’s been used to condemn me all my life. They confirmed what I always knew about God as a kid. I’ve come to learn all of those things to be true, that God loves me, cares for me, and blesses me regardless of my sexuality.

Today I am proud to say, I am a believer of God. I belong to a church and its community and I am an integral part of it. I am loved and cherished for who I am, supported and encouraged in all my endeavors regarding my faith and my life. I live a life that is carefree and enjoyable. I also live by a standard of ‘holiness’ that is quite unheard of in this day and age, but that is my personal choice and I do so willingly. But most of all, I have all of this because I have accepted
"The Grace of God, that allows me to love God and be loved by Him unconditionally."
During an English language course I followed during A Levels, I met Chamari. She has a very assertive personality and quite “masculine” features. I really liked that about her. We were both attracted to each other and we started a relationship. However, it was very difficult for me to meet her. My parents loved me very much and were very protective of me. Chamari was employed at a government office. However, with the greatest difficulty, I met her every now and then but after I completed A Levels, I ran out of excuses. When I turned twenty five, my parents started to pressure me to get married. However, I didn’t want to have any relationships with boys. How can I spend the rest of my life with someone I’m not even attracted to? One day, Chamari told me, that her parents found out about her and that her father beat her saying she’s bringing shame on their family. That day, she told me to get married to a gay man. It was the single greatest idea I ever heard! She proposed this and explained that this is the only way I can get out of a forced marriage. We brought a proposal to my parents and they were pleased because he was an educated man from a good family. Sansanka was an engineer. He was tall and handsome, smart and had kind eyes. We had a grand wedding for which our parents spent a fortune. I wore a beautiful Kandyan saree. We selected the best flowers and decorations with the best makeup party. He wore the Nilame outfit. We had our homecoming a few days later. We even went on a honeymoon. Obviously we didn’t even kiss! We slept on the either side of the same bed facing opposite sides. Sansanka worked at a construction project in Anuradhapura. He comes home only once a month. We share a bed. He brings me gifts. We go shopping together and go for weddings and funerals of friends and family together. When he’s in Anuradhapura, Sansanka calls me every now and then and we update each other about everything that’s happening in our lives. No one has a clue about us. He says that he doesn’t want a permanent relationship with a man because that will affect our relationship. He informs me when he goes to see other people and I’m respectful of that. Like most couples, sometime we have fights, but these are usually over politics or something or the other like that. We have a good understanding and above all a shared respect for each other. We’re planning to have a child together through artificial insemination. We will give all our property to this child. This way, no one will judge us or our child. We hope to go abroad and consult a foreign doctor because many local doctors know us and the word might get out. These days we’re collecting money to go abroad. A few months into my marriage, Chamari broke up with me. I think this was all a part of her plan. I think I will never get over Chamari. I still love her. Recently, she sent me a message but I didn’t reply. Things will never be the same between us again.

I don’t understand why society doesn’t let us live the life we want. We are not criminals. We contribute to our country’s economy. We are hardworking citizens. We just want to be respected for who we are. I hope the day will come where we will be treated with dignity and respect. I hope that day is not too far.

SECRET BEHIND OUR GRAND WEDDING

Kandy is a beautiful city to grow up in and I’ve lived there all my life. I turned 32 a few months back. I currently work at a government office. I’ve always been told that I am beautiful. Both my parents worked in banks. I had a fairly “normal” middle class upbringing. When I turned 12 and started to hit puberty, I realized that I was getting attracted to other girls.
I started to realize that I was getting attracted, not only to girls as boys were “supposed to” but also to other boys.

My first memory of actually being “turned on” was while watching the Titanic. I distinctly remember this. It gave me the chills! As kids, we weren’t allowed to watch a lot of movies that “grown-ups” did but Titanic was an exception. To be honest, I’m not sure if I was turned on by seeing Rose or Jack… or both! I had no idea as to what was happening. I didn’t know anything about sex at the time but come grade six, I started to realize that I was getting attracted, not only to girls as boys were “supposed to” but also to other boys. I started to realize that I was… different.

After O/Ls, my first sexual experience was with a girl. Her name was Kaushi and we were neighbors. We used to hang out at each other’s houses. We even discovered porn together! I went to an all-boys school. I remember that in grade eight, there was a boy who used to feel me up. I didn’t stop him because I liked it. I started to feel him back. I think I was attracted to him. One time, we stayed back in the music room when the other kids left and felt each other up. It felt good. It felt right.

I was always a little feminine in my ways. I was in the college drama circle and I was almost always casted to play women’s roles. Boys used to call me names but I know that some of them were also attracted to me. Once I left school, I’ve had sex with a few of them. All of them identify as “straight” and some have girlfriends. A couple of them even got married recently.

One such person is our school’s cadet sergeant. He was always very formal with everyone and quite scary. He didn’t even make eye contact with anyone. One day he messaged me and asked where I was. We met up and had sex. This happened a couple of times. He made me swear that I won’t tell anyone. Most boys think it’s okay to have other boys perform oral sex on them or to penetrate other boys but to have yourself penetrated or to perform oral sex yourself is considered really belittling or bad for your manhood. He was particularly nervous that other boys will find out the latter!

Growing up, things were rather confusing for me. At one point, I was on a full-on denial mode and told myself that I am straight. Then later, I told myself I’m gay. Now I’ve come to terms with the fact that I am and always was, bisexual.

I get attracted to and have sex with both men and women but when it comes to ‘love’, I think I can fall in love with only a man. The three relationships I had with women were not that romantic. I think even with us bisexuals, our levels of attraction to men and women differ. Most people don’t understand this. They think bi people are homosexuals who say they’re bisexual as a cover. Some say we’re just confused. Others think we want to have sex with both men and women at the same time.

I was in a serious relationship for a long time. He was a ruggerite for a popular club and had a well-built physique. He made the first move. After seeing each other for some time, I started to feel something for him and I think it was mutual. Maybe it was love. We saw each other for five years. Last year, he got married. He still calls me. I didn’t answer his calls for the longest time but recently, I picked up a call. He told me his wife was pregnant. A part of me thinks he still...
cares for me to feel the need to keep me informed.

My experience is that, sex with women is usually more romantic but men are a lot more rough and wild. I know a lot of married men who sleep with other men regularly. I get approached by them as well. Usually I make it a point to decline. Many of them say that their wives are not able to please them. One guy told me after we had just had sex, that he was going to get married the following week. He told me it was going to be the last time. Some of them have told me that it doesn’t count as cheating if it’s not with another woman.

I think most people are at least a little bit bisexual. As we know, sexuality is a spectrum. It’s not a binary of either, or. Also, I don’t believe in the stereotype that if you’re effeminate you must be gay and if you’re ‘macho’ you’re straight. I’ve met many effeminate men who are heterosexual and many ‘macho’ men who are, in fact homosexual or bisexual.

I think my mother knows about me. We have never had that conversation but I think she does. Mothers always know. It’s sad that many kids are still struggling to find themselves. It’s also really sad that people have to get married and live a lie simply because of societal pressure. I’m so grateful I was able to find myself. Sometimes, I wish I could live a ‘normal life’ but sometimes, I’m just grateful to be me and I feel that it’s a gift to be able to get attracted to both the male form and the female form and be pleased by both!

I finished law school last year and I am now a practicing lawyer. I hope one day, I can adopt a child and raise it as a single father. Being a lawyer, I know that the law is not going to be in my favor. I don’t think I will ever have a permanent relationship. I’m worried that I will still get attracted to a woman if I’m in a relationship with a man or the other way around. I don’t want to cheat on anyone. Trust is very important to me.
I grew up in Ratnapura in a family of six. I was the only boy in the family and naturally, I was our parent’s pet! I think when I was about 7 or 8 I already knew I was attracted to other boys. I found myself being attracted to other boys in our neighborhood and school. This was Ratnapura in the 1980’s. I knew nothing about sexual orientation or homosexuality. The internet pretty much didn’t exist. I felt as if something was wrong with me. I felt that maybe I was sick. As I grew older, I found myself getting more and more attracted to other boys but I had no way of telling them. So I stayed up all night thinking about them. 

I felt that I needed to hide this side of me from the society. So I started affairs with girls. All we did those days was to write letters and maybe just wave at them after classes. I remember that at some point I had like four girlfriends at the same time- one at the Dhamma School (Sunday School at the temple), one at the science tuition class, another one in the math tuition class, and the other one in our neighborhood. My friends called me a ‘kukula’ or a ‘womanizer’. These girls were the safety net that helped me to hide my darkest secret.

This didn’t work out for too long. Some friends found out about me and before I knew it, there were all kinds of stories about me going around. All of this started affecting my studies as well and I knew I had to move out. Even before I got my A/L results, I moved to Colombo.

I worked at several companies but I started to realize that there were rumors going around about me at the office and the other members of the staff were always really curious about my sexuality. It became really uncomfortable. This is when I decided to start my own company. Around the same time, my mother started to force me to get married. Many marriage proposals came in. We went to see many girls together, but I found some reason to reject them. It was either that they were too dark or too fair, too tall or too short, too thin or too fat. Then it came to a point where I had to tell my mother the truth. By this time, I had met and started to work with some activists so I knew about sexuality and about the LGBTIQ+ movement in Sri Lanka. I told my mother that I don’t think I can ever share my room with a woman. I didn’t specifically tell her I wanted to share my room with a man, but I think she got the point. We fought a lot. She even told me she’ll drink poison or hang herself to death but finally she told me to find one person and spend my life with them. Daham was my 3rd relationship. We first met eight years ago. We actually met on Facebook. Those days, I used to add people I didn’t even know! Daham was an undergraduate student at the Ruhuna University at the time. He had posted on a group saying he wanted to form an LGBT support group in Galle and had asked if anyone was interested in helping out. I messaged him saying I can help him with any information he needs and gave him my number. We started talking on the phone about forming an organization.

Around the same time, Youth Voices Count which is a regional network on HIV, health and human rights had sent me an email on a training programme for young people in Bangkok. I asked Sandun to apply for that. He said he didn’t understand how to fill the form and asked me if I can help. So I suggested that we
meet in Colombo. He agreed. He got really late to turn up so I got annoyed of waiting for him and went back home. He called me when he arrived in Colombo and apologized. I told him to come over if he needed help with the application. He came over and we filled it together.

That night there was a gay party in Mount Lavinia. Sandun had never been to one. I asked him if he wanted to come. I told him he can meet more people like us. He lied to his mother and came with me. By this point I was getting really attracted to him so I was quite excited!

We spent the rest of the night dancing with friends and for a little while I was having such a good time that I forgot about him. When I went back, I saw that he was also dancing with some of my friends. Then we went to have a drink. At the counter, I told him that I really liked him. He told me that he likes me too. Then I told him to give me a kiss if he likes me and he kissed me on the cheek. I said I meant a kiss on the lips. Then he kissed me on the lips in front of all the people that were there. I was so impressed by his confidence and at that moment I knew I wanted to spend the rest of my life with him. We went back home after the party and spent the night together. The next day, he texted me saying he loved me.

Sometime later, Sandun got dengue and was admitted to the hospital. I spent the whole time with him and took care of him. When he got better I went with his brother to his place and dropped him off. His parents made me tea and were very welcoming of me. They even plucked some coconuts off and gave them to me to take home. However, after I went back, his parents and siblings have scolded him. They’ve told him that he’s getting used by me and they’ve asked to stop whatever we had going on immediately. He was really upset so I asked him to move in with me and one day, he told his parents that he’s going to university and packed his stuff and came over to my place.

He called home and said he’s staying with me. They said he can no longer be a part of family. That time was really difficult for both of us. We woke up early morning and I cooked for both of us and then I dropped him off to catch the air-conditioned bus to Matara, so he can go for university lectures and he would come back in the bus every evening. He was also following an International Relations Course so he had those classes in the evenings. It was really tiring but his education was really important for us. After about eight months like this, his mother asked him to come back home. They didn’t accept us but his elder brother and his wife started to talk to me. By this point, my family was completely supportive.

After 2 years of being together, I proposed to him. We had what we called a commitment ceremony and invited our closest friends and some colleagues. It was probably for the first time in Sri Lanka that two men performed traditional Sinhala rituals. In 2014, Sandun completed his degree and he got a job offer at a reputed place which is actually the reason that brought us together!

When his family saw that Sandun was doing well and that we were there for each other, his family started supporting us. They realized that it wasn’t any different from a heterosexual relationship. His mother started to treat us like she treats his brother and spouse. She now sends me jack fruit curry and I send them fish curry. We lend them money during hard times and they’ve lent us money as well. Even our mothers are now talking to each other. One day we will get them to meet each other. It’s still too soon. Our nieces and nephews know about us. They treat us like friends. One day I will show them our “wedding photos” and tell them that their uncle is married to a man.

My mother doesn’t speak a word of English. She’s 84 years old now. She doesn’t understand how to use the internet. She uses a small phone but she completely accepts us. She says that she has two sons now. I am the only son in our family. She defends me when our family asks me about marriage saying I’m in a very happy place. Our heterosexual friends know about us as well. They always joke that we’re the most romantic couple they know! Since we’re not legally married, we’re concerned that if one of us dies then the other won’t inherit the property. So we have taken some steps to circumvent it. We share a bank account. All our money goes into that. Recently, I bought a plot of land in Sandun’s name. One day we want to adopt a child. We know the laws in the country don’t support that but we’re looking at our options. We still say “I love you” to each other at least twice a day. We have a great understanding and I think it stems from the mutual respect we have for each other. I think trust is the key to the success of any relationship. It certainly was for us!
I've always had a huge problem with the simple binary of black and white – male and female. I always knew life was a lot more complicated than that. My name is Ruwanthi and I identify as gender queer. This means that I don't identify as male or female exclusively. I'm a little bit of both, a little bit of neither. I know I fit in somewhere in the spectrum that is gender. I don't think my story is one that has a lot others can learn from. I had a fairly comfortable upper middle class upbringing. My parents supported me when I came out to them. Of course my mother was quite understandably surprised but gradually she began to understand and support my life choices. I haven't felt particularly discriminated against by my family and friends. I live with my partner who I love very much, in our flat. I have a good job that pays my bills. I express my true self only to my partner, my parents and my circle of friends from the LGBTQ+ community in Sri Lanka. The LGBTQ+ community in Sri Lanka is very vibrant. There are people from different ethnic groups, people who worship different Gods (or don't believe in any), those who are educated and not so educated, those who are pretty affluent and those that are struggling to get by. Many LGBTQ+ people also live within heterosexual marriages living their lies. There are also some forced marriages as well. I know of one case where a man later found out his wife is homosexual and then brought his friends in to rape her. He said that he thought it'll change her sexual identity. Many people have stereotypes about the LGBTQ+ community. Many think gay people can only work as make-up artists and transgender people can only be dancers. Many people think we will have sex with anybody. These myths can even lead to sexual violence. Those that have come out face discrimination and prejudice. Some people that come out 'get used' by others. When I say, get used, I mean they get used sexually. Like toys. Many parents don't understand about sexual identity and gender identity. Some are afraid of their own kids when they come out. I know a few cases where the parents themselves turned their kids in to the police. Some conduct various rituals and ask Gods to change the gender identity or sexuality. Many LGBTQ+ people miss opportunities to get a good education, find decent jobs and live a life of respect. The truth is, you can't change us. We don't harm anyone. Just let us be, is all I ask.
Child Sexual Abuse

“Each day is a battle
A battle to forget
A battle to forgive
A battle to fight the nightmares
A battle to fight the invisible ghost”
A Battle

Each day is a battle
A battle to forget
A battle to forgive
A battle to fight the nightmares
A battle to fight the invisible ghost
A battle to fight to survive
A battle to be happy
A battle to be normal
The battle never ends, it's a constant war within my head

Z.T
(an anonymous poem in open access website Vera House “Survivors Poetry”)
The World Health Organization defines child sexual abuse as "the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to: — the inducement or coercion of a child to engage in any unlawful sexual activity; — the exploitative use of a child in prostitution or other unlawful sexual practices; — the exploitative use of children in pornographic performance and materials".

Children may be sexually abused or molested without penetrative sex or rape. Child sexual abuse does not need to include physical contact. It also can be an emotional abuse. It may be acts like exhibitionism, exposure to pornography, photography of a child for sexual gratification, solicitation of a child for prostitution, voyeurism and communication in a sexual way by phone, Internet or face-to-face that may not involve any bodily contact. A perpetrator does not have to be an adult to harm a child. They can have any relationship to the child including an older sibling or playmate, family member, a teacher, a coach or instructor, a caretaker, or the parent of another child. The affected child may show physical and/ or behavioral changes. They may also show no signs due to fear.

Having to experience sexual abuse during childhood can result in behavioral as well as physical effects in the survivors. In addition to this, it can create lasting long-term effects in them, which may affect their adult life, as well.

A child facing of sexual abuse may exhibit certain behavioral changes which might signal that the child has undergone or is undergoing sexual abuse. They may have loss of appetite and would refuse to eat, and may complain of difficulty in swallowing or stomach discomfort. They may have difficulty in sleeping, and might have nightmares. Resistance to daily routines of bathing, toileting and dressing may also be observed in these children. The child might exhibit mood changes, show aggression towards others, and might get easily distracted. They may talk of the body being ‘dirty’ and might play out sexual activities which are beyond the age of the child. Also, they might show a new interest on sex and sexual activities, and may draw sexual images. Another hint is where they might start talking about new friends who are much older than them and might receive unexplained gifts from them. Older children may show other specific behaviors such as drug or alcohol abuse, self-injury, suicidal ideation or sexual promiscuity. They may also show increased secrecy in using their mobile phones or the Internet. Symptoms of anxiety or depression may also be seen. They may also exhibit physical features which may be symptoms of a sexually transmitted infection or a pregnancy.

Survivors of child sexual abuse may have certain effects which may be seen even in their adult life. They may have low self-esteem as an adult, and may have thoughts of guilt and self-blame for not being able to avoid the situation as a child. Further, the experience may affect their sexual life, where they might have flashbacks of the incident/s when they are engaged in sex during adulthood, and might feel unsafe in their relationships.

In Sri Lanka, out of the 9014 complaints received by the National Child Protection Authority of different types of child abuse in 2017, 501 cases were of sexual harassment, 340 cases were of rape, and 309 cases were of grave sexual abuse.

Comprehensive sexuality education and developing the skills to prevent child sexual abuse at school level are well known facts that prevent child sexual abuse. In addition, strong laws and mechanisms resulting in prompt and serious action against perpetrators of child sexual abuse are important factors to prevent.
The United Nations Convention of the Rights of the Child (CRC) clearly states in article 34 that “every child has the right to protection from sexual exploitation and abuse, including involvement in prostitution and pornography”. Further to this, 2012 Optional Protocol 1 to the CRC introduced new standards for the prevention of children from sale, prostitution and pornography. Sri Lanka ratified this Convention in 1991. The Sri Lankan Penal Code has provisions to prosecute those who perpetrate child sexual abuse. Section 360(E) of Penal Code (amended) 16 of 2006 mentions that “whoever, within Sri Lanka or from outside Sri Lanka, solicits a person who is under 18 years of age or believed to be under 18 years of age, for the purpose of sexual abuse of a child, is committing the offence of soliciting a child, and will be on conviction, liable to imprisonment of either description for a term not exceeding ten years or to a fine, or to both punishments”. Under the Section 286(A) of the Penal code (amended) 22 of 1995, “any person who commits the offence of obscene publication and exhibition relating to children” shall be punished with imprisonment of either description for a term not less than two years and not exceeding ten years, and may also be punished with a fine.

The National Child Protection Authority was established by the Parliament of Sri Lanka (by the Act No.50 of 1998) for the purpose of advising the government on policies and laws on the prevention of child abuse and the protection and treatment of children who are facing such abuse and the co-ordination and monitoring of action against all forms of child abuse.
My grandmother’s house was my safe place when I was small. That was where I used to spend time when my parents were at work. One day, while I was at her place, a distant uncle visited. I was 7 years old at the time. He was chatting for some time and my grandmother went to the kitchen to make some tea for the visitor.

Suddenly, this visitor who was very friendly all this time, came to me and held me by my arm and dragged me to one of the rooms next to the halls. To be honest, everything after that is a bit of a blur, but I remember my hand hitting the door and he dragged me into the room. I remember that he hugged me and then kept me on his lap. I remember that it was painful all over my body. All I was concentrating on was the pain in my arm. May be I wanted to block this memory.

I didn’t scream because I was scared and actually I had no idea as to what was happening to me. It all happened so quickly. Suddenly my grandmother came back to the room and he let me go. I ran to her and the man was asked to leave. I don’t remember too much about how my grandmother handled the situation. I know that she informed my parents of what happened, but no one ever spoke to me about what happened. We lived our lives like nothing had happened.

A day hasn’t gone by, when this incident didn’t cross my mind. Two years ago, I was at a wedding of a relative. I was dancing with my cousins and having a good time. When I went back to our family table to get some water, my grandmother asked me not to go back to the dance floor. I wasn’t pleased about this as I was having such a great time. Then, she pointed me to a man in the dance floor and it brought back all the memories. It was he who abused me when I was just seven years old and now the man was dancing as if he did not have a care in the world. I felt the weight of the world on my shoulder.

I think we must all remember that majority of the sexual abuse happens within our own homes and in the homes and in the company of those we trust. From a very small age, starting from the kindergarten, children should be taught to own their bodies and to resist any touch they’re uncomfortable with. They should be taught the skills to seek help immediately if any form of abuse is happening.

Today, I am a university student specializing in Business Management. I am also an openly bisexual woman. I’m fascinated by both men and women but I have never dreamed of having a family or a wedding. I had a relationship with one boy, but when he tried to feel me, I would feel a sort of a repulsive electric shock go up my body and I asked him to stop. It’s not the same when I’m in relationships with women. I have asked myself if my sexual identity has anything to do with what I went through as a child. I don’t have a clear answer. All I know is that I’m attracted to both men and women.

I think I will live with that memory for the rest of my life. Finally, my only appeal for all caregivers and parents: keep an eye on them when they’re young. Educate them and protect them, especially from close relatives and friends who you think you trust.
Some days on the strings of my sitar, I play a melancholy song. It does not belong to any ‘raga’ or any music previously known to me. It is the song of my desolate heart. I imagine the sound of an accompanying drum, only in my mind, and that is the invisible beating of my chest with my imaginary hands. I’m 48 years old and for four decades I have waited for my country to change. I have waited for hope, for my heart to heal. This is no country for boys, or men. I became a survivor of sexual abuse at the age of 13. So many years later I still suffer. It was a monk in the famous temple in our village who took me by surprise, subdued me with his burly body, shut my screaming mouth with his palm that smelled of stale tobacco and arecanut. Then he raped me. His betel breath hissed down my ear. His sweat and saliva brushed my neck like the slime of a snail. I waked and walked till I could not walk anymore. My legs, my buttocks, my thighs -they all hurt. In my muscle, in my skin, in my nerves-there was hurt. My eyes hurt, my nails, my hair, my head - they all hurt. And the pain crawled up my chest and slept in my heart. It has been sleeping there for 35 years.

I studied dance and music excelled in many forms of it. I became an international performer. I have traveled the world taking my dance and my pain with me, looking for a place to leave behind my pain. There is no such place. Where my heart goes, my pain goes with me. Over the years I have tried to forget the abuse, the terror, the indignity, the intrusion of my body and soul with one man’s penis. I have forgotten my old friends, childhood memories, roads in my hometown, the landmark trees and hills but I have not been able to suppress that terrible memory.

During the time I hit rock bottom, I took to the robes and stayed in the forest meditating. The forest is the refuge of monkhood. Not the opulent temples full of riches where innocent boys can be penetrated with lust. It is in the music of the chanting rustle of leaves where the compassion of the Buddha comes alive. I have taken the opposite path that the monk who raped me took. I have taken the path of solitude and renouncement. My pain did not allow me to stay for that long in the forest. I disrobed and came back to music and dance.

I have not felt any lust for women since that incident. I am unmarried and I shy away from many things in life especially taking responsibilities. I found a man, who loves me for who I am, who knows the secrets of my heart. He has embraced my pain as his own.

Although I disrobed the saffron cloth of the Buddha, I remain his follower and I try to forgive others who made this world unsafe including the monk who raped me. One day I might take to the robe again. I will renounce all, along with my pain. Till then I will dance with my feet, my body and may pain. My single appeal to all parents, teachers, elders, the government, educationists, and everyone is: come out of the dark ages and talk about comprehensive sexuality education. Teach the children how to protect themselves. Speak up your truth. For now, this is no country for boys. Change it.
Teenage pregnancy, also known as adolescent pregnancy, is pregnancy in females under the age of 20 years. According to the latest update of the World Health Organization, approximately 16 million girls aged 15 to 19 years and 2.5 million girls under 16 years give birth each year in low and middle income countries. The complications during pregnancy and childbirth are the leading causes of death for 15 to 19 year-old girls globally. Every year, some 3.9 million girls aged 15 to 19 years undergo unsafe abortions.
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Adolescents face barriers to accessing sexual and reproductive health services including contraception due to many reasons. There are restrictive laws and policies regarding provision of contraceptives based on age or marital status, attitudes of health workers, stigma surrounding pre-marital sex and/or lack of knowledge on contraceptive use. Criminalization of abortion in many countries, including Sri Lanka, unless the life of the woman is at risk could be sited as another reason.

Adolescent pregnancy remains a major contributor to maternal and child mortality and morbidity, and to intergenerational cycles of ill-health and poverty. Pregnancy and childbirth complications are the leading cause of death among 15 to 19 year-old girls globally, with low and middle-income countries accounting for 99% of global maternal deaths of women aged 15 to 49 years. Adolescent mothers face higher risks of eclampsia, puerperal endometritis, and systemic infections than women aged 20 to 24 years. Furthermore, the emotional, psychological and social needs of pregnant adolescent girls can be greater than those of other women. Adolescent childbearing can increase risks for pre-term babies, premature babies, still birth and high mortality and morbidity of under five year age groups.

The contraceptive prevalence rate nationally, is at 65%. However, there are provincial and district level disparities. Mannar has the lowest CPR at only 18%. The percentage of teenage pregnant mothers registered by public Health Midwives in Sri Lanka were 4.6%, out of the total registered pregnancies in year 2017. However, there are pockets in some districts having higher percentages. Teenage fertility rates have remained static during the last three decades and it was 31 per 1000 women ages between 15-19 years in 1975 and it gave a figure of 30 during 2016. The total demand for family planning in the country is 72 percent. Ninety percent of this demand is met (74 percent by modern methods.) The unmet need is reported as 75%.

Although the Sri Lankan legal framework indicates the legal age of marriage as 18 years, the age of consent for sex is 16 years. However, society sanctions sexual relations only within marriage due to dominant cultural norms. Hence, culturally the sexual and reproductive health services are meant only for married people, creating barriers for young people between 16 to 18 years in accessing these services.

The Sri Lankan Ministry of Health, has recognized several barriers when providing sexual and reproductive health services for adolescents. After obtaining the clearance of the Attorney General, the Ministry of Health has issued a circular that empowers health care providers and a medical officers to deliver sexual and reproductive health services including contraceptive services to adolescents below the age of 18 even without the permission of their legal guardians, if this is in the best interest of the adolescents.

Although we provide health care services including counseling to uplift the physical and mental wellbeing of teenage mothers, there is a gap that we can't fill. It is the challenge of caring motherhood even with family support. This can only be overcome by preventing teenage pregnancies through comprehensive sexual education.

Dr. Asha Hemachandra
Medical Officer of Health
Dehiwala
I live in Anuradhapura, the “sacred city”. Going to the temple was a weekly family ritual. Much more than prayers can happen at a temple. I met Jaliya at the village temple. He was 21 at the time and I was 16. It was a poya night. Our eyes met under that fateful full moon. He worked as a daily wage construction worker and I had just started my advanced level classes. We fell in love. May be it was lust and excitement in the guise of love. I don’t know. There was something about him. We secretly started talking to each other on the phone and we even met up a few times. Of course it was all a big secret.

One month into aimless flirting; talking, laughing, he asked me to come to his room. I agreed because it sounded exciting and I didn’t want to let him down. Wasn’t this what people in love did? Be with each other?

I didn’t really know anything about sex. My parents had never spoken to me about it and I never learnt anything in school. Our teacher glossed past the chapter on reproduction without even making eye contact with us. Jaliya said there was nothing to fear and that he knew everything. He was older, wiser, I believed him.

It all happened in a blur. I can’t even remember all the details. Clothes came off clumsily. I was naked. He was naked. May be it hurt me, may be it didn’t. I remember being scared and exhilarated at the same time. I bled the first time we had sex, but Jaliya said it was natural. My only gut instinct was to keep things a secret.

My periods stopped. Even then, I did not think anything was wrong. It was Jaliya who suggested to me that I may be pregnant. I went to school throughout the second trimester of my pregnancy because I did not know. Several months later when the baby was kicking only I knew I was pregnant. I stopped my schooling. We could not legally get married as my age is below 18 years. We started to “living-together” in my house. We had a small function to celebrate our union. My mother arranged that because she wanted to show the neighbors that we were getting married. My mother has been a pillar of strength from the day we found this out. It was her who asked Jaliya to move it with us.

After our child was born, the Public Health Midwife inserted a loop in me. She called it an IUD but Jaliya did not like it. It came off after a few months. Jaliya does not like to use condoms. The midwife told me that I cannot take birth control pills as I am breast feeding. She also told me that I am overweight and advised me not to take any injections to prevent pregnancies. Jaliya did not care about any of this advice. My mother told me to “protect myself” but she did not tell me what that meant or how I could do that. So I got pregnant again. During 2nd pregnancy, I was still breastfeeding my eldest. Now, we have had two children. My mother is helping me. Jaliya still doesn’t like to wear condoms but the midwife inserted another IUD in me. Sometimes I have to get up early morning and prepare lunch for Jaliya. He leaves home early in the morning. I’m tired all the time and I have no time to do the things that other girls my age do. Whenever I cook, I eat first. Even if my children are hungry, I eat first, and then feed them. I feel like it is a little treat I have earned for myself. Does this make me a bad person? I don’t know.
The term “virginity” is used to describe state of never having engaged in sexual intercourse. Around the world, depending on culture and religious traditions, the importance placed on virginity; especially that of unmarried women differs. The concept of virginity is associated with notions of personal purity, honor and worth in many Asian cultures. Historically, virginity was tied predominantly to women. Through biblical texts and societal perpetuation, the ‘virgin’ was defined as a woman who had yet to have sex, as proven by her “unbroken” hymen. Virginity has traditionally involved sexual abstinence. In Sri Lanka the concept of virginity, mainly that of a female has many social but no legal implications. The term has evolved to embrace a varying range of definitions. Heterosexuals typically consider loss of virginity to occur only through penile-vaginal penetration. This heteronormativity presents a problem. People of other sexual orientations often include oral sex, anal sex or mutual masturbation in their definitions of losing one’s virginity. Women’s virginities are seen as a necessity in marriage, because women who weren’t “pure” were considered “damaged goods”. Marrying a “virgin” woman would also ensure that any future offspring were truly yours, an important point in a time that placed such a heavy emphasis on inheritance. In Sri Lanka, the “virginity test” of a bride is an age old tradition. This is the appearance of a bleeding or a blood spotting during the first sexual intercourse once a marriage is consummated. In the olden days, the bride would be given a white cloth. If bleeding occurs on the first night on this cloth,
it would be confirmed that the bride has had no sexual relations prior to that. As such, the presence of blood on this cloth was considered undisputed proof of the “chastity” of the bride. In the olden days this was celebrated with the distribution of sweets, beating of the local drums and a celebration in the village settings. Literature suggest that dwellers in urban and the semi-urban settings were also not immune to the ‘virginity test’. It is recorded that the more modern couples who went on honeymoon would send a telegram stating “we are both happy” denoting a successful ‘virginity test’ resulting in celebrations back at home.

The other prominent Sri Lankan myth surrounding female virginity is the belief that a fainting bride in the marriage podium “poruwa” denotes a non-virgin bride. However today, such myths and practices are less common.

Hymenorrhaphy, better known as ‘repairing the hymen’ is a much sought after surgical procedure which is propagated and advertised mainly by the word of mouth. There are numerous gynecologists, general practitioners and other western medical practitioners who provide the service of repairing the broken hymen.

The authors of this book interviewed a general practitioner who provides this service and two consultant community physicians to obtain their views about the “repairing” of the hymen. One Community Physician was of the view that “repairing” the “broken” hymen for social purpose amounts to propagating an unhealthy myth that inflicts unjust pressure on women to “prove” their virginity. She was also of the view that, since a certain percentage of women do not bleed in their first penetrative sexual encounter it is unjust for practitioners to offer such a service.

The second Community Physician viewed the practice of that “repairing” the “broken” hymen as a market driven service. She opined that the ‘virginity test’ is a patriarchal concept and much like fairer skin and thin bodies, this too was a male driven demand to satisfy their ego where the men are not subjected to a similar test. Therefore she believes this service to be much like fairness cream or liposuction where male demand is met with science. ‘By asking for a positive virginity test, men have created a market for hymenorrhaphy. If they ask for it, they can have it’.

The General Practitioner providing the services stated that that “repairing” the “broken” hymen did not necessarily guarantee that there would be bleeding in the next penetrative sexual encounter. He stated that he counsels the patient about this possibility. He educates the patient that a percentage of women do not bleed in their first penetrative sexual encounter anyway. “All it does is to give confidence to face the encounter”.

Virginity used to objectify women. It this done when we use figures of speech such as “he took my virginity”, “I gave it to him”. It’s important to recognize that the concept of virginity is a social construct that functions to commodity women and shame men who aren’t able to lose theirs “fast” enough. Most hymens only partially cover the opening to the vaginal canal. Some girls are born without a hymen. While it is true that they can stretch or tear during sex, this can also happen by riding a bike, masturbation, inserting a tampon, or playing sports.

On the flip side, virgin men are often made fun of for not being able to “get any,” shamed for their inabilities as men to find a mate. This can result in self-esteem issues and overcompensation - which often results in men who think that they have to lie about their sexual experiences to be desirable to women, and women who become insecure about their virginity in comparison.

While it is perfectly healthy to want to wait until you are in a committed relationship or married before you have sex, shaming others for not choosing the same path is hurtful. The truth is that when we have sex for the first time we do not actually “lose” anything. It does not change our identity, it is not life-altering and it does not affect our worth. It attaches guilt and shame to sexuality, and makes it seem like a scary experience that transforms you into completely different person. It is simply a new experience.

As such, it is a socially constructed phenomenon that functions to police our bodies and make us feel guilty about our sexual experience.
I laugh when people refer to virginity as something you “lose to someone”. Virginity is not your car key to lose, you know! I am a 34 year old Tamil, Christian financial executive living in Kandy. I was brought up in a very strict household where there was so much emphasis placed on the virginity and “chastity”. I attended a premier Anglican girls’ school in Kandy. Also for the record, ‘losing’ virginity during the school years was not uncommon as over confident parents tend to believe.

I used to be an avid reader from my childhood and I had been exposed to many different views about virginity, especially from the South Asian context. Even before I had sex for the first time I had very liberal views about it for myself. I knew I would never feel bad about it and I also knew that I was not going to “gift my virginity” to a husband. It has always been my belief that loss of personality, integrity and kindness are more important that loss of virginity when it comes to keeping a marriage together.

I was 23 years old when I had sex with my boyfriend for the first time. For the record, I did not bleed. I’m now married to a Tamil Catholic and we’ve both had other sexual partners before marriage. He has not held me to a standard that he had not held himself to. I think the sooner we overcome these silly mind blocks and instead, concentrated on comprehensive sexuality education, the better it would be for this society.

I think keeping the idea of virginity alive is the last bastion of narrow minded men and women who are essentially hypocritical and unrealistic about relationships. The details of the virginity of a woman are her private business. I also believe that virginity is a state of mind. When people believed that Mother Mary was carrying God’s child they still called her Virgin Mary. I am someone who has devoutly kneeled in church and prayed to Virgin Mary. I understand virginity through my understanding of religion beyond rhetoric and interpretation of religion by men and patriarchal women. Virginity is the least of our problems. The problem is if the man is wearing a condom when a girl’s virginity is ‘lost’, like a car key! Girls should also stop worrying about lost virginities and concentrate more about lost opportunities in society due to archaic beliefs.
My second sister Mihiri and I were the flower girls at my eldest sister’s wedding. I didn’t really understand the concept of a wedding too well but I understood that it was a grand celebration of love with lots of food, music and dancing and an opportunity for all the cousins to get together. Mihiri was ten years older to me. I was the youngest in a family of three girls. I was only 12 years old when I was raped by my eldest sister’s husband Nalinda. They were visiting our house for the New Year. While my parents and sisters were chatting away with some visiting relatives, my brother-in-law came from behind, grabbed me and pulled all my clothes down. Then he raped me while holding his palm to my mouth. Nalinda threatened to harm me and my parents if I spoke. I was just 12. All I had learnt in school is basic mathematics, some Sinhala and English, names of the Kings who had ruled Sri Lanka, some children’s songs and a bit of elementary science. I didn’t know how to react to a situation like that. I silenced myself in shame and fear. Years later I heard my second sister and my eldest sister fighting. Mihiri was screaming that Nalinda had raped her too. She said that now she could not prove her virginity to her husband and that this has led to so much mistrust within her marriage. I froze. This predator has raped both his flower girls. Later when Mihiri got married and I realized that she and her husband were fighting with each other because she could not “prove her virginity” to him. I know her husband had beaten her when a fight regarding this had escalated. When I was 23 years old I saved up enough money to have my hymen “repaired”. I did not want to pay for rape with my happiness like my second sister. I didn’t think, I would ever find someone who will fully understand my story. One of my friends told me about a doctor in Colombo who “repairs” hymens. I came to Colombo with a friend and met this doctor who listened to me, counseled me and explained to me that repairing the hymen is not a guarantee that I will bleed. It will however, give me the confidence that the hymen is “intact”. I often think about why I needed to do something like this. Am I a liar? Is virginity something that you can lose and repair? What happened to me is not fair. I was so young. I know that I shouldn’t feel. Men who are the perpetrators of sexual violence should feel guilty. Our elders and teachers who speak to us about how to deal with a situation like this should feel guilty. It’s that devil of a man who raped his own flower girl that should feel guilty. It’s the ignorant, insensitive men that demand that their wives are virgins that should feel guilty.
SEX DURING PREGNANCY

Sex in pregnancy is generally considered safe and normal. There are very few proven contraindications and risks to intercourse in low-risk pregnancies. In pregnancies complicated by placenta-previa or an increased risk of preterm labor, the evidence to support abstinence is lacking, but it is a reasonable benign recommendation given the theoretical catastrophic consequences. Scientifically, penetrative sexual intercourse has not been recognized as a proven method of inducing labor. Women with low-risk pregnancies can engage in sexual intercourse as they please. However abstinence may be recommended for women who are at risk for preterm labor, or antepartum hemorrhage. Both pre partum and post-partum counseling may be important to identify the needs, expectations and the possibility of safe sexual intercourse during pregnancy. It is important to extend sentient and supportive understanding to the partner of the pregnant woman for the adjustment and management of his own sexuality during the expectant mother’s pregnancy.
I got married three years ago after a three year long relationship. The sex was frequent as expected when we got married. We would have penetrative sex about five times a week! It is hard for me to tell you if this was “good sex” or “ordinary sex” because my husband is my only reference point!

When I got conceived one year into our marriage; I immediately stopped having sex with him because I felt that this would hurt the fetus and that it would not be good for the pregnancy in general. Except for this belief I did not have any significant morning sickness that prevented me from having sex. Initially my husband also agreed, but about three months into the pregnancy he wanted to be intimate but I persisted in my resistance. He did not pressure me further. We attended all the ante natal classes in the office of the Medical Officer of Health. These classes were very helpful to learn exercises, nutrition and breastfeeding, and even gave some emotional support. They emphasized that the mother should get back into mental and physical shape after the delivery but these classes did not tell us about how we can go through a pregnancy as a man and a woman, sexually. It can be an exhausting and a challenging journey for the man too.

There was some friction between the two of us during pregnancy but my husband was so loving and caring towards me generally. Finally I went to my mother’s place close to the delivery. However my mother and mother-in-law both advised that we should have sex during the latter stage of pregnancy to make the delivery easier. I was told that it is supposed to make the birth canal softer, assisting the passage of the baby. This was around the seventh or eighth month of pregnancy. We did have sex during this time and although my husband reached orgasm, I did not.

Somehow, this experience has taken something away from me deep inside. I think it has shifted something in my husband and our relationship as well. I don’t know how to put it to words. I wish the health personnel who spoke to the expectant women also considered the fact that desire and sexuality are important parts of a relationship. It is something that changes at different times of our lives. Having this discussion would be good for everyone. To date, I don’t know if it’s okay for a pregnant woman to have sex or not.
SEXUALITY IN THE DIGITAL AGE

“Yes, Arthur was gay ... Arthur didn’t publicize his sexuality—that wasn’t the focus of his life—but if asked, he was open and honest.

Kerry O’quinn, friend of Sir Arthur C. Clarke”
It was the year 1976 and the internet as we know it was, for the most part, only a concept. Personal computers and handheld mobile phone technology were very much in their embryonic stage. British Sri Lankan Science fiction writer and futurist Sri Lanka Deshamanya Sir Arthur C. Clarke is at a conference on futurism and technology organized by the American multinational telecommunications corporation AT&T and the Massachusetts Institute of Technology (MIT); where he, with total complaisance, predicts the rise of technological advances such as the internet, email and social media. Sir Clarke said, people in future, would have communication devices that would include a ‘high definition TV screen and a typewriter keyboard’ and that with this device, people would be able to ‘exchange any type of information. You’ll tell the machine, I’m interested in such and such item of sports, politics and so forth, and the machine will hunt the main central library and bring all this to you.’ Clarke died in Sri Lanka on 19 March 2008 after suffering from respiratory failure. In his obituary, his friend Kerry O’Quinn wrote ‘yes, Arthur was gay ... Arthur didn’t publicize his sexuality—that wasn’t the focus of his life—but if asked, he was open and honest.’ Come 2016; just as Arthur Clarke predicted, the development of digital information and communication technologies has transformed human life in many ways. Computers, smart phones, high-speed internet and various social media platforms have become so intrinsic to our daily lives. We now live in ‘a global village — one world interconnected by an electronic nervous system’ where interpersonal communication is much easier; the spread of information and news — quicker, and access to various services such as entertainment and education much more democratized.

The development of the computer itself has been attributed largely to the efforts of British computer scientist Alan Turing, who during the Second World War worked for the British Government’s Code Breaking Centre as part of his effort to break German ciphers. Turing, who is widely considered to be the father of theoretical computer science and artificial intelligence was prosecuted in 1952 for ‘homosexual acts’, when by the Labouchere Amendment, “gross indecency” was a criminal offence in the UK. He accepted chemical castration treatment as an alternative to prison. Turing died in 1954, 16 days before his 42nd birthday, from cyanide poisoning. An inquest determined his death as suicide, but it has been noted that the known evidence is also consistent with accidental poisoning. In 2009, following an Internet campaign, the then British Prime Minister Gordon Brown made an official public apology on behalf of the British government for “the appalling way he was treated.” Queen Elizabeth II granted him a posthumous pardon in 2013.

Today, four billion out of the world’s 7.5 billion people have access to the internet. 2.2 billion people use Facebook, more than a billion people use Google and 15 billion people use WhatsApp. Admittedly, this also means that, more than some 35 billion people aren’t online but this gap in access and penetration is reducing day by day.

According to the Telecommunications Regulatory Commission (TRC) of Sri Lanka; now there are more mobile phone subscriptions (28,970,381) than there are people in Sri Lanka. In 2017, 235% of the households in Sri Lanka had at least one computer and 28.3% of Sri Lankans are computer literate. According to the Department of Census and Statistics there also appears to be more men (30%) who are computer literate than women (26%).

The development and proliferation of digital information and communication technologies have transformed human life in more ways than one. The advent of social and new media tools as well as the popularization of the smartphone in particular, have not only transformed our social and civic spaces but also human relationships and sexuality as well.

People use the Internet for a variety of sexual activities, and some have shown how this may influence sexual behavior offline. For example, people use the Internet to seek information about sexual issues, to view pornography, to have ‘cybersex’ to meet sex partners, and to purchase sexual merchandise.

Furthermore, ‘netizens’, (citizens who are connected to the internet), now have the ability to learn about happenings of other countries real-time. For instance, developments around the world such as marriage equality, decriminalization of abortion and sex work, and advances in science and medicine can inspire the average Sri Lankan netizen, thanks to the internet. For activists who work on sexual and reproductive health and rights, the internet has provided a platform to express themselves, mobilize citizen movements, crowd-source funds, document their struggles and celebrate achievements. As a source of
information, the internet disrupts and undermines the willful exclusion of sexual and reproductive health and rights from the public discourse.

In August 2014, a video surfaced the internet where a young man is being slapped continuously and rather violently by a girl at a bus station in Wariyapola, in Sri Lanka’s North Western Province. The man allegedly ‘catcalled’ the young woman and her female companion and the woman, provoked, resorted to this angry expression of violence. The video instantly went viral. The responses from the video’s viewers appeared to be rather diverse. Some blamed the young man for his profane and sexist expression of obscenity and provoking the girl while others blamed the woman for resorting to violence. However, the video catalyzed a much needed social discourse on street violence and everyday sexism in Sri Lankan society.

The internet has significantly improved the ability to access vital information on sexuality. Sex is one of the most frequently used search terms on the search engines in Sri Lanka with the country emerging number one in the whole world for the most number of people searching the world sex for several consecutive years.

For instance, as a result of the general silence on topics of sexuality in Sri Lanka, prior to the proliferation of the internet, many LGBTIQ+ Sri Lankans had few sources of information on their own sexuality and gender identity. This access to accurate information can greatly assist them in coming to terms with their sexuality and gender identity. In a survey conducted by the Women and Media Collective as part of their study - Disrupting the Binary – Experiences of LGBT Sri Lankans Online, a clear majority of LGBTIQ people surveyed said they used the internet to access ‘LGBTQ related news from around the world’, ‘LGBTQ themed art’, ‘Legal and policy information related to LGBTQ issues in Sri Lanka’ among others. In a time before the internet, many LGBTQ+ Sri Lankans had no opportunity to learn about sexuality and gender identity and had felt they were the only people in the world going through what they were experiencing. For queer Sri Lankans the internet “facilitates friendships and relationships that are otherwise systematically obstructed in the offline world. In stark contrast to this offline world, the internet also provides these people with unprecedented opportunities to express themselves and build their identities, both individually and collectively.” In a context where LGBTQ+ Sri Lankans are silenced and excluded from public discourses and where stigma and discrimination against them are perpetuated through freely circulated stereotypes, misconceptions and myths, the internet affords them the ability to interrogate and counter prevailing narratives. They can also use it as a tool to normalize what is now considered deviant.

Many people from the LGBTIQ community do not publicly share their sexual orientations and gender identities. There is also a widespread use of anonymous or pseudonymous profiles by those in the community. It is common to use these pseudonymous profiles to find partners for sexual encounters as meeting each other has always been difficult due to fears of exposure, exclusion and harm. While one might call these ‘fake’ profiles, in a context where many are forced to live and perform a heterosexual and cisgender reality to suit societal expectations, this ‘fake’ profile may be a more honest expression of their identity than the ‘real’ one. This is especially true for transgender people who change their names with their confirmed gender. Furthermore, in a context where public spaces are heavily policed for “decency” where they are even faced with the possibility of arrest, online spaces provide a safe alternative.

General chat rooms where one could login with an anonymous username and engage in conversations are commonly used to find sexual partners. A chat-room, specifically designed for the Sri Lankan LGBTQ community called Sri-Connect was launched in the 1990s, it eventually ran into problems with the law and was discontinued. In addition to general social media platforms, applications specifically designed for ‘dating’ and ‘hooking up’ also exist and are used commonly. Many combine geo-positioning technology with photo-sharing and video sharing with instant messaging and live-streaming, allowing individuals to meet each other, and/or share pictures and videos of a sexual nature. Tinder and Grindr are common examples. Commercial sex workers also find clients on such platforms. Some sex workers say they use video calls to present themselves to clients and the client agrees to meet physically only once they’ve met and interacted. Role of playing games in multi user domains where the participants’ characters occasionally
became sex partners are also common. Cybersex, refers to two or more individuals engaging in sexual interaction on the Internet with the purpose of sexual pleasure, sometimes involving masturbation by one or all participants.

‘Nudes’ is a common term used for pictures where one is naked. ‘Sexting’ refers to sending, receiving, or forwarding sexually explicit messages, photographs, or images digitally. The term was first popularized early in the 21st century and is a portmanteau of sex and texting.

However, the emergence of social media has also bought its own set of challenges. The very tools which could be used to strengthen sexual and reproductive rights and empower marginalized communities; are also being exploited to undermine their rights. “Just as steel can be used to build hospitals or machine guns, or nuclear power can either energize a city or destroy it, modern information networks and the technologies they support can be harnessed for good or for ill.” For instance, there are sexist, misogynistic, homophobic, biphobic and transphobic pages which have thousands of followers to share personal photographs, especially of women, girls and individuals with diverse sexual orientations, gender identities, expressions and sexual characteristics. There are also many posts online that attack such people, often being shared several thousand times over. There are also different types of harassment that takes place online. “Outing” – which is the practice of disclosing an LGBT person’s sexual orientation or gender identity without that person’s consent is also common. There is also a trend of phone repairing technicians extracting intimately private content on the client’s phones and sharing it publicly on the internet.

The anonymous setting provided by the Internet has made it possible to overcome or break away with individual, interpersonal, and societal norms regulating sexual behavior in more traditional settings offline.

As such, it is clear that the internet has provided a whole new sphere for sexual experimentation and experience presenting a unique set of opportunities and challenges.

My name is Chamath. I turned 24 this year. Both my parents were extremely religious. We went to temple every week and observed sill at least twice a year. Growing up, I think I was actually quite a ‘good’ kid. I got good grades in school. I was a senior prefect and the captain of the squash team. I also got selected to university and I’m now in my third year. This is between you and me. I think I’ve been bisexual all my life. For as long as I can remember, I’ve always attracted to boys as well as girls but of course, I’ve only had girlfriends. This wasn’t such a big problem to be honest. I had a girlfriend whom I liked very much but she had no idea about any of this. A part of me started to feel that I was hiding something from her. Also, I was really, really curious as to what it would be like to be with another boy. I always found myself checking other boys out secretly and of course, I watched a lot of gay pornography. To be honest, I actually prefer watching gay porn. I’ve also been using this anonymous online chat application to talk to other boys. Sometimes if they say they’re “straight” I tell them I am a girl and continue to talk. I also started to use apps like Snapchat to swap pictures with other guys.

Recently, I started talking to other boys live on webcam. Sometimes, we perform various things for each other via cam. These are boys from different parts of the world, from completely different time zones. I even made myself a fake Facebook profile to add other boys and chat with them. I put an image of a South Indian actor as my profile picture. I must confess, I’ve even chatted with a couple of my friends from university, who I find really attractive.
While, some people might find this wrong; for me, this has really been quite an empowering and a liberating experience. I mean, I would have done all of these things outside of the internet as well, if it wasn’t for all the judgment and prejudice that society holds against anyone who doesn’t fit their preconceptions of what is normal and what isn’t. So the internet gave me an outlet and I could be anyone I wanted to be. The possibilities were endless.

Last year I broke up with my girlfriend because I felt that it wasn’t fair by her that I was doing all of this but I never had the courage to explain why. A few months back I decided to come out to Lasith, who was the closest person I had for a best friend in University. He was a member of the debating team and had quite progressive views. I’ve known him since school days- now altogether for about 8 years. So one night, while we were talking on Whatsapp, I mentioned to Lasith that I think I might be bisexual. He didn’t reply for about 10 minutes, even though I knew he had “seen” the message from the green tick. Anyway, he eventually replied, and as expected, he was totally cool about it.

Last month, we went on a trip with our gang of friends from the university to Ella. We stayed at a bungalow with three rooms. Two upstairs and one downstairs. The downstairs one was a double room and both rooms upstairs were triple rooms. No one wanted to take the downstairs room, so Lasith suggested that he and I can take the room downstairs and get the others to use the other two. I agreed.

That day was a lot of fun. After getting back to the bungalow after a day of exploring we ended up staying up till late; singing and drinking:

Finally at about 2 am, we all decided to sleep. Lasith and I went to our room and I fell asleep instantly. Soon, I woke up because I realized someone was feeling me. It was Lasith! To be honest, I have never found him particularly attractive so initially I was a bit taken aback. He was my friend! But I let him continue and it became the first time I was with another guy.

After that, we hung out a couple of times. He also started messaging me all the time and asked me to send him pictures of myself naked and videos of me performing various acts. I obliged the first few times, but at some point, I knew it all had to stop. When I told him this, he threatened me that if I wouldn’t continue what we had going, he will send all of the pictures he had of me to everyone I knew, including my parents! I couldn’t believe it. This was the only man I trusted with all my secrets! I was so scared.

I had to speak to some close friends about this. It wasn’t easy. I decided that I will not continue this toxic relationship despite his threats and I sent him a message saying he can do anything he wants. Lasith never leaked the pictures and the videos like he threatened he would. He knew that everyone will wonder how they came into his possession and that will reveal as much about him as it will about me.

Last month, I came out to my parents. While they were quite surprised, they said they respect my choice. I also came out to some close friends. I’ve been on dates with both men and women and I now have a boyfriend who I’ve been with for over 2 months. I actually met him on a dating app!

Honestly, despite what I went through, I’m really grateful for the internet. The internet allowed me to learn about what I was going through, meet more people like me and explore my sexuality. Growing up in a community that was very rigid; the internet gave me a platform to be myself and to be free. I only wish they taught us about ensuring our privacy and safety online in our ICT class in school during all the time they spent teaching us things like MS Word which practically everyone knew already!
Pornography, which has been used in English since the middle of the 19th century, comes from the Greek word ‘pornographos’ which translates into “writing about prostitutes”, and initially referred to visual or written matter designed to cause sexual arousal.
Pornography, abbreviated ‘porn’, is the portrayal of sexual subject matter for the exclusive purpose of sexual arousal. Pornography may be presented in a variety of media, including books, magazines, postcards, photographs, sculpture, drawing, painting, animation, sound recording, phone calls, writing, film, video, and video games. The term applies to the depiction of the act rather than the act itself, and so does not include live exhibitions like sex shows and striptease. The global pornography industry has an estimated value of 97 billion US dollars.

Pornography, which has been used in English since the middle of the 19th century, comes from the Greek word ‘pornographos’ which translates to “writing about prostitute”, and initially referred to visual or written matter designed to cause sexual arousal. The merits and de-merits of pornography are a wide discussion.

The widely accepted demerits of pornography use are numerous; objectification of those partaking regardless of gender; becoming out of touch with real life sex and sexuality; decreased grey matter in regions of the brain associated with reward sensitivity; reduced responsiveness to erotic still photos; dependency on new, surprising, or more extreme, porn; need for more and more stimulation to become aroused; porn induced erectile dysfunction; and difficulty in attaining a sexual climax. Further, a behavioral addiction that is comparable to drug addiction in the limbic brain circuitry after watching porn, dissociation between sexual desires and response to porn are also observed where the users may mistakenly believe that the porn that makes them the most aroused is representative of their true sexuality. Porn viewers often report altered sexual desires, less satisfaction in their relationships and problems related to real-life intimacy and attachment.

The merits of porn are also widely accepted: being a channel to stimulate and facilitate sexual release; assisting in the understanding and exploration of one’s sexual self; provide innovative approaches to sex between couples; promoting sexual experimentation between couples; and providing sexual stimulation for those who cannot access the same in real life.

Objectively collected data on usage of porn in Sri Lanka are scarce. The viewing and distribution of pornography in Sri Lanka is against the law, through two specific pieces of legislature. Under the Obscene Publications Ordinance (1929) one can be fined and/or imprisoned for creating, selling, sharing, and watching material deemed to be obscene (including objects); as well as to make a business of it and exhibit them publicly.

The Penal Code of Sri Lanka, Chapter 25 of Offences Affecting the Public Health, Safety, Convenience, Decency and Morals prohibits the sale of obscene books and having in possession obscene books, for sale or public exhibition. In the eyes of the prevailing law every single person who has ever watched, glanced at, stored, shared, or searched for porn, is a criminal.

The reality of pornography is more complex than the laws. There are pros and cons surrounding it. From 2011 to 2014, and then again in 2016 - Sri Lanka has topped the list of frequent searches for ‘sex’ on Google, and a little more exploration shows that what is being searched for is ‘sex video’ or ‘video sex’.

In September of 2016, bakamoono.lk, a popular socio-cultural website conducted an online survey that revealed the following:

- The majority of porn users were men (81.4%), followed by women (18.4%) and 0.2% did not specify gender. The language of porn search was English in 60.5%, Sinhala in 33.5% and Tamil in 6%.
- Commonest age group was 20-30 years, followed by 31-40, 13-19, 41-50 and above 50 years.
- The majority of the porn users were single (53.5%), followed by those in a relationship (31.7%) and those married (14.8%).
- Most respondents spent 10-20 minutes watching porn, while the lowest numbers overall said they spent over 30 minutes.
- The top five districts for porn use in this survey were Colombo, Gampaha, Kurunegala, Galle and Kegalle.
- The most popular sub categories of porn watched in descending order were Sri Lankan made porn, Sri Lankan ‘girlfriend’ themed porn, porn made by real life girlfriends where they were aware that they were being filmed, porn related to large breasts (‘Big-Tit’ porn), porn related to anal sex and teenage porn.
I started as a porn addict. Now at the age of 44, I’m no longer a watch porn or care too much about it. So I think I can reflect with detachment about it now.

When I was younger I was someone who depended a lot on the internet for sexual stimulation. When I was 20 years old I was in a long term relationship with a girl for nearly a decade. I think if there is someone called a soul mate, that was she. I was an English major at the University of Peradeniya and she was a medical student in the University of Colombo. We had a long term relationship during my post graduate studies in the USA. We were pretty inexperienced with sex but we grew together. She was a poem, to the heart and the body. During my tenure in the USA I got hooked on to porn in a big way. Slowly my girlfriend’s imperfections seemed inflated. Her body tone, an occasional pimple, a slightly crooked tooth - all seemed so off putting. I became so critical of her body. I tortured her so much about her body. Yet, she loved me through my brutality. I have even used the words “You are not pretty enough for me to get an erection and hold it” on her. I had got in to the habit of masturbating to porn. When you get used to your own male hand, a woman’s soft and beautiful vagina stops being hard enough for stimulation. You are always comparing a real woman with a porn stars. The porn stars know the best angle to the camera. It’s their job. One day my girlfriend left me. She left me in her original version of absolute kindness, love and understanding. I think she left to save her self-esteem and her sanity.

I fell on earth with a thud. For the longest time I was smug and arrogant about the great potential the internet had to satisfy me. With time I realized that I’m just a wanker feeding a sinister industry. Every time I click on a Korean porn star, it creates a market for a Korean girl to be smuggled across a border to be potentially trafficked. I have done a lot of on-line dating and since my girlfriend left me I have had nearly 20 relationships, all of them sexual. I laugh at myself philosophically when I realize that not one of them has the haunting, life giving, feminine and healing beauty or the knowing, erotic, tender sexuality of my first girlfriend.

Porn industry has an effect on women too. It influences their sexuality and sexual presence. Since the current girls I have sex with come from the internet age, there are traces of ‘porn infection’ to their sexuality. I pick those moves, words and angles so easily. I am an expert at seeing where the porn merges with the real. When I see those traces I leave them. In my sadness I sometimes think that I would exchange this all- my publishing business, my wealth, my fame, my recognition- for one day with my first girlfriend. To have her hold my face in her hands as we make love, look at me with her large black eyes that reveals so much truth. I want to feel human again.
SEXLESS MARRIAGE

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A sexless marriage is one where little or no sexual activity occurs between the spouses. The definition of a sexless marriage is often broadened to include those where sexual intimacy occurs fewer than ten times per year. Sexless marriages can be unconsummated marriages from the very outset or developed over time from a range of possible causes.

The list of possible causes of a sexless marriage is long. They may include ageing, demands of child bearing and child rearing, post-operative complications, incompatible sexual preferences, partner having their feelings hurt or got turned down too many times, stressful lifestyle, sexual dysfunction, substance addiction, communication failure between partners, knowledge of infidelity of a partner leading to conflict, rejection and resentment, health issues such as neurological disorders, soft tissue and muscle disorders, psychiatric disorders and chronic fatigue. A marriage may also be sexless if one or both partners are asexual or if the couple mutually agrees to abstain from sex due to religious principles, avoidance of sexually transmitted infections, a platonic basis for the relationship or the goal of avoiding conception. Other reasons for sexless marriages are resentment in the relationship due to an imbalance of duties and responsibilities, incompatible ideal, spiritual, moral and behavioral aspects.
My father is a retired university professor and my mother is a retired teacher. When I was young, my mother used to tell me a story about a British Vice Chancellor’s wife who was seated at dinner with guests. Apparently, while they were served by their butlers she could feel a serpent slither under the table. She demurely looked under the table, carefully placed the heel of her shoe on its head, pressing it down for good two hours, all the while making polite conversation. At the end of the dinner the serpent with a crushed head was dead. Obviously it’s a cooked up story. But the message was loud and clear: “social decorum must be maintained at all costs”.

At the age of 29 I married the son of my parents’ friend. He was all the right labels - educated, handsome, polite, generous, kind and wealthy. We both have been in other relationships before and we have both had sex with our exes. We were very open about our pasts. My husband travels a lot for his work. We have a daughter who is now 10 years. Over the years, the frequency of having sex has dwindled. He and I both have been working exceptionally hard. I, at my PhD in Economics and he expanding his merchandizing business. Our working clocks are totally opposite. I work to Sri Lankan time and he to USA time. He works till late in another room as his work is conflicting with sleep times. Usually we sleep in different rooms and now my daughter has become my room-mate. I have jokingly browsed the subject saying “we are just two friends raising a child together” He laughs and says “I’m ready for sex anytime Madam!” But I know that he does not mean it. We have no non-sexual physical intimacy either. I feel that he is just avoiding me sexually. I think he is not ready to open a conversation about this. He is using humor to avoid a difficult discussion.

I forwarded him links to articles on sexless marriages a couple of times. They spoke about making time for sex and how not having sex is the beginning of a vicious cycle of low libido. He has not commented on them and this has humiliated me. It’s as if I have to beg him for sex. When these negative feelings pent up it feeds a vicious cycle of contempt. For the last five years we must not have had sex more than 3 times per year. Even when we do, it is a predictable, routine drill. I have not had an orgasm with my husband in more than three years. It takes me under five minutes to touch myself to a sexual climax of my own. Outwardly, we look like the perfect couple. A lot of people must envy us. But inside I feel so empty, angry and short changed. We are so polite, respectful, kind and considerate to each other at all other times. It is almost like a sequence out of a movie. My leg is hurting, pressing the serpent’s head down.
It's hard for me to accept that I am in a sexless marriage. But I have let this sink in. I work as a translator at a government office. I have an arts degree and so does my wife. We met in university, fell in love and got married. We have two teenage children. My wife and I are still in our forties and have lost interest in having sex with each other. This is not to say that I don't want to have sex. I don't know if my wife feels the same.

After childbirth, my wife's body changed a lot. I think she really paid the price of pregnancy and child rearing. One day she cut her long hair off without asking me what I thought. I'm all for feminism, I know that her hair is for her to keep or cut, but I don't like the "I don't care" haircut. This makes her look like a fat burly man. She is stressed out, belligerent, shouting at the children, snapping at me all the time. She is consumed with stress about exams, tuition classes, successes of the children and fighting with her peers in the office. She goes on and on about details of her life and her varying emotions on Facebook. She has become a force that I am actually scared of. It is not easy to get an erection to a woman when she scares you, even if it is your wife. Sex is not a birthright of a wife. Sex is a conversation between two bodies. You can't have a conversation with a screamer. First she should stop screaming.

I have read a lot about sexless marriages and I have tried to speak to my wife about this. She has responded by raising her voice loudly and snapping back and I have stopped at that. Even if I convinced her to seek help, counseling services are not readily available. On top of getting angry, now she has found some friends who are into meditation, mindfulness and religion. So instead of focusing on the marriage here on earth, she has fitted religion in to her unbelievably hectic schedule to prepare for her after life. I think although she is not admitting to herself or to me, this new found involvement in religion could be because of an angry, frustrating void brought in by sexlessness.

Although I'm sexless in my marriage, I have found a space online to express myself sexually. I chat with a woman who lives in another country who has been a long term friend. We flirt online and sometimes chat on webcam. We tease each other sexually. I have crossed a line. I know that.

I often think of rekindling my sexless marriage into something meaningful. I want my wife to know that it is not only she who has paid the price of the stress of a domestic life, marriage and parenthood. I have worked hard and sacrificed, too. If we were to begin all over again, I would simply tell her to start with a small change: speak to me gently, like she used to, before we got married.
It is a noteworthy point that this practice of Female Genital Mutilation has no health benefits, and only causes harm.
Female genital mutilation (FGM) includes all procedures which involve partial or total removal of the external female genitalia, or other injury to the female genital organs, without any medical indication. It is predominantly practiced on girls and women in Sub-Saharan Africa and Arab states, but also in selected countries in Asia, Eastern Europe and Latin America. It has been estimated that around 200 million girls and women in the world today have undergone this procedure. Sri Lanka is identified as one of the countries in Asia where this practice currently exists.

Different types of Female Genital Mutilation are practiced around the world, which include clitoridectomy, where the clitoris and/or the prepuce is partially or totally removed, and excision, where partial or total removal of the clitoris and the labia minora is carried out, with or without excision of the labia majora. Also, in some cases, narrowing of the vaginal orifice with a covering seal formed by cutting and re-positioning the labia minora and/or the labia majora is carried out, which is called infibulation. Other than these, various other harmful practices such as pricking, piercing, incising, scraping or cauterization are also carried out.

It is a noteworthy point that this practice of Female Genital Mutilation has no health benefits, and only causes harm. What is damaged or removed is healthy female genital tissue. The procedure has both immediate, short-term complications as well as long-term complications.

Severe pain, excessive bleeding, shock, swelling of genital tissue, infections, problems with urination and impaired wound healing can occur short-term following the procedure, while there is a risk of transmission of HIV if the same instrument is used for the procedure for a number of girls without sterilization. The outcome could be as worse as death too, owing to infections or hemorrhage. In addition to these physical effects, the psychological trauma they undergo cannot be forgotten. In the long-term, chronic genital and reproductive tract infections, recurrent urinary tract infections, painful urination, painful menstruation, excessive scar tissue formation (keloids, sexual problems such as decreased sexual desire and pleasure, pain during intercourse, difficulty during penetration, decreased lubrication during intercourse and reduced frequency or absence of orgasm can occur.

Obstetric complications like increased risk of Caesarean section, post-partum hemorrhage, difficult labor, obstetric tears or lacerations, instrumental delivery and prolonged labor can occur in later life. There is also a higher risk for post-traumatic stress disorder, anxiety disorders and depression among those who have undergone this practice. For many of those who have undergone the procedure, ‘the memory and pain never go away’.

Thus, there are serious health risks associated with all forms of Female Genital Mutilation, may it be carried out by an unskilled non-medical individual or a medical professional. For that matter, if a medical professional is conducting Female Genital Mutilation, they are violating the basic ethical principle of ‘Do no harm’ or ‘Non-maleficence’.

Female Genital Mutilation is internationally identified as a violation of the human rights of girls and women, which reflects inequality between the sexes, and is considered an extreme form of discrimination against women. To add to this, since it is carried out mostly on children, it is considered a violation of rights of children, as well. This practice violates many human rights, including the right for health, security and physical integrity, and the right to be free from torture and cruel, inhuman or degrading treatment. When the procedure results in death, it violates the basic right to life, as well.

In many countries in the world including United Kingdom, United States of America and several African countries, Female Genital Mutilation is banned by law. Many International conventions have provisions for the promotion and protection of health of girls and women, which have been ratified by countries which still practice Female Genital Mutilation. In Sri Lanka, the Penal code criminalizes any form of voluntary causing of hurt, and the act of female genital cutting would fall within that definition. However, the practice is carried out in Sri Lanka among girls of a specific ethnic group, and it is carried out to a large extent.

Despite the fact that Female Genital Mutilation is a cultural practice, it should be noted that cultural arguments cannot be used to condone violence against people, male or female, since culture and tradition should provide a framework for human well-being. It is important that Female Genital Mutilation is identified as a specific criminal offence in Sri Lanka, considering the physical, psychological and social harm it causes to the women and girls who undergo the procedure, probably for lifetime. It is crucial that a decision is
taken promptly to completely abandon this harmful practice in Sri Lanka, before it becomes a silent epidemic. Recently, the Ministry of Health issued a circular to medical professionals in state run hospitals that FGM should not be carried out. This circular was welcomed by women’s rights activists. However, FGM is still being carried out in private institutions and by individual practitioners both with and without medical training, becomes a silent epidemic. Recently, the Ministry of Health issued a circular to medical professionals in state run hospitals that FGM should not be carried out. This circular was welcomed by women’s rights activists. However, FGM is still being carried out in private institutions and by individual practitioners both with and without medical training.
Mimi was my mother’s youngest sister and my favorite aunt. Meeting Mimi was the highlight of my weekend for as long as I remembered. More than 40 years ago, when I was just 7, I woke up to a Saturday where I would meet Mimi for an unforgettable reason. While sitting in the car driven by my mother, she told me I should not tell anyone nor talk about where I was being taken that day. Little did she know that 40 years later I would stand up against her instructions and the brutal experience I was subjected to, on that day.

We arrived at a house, not too far from our home. Mimi was there too. I was so happy to see her. The next thing I remember, I was in a room, laying on a table. I remember Mimi being by my side. A doctor and another woman were in the room as well. I can’t remember if my mother was there. I remember two or more people holding down my legs. I’m not sure if I was screaming or protesting, but I do remember pain. Extreme, excruciating and unbearable pain. Throughout this Mimi was by my side, trying to comfort me. I felt betrayal beyond words. You too, Mimi? Et tu?

My next memory of the day was arriving home, I remember there being discomfort between my legs. They kept me in my parents’ room and tried to pamper me. I think I was vacant eyed, in shock and disbelief.

Later in my life I realized exactly what had been done to me that day as a 7 year-old child – cutting off of the clitoris, also known as Female Genital Mutilation. As a young girl I did not have access to much information about what a terrible act this was but I knew enough with the trauma I went through, to know that this should never have happened.

My parents are responsible for this heinous act performed on me. This painfully unjust act of genital mutilation is called ‘khatna’ in our community. I do know that if they had had access to the right information that FGM was a heinous act of violation upon the female body, they would not have gone ahead with it. It was officially banned by the United Nations only sometime in the 1990s.

When my daughter turned seven years old we were expected to do this for her as well. Both my husband and I rose firmly against it. We explained our case to my parents and made them aware that the UN had banned it; they realized then that they were not informed of these views and easily accepted our decision. I belong to the Bohra community and the practice of ‘khatna’ has been in our community for many generations.

The lame apologists in our community often argue that we in the Bohra community administer this in a hygienic sterile environment, performed by formally qualified Bachelor of Medicine, Bachelor of Surgery (MBBS) doctors in our community unlike in Africa where many of the cases are prone to sepsis and death. What right did my parents or my community have to rob me of my sexual pleasure? My clitoris is mine to own, to seek pleasure it is a private and an intimate part of my existence. They should not have robbed me of what God has given me in his creation.
I grew up with my parents and three sisters in a middle class, Muslim home. My parents were educated and while I wouldn’t call them conservative, they are very religious. I got married at the age of 23 to Fayaz. Fayaz was an aalim (a religious scholar). It was an arranged marriage. I consented to Fayaz because he seemed intelligent and God fearing and quite handsome too!

I had never had a boyfriend and I was excited to spend the rest of my life with him. I was also a little nervous about sex because I had never done it.

To my surprise, on my wedding night, he said he wanted to see my privates before having sex. I reluctantly agreed. It’s rather awkward to expose yourself like that, even to your husband. Suddenly, he got really angry and started shouting at me really loudly. Apparently, I haven’t been circumcised. He even shouted at my mother. I was embarrassed that my privates had become such a big issue in the household. My mother kept saying that she had got me circumcised as a baby, but he did not listen.

The next day, he brought home an old “Ostha-Maami” in a taxi and ordered her to cut me. My husband held one leg and forced my mother to hold the other leg while the Ostha-Maami cut me. My mother was crying and told me not to scream as the neighbors could hear.

It was very painful. After all these years, it’s still painful when I have sex. My husband told me that he can now be sure that I will not sleep with anyone else.

I wish my mother had got it done properly when I was a baby. Today I know that female genital mutilation or FGM as it is called, is not a medically approved practice and if he asks that it be done to my daughter, I will not let him do it.
Polyamory is a common practice where ‘swinging’ or ‘open relationships’ are operative and had acceptance in many communities and is identified as a way of life.
Polygamy by definition is a marriage in which a spouse of any sex may have more than one ‘legally’ married partner at the same time. In the Sri Lankan context, most of the reported cases of polygamy are committed by males. In Sri Lanka, Muslim men may take up to four wives in accordance with the special provisions made to them under the Muslim Marriage and Divorce Act. However, in the instance of taking a second, third or fourth wife, a Muslim husband, like most countries that allow for polygamous unions, must notify his first wife prior to taking additional wives and obtain her permission to do so. It is also mandated in Islam that the property rights and the conjugal rights of the former wives should not be compromised by entering into matrimony with the latest wife. Many pieces of work in Sri Lankan cinema have portrayed polygamy in them. Most notable piece of literature addressing the subject of polygamy is perhaps “Dari the Third Wife” written by Sita Kulatunga which won the State Literary Award in 1988 and was later shortlisted for the Gratian Prize, the most recognized literary award in Sri Lanka.

Polygamy and polyandry also have a history in the country and were practiced within the royal family till the end of colonial period. In Sri Lanka, however, polyandry is actually protected under law. In Sri Lanka, under the Kandyan Marriage Law, women are permitted to be married to multiple men. In modern Sri Lanka, the practice often starts with a monogamous relationship that then expands with a partner of the wife’s choosing. Typically the arrangement of polyandry is between two brothers of the same family who share a common wife. While this is an archaic practice not commonly observed in spite of the provisions made by law, the sexual liberty implicated in such arrangement is noteworthy from a sexuality perspective. In the recent times the song “Ekagey Kama”, with its alluring visuals, has rekindled memories of this olden day practice. It is noteworthy to mention that the subject narrating her story on polyandry for this publication was a hundred years old!

Anecdotal evidence suggests that the woman maintained graceful confidentiality regarding the sexual activities and her personal preference of a brother if at all within this marital arrangement. The notification of ongoing sexual activity to the other husband would be symbolically notified with the loin cloth of the husband engaging in sexual intercourse hanging on the outside of the door and the ‘other’ husband would take cue and make way. Paternity of children was also treated in a similar restrained and confidential manner. While the wife would probably know the paternity of her offspring individually, this was not a highlighted topic and the children were brought up as ‘children of the family, rather than the children of a particular father. The polyandrous marital and sexual arrangements denote the position of women in the ancient and olden societies. Within the arrangement of polyandry, economic security and land ownership were solidified. While some view polyandry as a power status that gave more sexual power to the woman, others view polyandry as an economic agreement that disempowered the woman and forced her to conjugate with more than one partner.

Polyamory is a comparatively alien terminology to Sri Lanka. Polyamory refers to a sexual and relationship arrangement where the partners of a marriage or relationship are free to have other sexual or emotional partners with the knowledge of the primary partner. In the West, polyamory is a common practice where ‘swinging’ or ‘open relationships’ are operative and had acceptance in many communities and is identified as a way of life. Polyamory or the love for multiple persons takes into consideration that some strong emotional and sexual needs may not be fulfilled by a primary partner, leading to unsatisfied or sexually unfulfilled lives. Classical polyamory offers the freedom for both male and female partners to explore and experience different levels of emotional and sexual freedom to lead a fulfilled life.
IT’S LIKE THE PULSE OF A HUMAN BEING
I have been a servant all my life. No matter how you sugar quote my profession, calling it house help, house maid, domestic aid, domestic help, nanny or any other title, I’m just a servant.

I know a bit of English because I lived in the Middle East for most of my working life and worked for European families who were expats in the Middle East. I’m nearly sixty years old and as much as I was a servant to rich people I was also a servant of love and I have been terribly and unfairly shortchanged in life.

When I was just 20 years old, I went to Dubai and worked for a family for over 13 years. When I returned, I fell in love with my brother in law’s best friend. I had some savings and I was independent, happy and full of life. The man was a driver in a reputed company in Sri Lanka. I started sexual relations with him even prior to our marriage. When I was in the Middle East I had seen the kind of trouble domestic workers got into with sexual relations, so I stayed away from relationships. However, I think there was so much pent up sexual energy in me. It is a great and powerful force.

In the olden days there was no reproductive health counseling for migrant workers or training like they do now. I married him and started living with his family. The sexual life was fulfilling and soon I conceived. However, even when there was so much sex there was so much violence as well. As the pregnancy advanced, we had less and less sex as there was some physical discomfort and I also feared that it will affect my unborn baby. We fought a lot because of sex during my pregnancy.

Finally he kicked me out of his ancestral home when I was 8 months pregnant. I gave birth to my daughter while living with my parents. My husband visited a few times but those meetings were emotionally charged with lots of fights. I did not know how to talk calmly, seek help or solve our problem. My life would be different if there was help.

He went missing from my life for about eight years. I suffered untold misery going to work from house to house. Some houses allowed me to bring my daughter to work. Others did not. I found out that he has legally married again and was living with his new wife and son. I found the house and visited them.

I also filed a court case challenging his second marriage. When I met his polygamous wife I spoke to her first as an enemy, insulting her, cursing her. Later I saw the tears in her eyes. She told me that he beats her up too, mainly for sexual demands. I realized that we are both victims- one a prisoner of a man’s body and another of memory.

Even though I am an uneducated woman, this life has taught me so much. I think Sri Lankan society should liberalize itself. There should be more services to seek counseling, especially on sexual matters. Problems should be resolved as they arise, especially about sex. Although in Sri Lanka we don’t speak about sex openly, it is like the pulse of a human being. The first thing a doctor does is to take pulse. Sex is one of the first things we should learn to talk about.
I will never forget the day I dressed meticulously in front of my mirror, elegantly placing my dupatta, the shawl of my shalwar kameez suit, over my head. I fixed it to my head with two invisible pins; with quivering fingers. I don’t know why I was quivering. I was the favored choice of my husband. I was the second wife he fell in love with. His first marriage was a prison, he had said; she is fat and boring, he had said; I can’t get an erection with her, he had said; I can kiss you two full hours flat!, he had said; I was the fountain of desire for him. I was going to a family function where his first wife was going to be present. His first wife Fatima has not taken the news of a second wife well. She had little control over the decision although she gave the religious consent. Her brothers and mother had vehemently protested. Their daughters 14 and 12 and son 16 were not even talking to him properly. They were financially dependent on him, a successful house-ware fittings dealer and a politically connected man. How does sex work in a polygamous marriage? The recommendation is that the husband should pay conjugal visit to the wife at least every fourth day. So his visits were more with me but, every fourth day since the last time he had sex with her, he would visit her. And on that fourth day, I would become a jealous, nervous wreck. I would sponge and wash his genitals with perfumed water, to get off the thought of his sexual encounter with his first wife. He would look at me with indulgent eyes, as if one were looking at an angry errant child. Actually I was young enough to be his child. I was 21 and he was 55. Finally I met Fatima face to face. I expected to react, to be angry. She was not as fat as I had figured out from photos that I have seen. She was tall, beautiful, with a fixed melancholy look on her face. She did not smile with me. But she did not frown either. She looked at me the way my mother would when I have made a terrible mistake. That infuriated me. I will teach that woman! I had the internet on my side! I went on the internet and read numerous articles about seduction, sex with older men, and on many different ways to ‘steal’ him from his first wife.

Four years later during a conference for businessmen, my husband and her husband got a chest pain, and was rushed to hospital at the age of 59. Fatima and I sat by his side, connected by a strange kinship with this man whom we have shared a bed and children with, and nursed him. During this time I realized how well equipped she was to face life. She ceased to be my imaginary enemy during this time. Our husband celebrated his full recovery from his heart attack by marrying a third time one year later. I collapsed at the feet of Fatima and wept like a child. She placed her gentle hand tentatively on my head and said ‘first I had to guard one half of a conjugal bed; my half. When you came, it became quarter, because his half does not change. You are the mathematical type, an educated girl. Do the math. Now you have to guard one third of a half of a bed. It’s less work. In the long run, it’s less pain. Because the less you hang on to, less heartache it is. Allah is actually taking away your pain in this life. This is a gift. Look at it that way’. Now I get every fourth day conjugal visits from my husband. I stay dressed up and teach my 3 year old son nursery rhymes and counting till he arrives. The circle of life keeps going on and on.
I'm a hundred years old. So the story of my Eka Geyi Kaama (paternal polyandry) is a century old. My parents were farmers cum native physicians in a village in Kadugannawa. I had one elder sister and two younger brothers. Eka Geyi Kaama was a common practice in our parts of the country back then. People did it mainly to avoid land disputes and to keep the brothers in a family united. Some of such marriages were discussed before the wedding but in many cases the second husband grew in to the marriage.

When my sister was just 16 or 17 she married one of our maternal cousins in Kandy. Nearly a hundred years ago that was a big journey, leaving your family and going to Kandy. My marriage was arranged by my parents when I was just 16 to an unrelated man who was a trader and a farmer. Farming was their core occupation. Everything else was something in the fringe. He had one younger brother who was perhaps 3 or 4 years younger to me.

A few months after my marriage, my husband went on a trading trip with his Muslim counterpart. My mother in law and I were sitting on the front steps of the house and she was sitting behind me combing my long hair with a comb made of bull's horn. She said to me that my husband and her brother were like two peas in a pod untill I got married and came to live there; that they bathed, ate, slept together; that in spite of their age difference they were like twins- it's just that they were not born together. She said that I can be a thread that binds them together forever and that I should not treat the younger brother any differently to my husband. These things were said to me in the most natural and neutral way. Nowadays a modern girl would be very upset if someone said this to her. Those were different times. Sex, marriage and children happened as a part of daily life. We grew in the natural environment and we saw animals copulate in our back yards. The village headman would have several women whom he had sex with. Eka Geyi Kaama was also a common practice. These things were a part of life rather than a stressful thing to think about.

So began my 'second marriage' to the younger brother of my husband. There was no open discussion regarding the 'terms and conditions'. It was accepted wordlessly and expressed in action. Some people ask me if the two brothers hung their loincloth to indicate to the other that they were in. No such thing happened. They probably had an understanding. May be it was intuitive. Even the sex was different from one and the other. But none of that was discussed with anyone else. Everything was in gentleness, kindness, understanding and peace. We spoke a lot without words. I had six children from my marriage. I know the exact paternity of 4 of them. Other two I'm not sure. But we have never discussed this matter. Three of them left the village to Kandy. Three others remained. My children grew up as children of the family. They were born to a family, to a parampara (lineage). None of us belong to anyone, not even to ourselves. We are all part of manussa wargayaa (human kind). It is true of marriage, it is true of life. This is what my hundred year long life has taught me.
SEXUALITY AND DISABILITY

“\nIt would be good if one day our country became one in which people can ask for help in a helpless situation without shame or prejudice.\n”
Sexuality and disability refers to the sexual behavior and practices of people living with a disability. Sex and disability tends to be a taboo area among both general population and people with disabilities. Many persons living with disabilities are not able to experience intimacy and relationships due to stigma and issues of accessibility and have higher chances of experiencing sexual violence. People with intellectual disabilities are often over represented as both victims and perpetrators of sexual offences in the media. There is evidence that more than 50% of people with disabilities do not have any form of a sex life. However, the physical and emotional aspects of sexuality, despite the physical loss of function, continue to be just as important for people with disabilities as is the case for anyone. Many medical professionals do not pay attention about sexuality of people with disabilities. However, they may enjoy sex with the help of sex toys and physical aids (such as bed modifications), by finding suitable sex positions, or through the services provided by a qualified sex worker. However, people with disabilities have difficulties in accessing information and sexual health promotion initiatives. A spinal cord injury may change the sexual functioning of a person. Although paraplegic and quadriplegic people may have a loss of sexual function, sexual desire and sexual feelings remain. After a spinal code injury, sexual function is generally intact. The communication from the brain to the spinal code is usually disrupted. Unless some sensation in the area of the sexual organs remains, the usual sensation of orgasm is lost, but “phantom orgasm” elsewhere in the body may be experienced. Sometimes, a person with an intellectual disability may exhibit inappropriate sexual behavior, such as public masturbation, or soliciting sex from minors or in public. This is more likely to occur when the person lacks more appropriate sexual outlets or has not been provided with appropriate education about social etiquette and legal issues around sexual behavior and relationships. There is a range of dating sites for single people with disabilities, ranging from general disabilities to specific dating websites catering for amputees, the deaf, wheelchair dating, and other disability dating niches. These sites are useful for them to find partners and to share intimacy.
The last time I swam was ten years ago. That was in a canal in Polonnaruwa, my village. I dream of swimming again like that, free of care. In 2007 I was injured in the spinal cord in an accident. I was just 28 years old. There was a serious partial injury and I was paralyzed on one side of the body, waist down. The prolonged treatment, surgery and physiotherapy took up most of the time. Now I have recovered partially, and I can walk with support. However I have urinary incontinence and I’m on a condom catheter since the injury. I have been living in this halfway house in Colombo for the last 2 years. Once a month I’m dropped home in Polonnaruwa and I spend a week at home. Since my injury I have experienced impotence. A few weeks into my injury I realized that I was not able to get an erection. However, with the spinal surgery and the physiotherapy, my condition improved over a period of one year. Before the injury, I had a very active sexual life. I had my first sexual encounter with a girlfriend when I was 19 years. That relationship didn’t last long. I used to have sex with my wife up to 10 times a month. This included penetrative vaginal sex and oral sex. I just could not keep my hands off her. I have had different kinds of sex with my wife; rough sex, hasty sex sometimes bordering on harsh, slow and gentle sex.

With the physiotherapy and the treatment of the neurologist, I was able to get a partial erection at the end of the first year since injury.

However, it took hours of therapy, trying and masturbation to do that. I failed in between. I received psychological counseling for this as well. When I tried to masturbate, it was difficult to achieve an erection because it takes a long time and I feel tired. I have sexual urges.

I need sex. I am confused. If my feelings disappeared with the injury, I could have handled that. Now, I have feelings but it takes me so long even to get an erection. The urinary incontinence makes it more complicated and less erotic. It is not something I have full control over without the condom catheter.

After about one hour of trying we gave up. I felt defeated and small, struggling like that, even if it was in front of my wife.

Time passed like this with repeated attempts at sex with my wife. Finally a friend of mine introduced me to a sex worker in Polonnaruwa. This woman introduced me to another sex worker who is her friend. Now I visit one of them before I reach home once a month. They spend up to two hours working on my erection with different techniques like massaging, sucking, licking and skin stimulation. Sometimes in their eyes I see something more than just indifference; they look at me maternally. Over the years we have become some kind of friends. They both don’t show any tiredness of impatience with the process of getting an erection complicated by incontinence and delayed sexual response. They really admire my courage to face adversity.

They show their admiration, not with words, but with action. I feel safe in their presence. My wife seems so relieved that I don’t make any sexual advances at her. I look at her and feel profound sympathy for myself and her at times. She is just 32 years, you know.
Life can learn in a blink of an eye. I learnt this the hard way. I was just 32 years old when one day, as I was playing cricket in my hometown Matale, I sustained a serious injury to my spine. I was paralyzed legs down for over three months. With medical treatment and physiotherapy I gradually improved.

Following the injury I was impotent for about two months. However, with physiotherapy and medication, slowly the penile erection returned. It was so painful, though. That pain is not like any other pain that I have experienced. I caught my breath with the greatest difficulty on the first day my erection returned.

With time and laborious physiotherapy, nerve stimulation and medication, I became quite well and recovered from my freak accident. My painful erection though, is like a snake biting into my genitals that debilitates me with its intensity. This has not improved with time or therapy.

I'm back at work, although I'm no longer into sports, no do I have a very active life as before. I faced a great challenge in negotiating my sex life with my wife. My wife has always been a very sexual and sensual person. We had an active sex life through all the years we have been married. We have two young children as well. With the severe debilitating pain I experience with my erection, I'm unable to sustain sexual intercourse even with the help of potent medication. Now I have resorted to performing oral sex on my wife to satisfy her. Although I'm not able to have sex with her or have oral sex performed on me due to the pain that an erection will bring, there is a different sort of a joy in pleasuring my wife. I think although there is so much wish I could change in my sex life at the moment, my wife and I have come together closer through this journey. I think our love has somehow become stronger. When life takes away something, it may give something back.
SEX AFTER A MAJOR HEALTH EVENT

"I think comprehensive sexual education, de-stigmatizing conversations about sexuality, training the medical and nursing staff on how to talk and what words to use when discussing sexuality, are all important."

Cardiothoracic Surgeon
I think the reason we cannot open the conversation about sex and sexuality after a major health event is multifactorial. First of all, during our medical college days not much importance was given to taking sexual history.

We were trained to ask questions about social history, family history and so on but not sexual history. Even when we learnt pharmacology, we were not taught to explain to patients if a drug would affect their sexual performance and libido. I don’t know how many doctors can name ten drugs that would change the libido or sexual performance off the hat.

In developed countries there is less asymmetry of power between the patient and the doctor. Also sex and sexuality are very important and prominent aspects of their lives. So if you prescribe even a common drug, the patient can ask in a forthright manner if that drug will affect their sex lives.

In my practice in Colombo I have met quite a number of patients and their spouses who ask me when they can commence sexual activity after a bypass surgery. However, when I advise I don’t have any details about what sort of sex they were practicing. So when I say “you can commence regular sex after about 3 months” that advice is based on the assumption that they may be having sex in a certain “moderate” speed, intensity, and level of activity. But for the patient, sex may be high intensity, vigorous, acrobatic or not. So it’s important to ask them the specifics, ideally.

It is very important not to judge the patients for wanting to know about how they can keep their sex life active and embrace their sexuality after a major health event. It is our cultural conditioning especially among the less privileged that one should not ask such questions from a doctor. Even the medical or nursing staff may place moral judgment over a person who is asking such questions after a lifesaving surgery.

The reasons for not giving in depth advice and counseling are many. Honestly, the main reason for me is that in my private practice I don’t spend that much time with a patient. Also I think doctors are also a little apprehensive about what the patient might think if they bring it up and highlight it. That is also cultural conditioning. Sex and sexuality are still ‘odd’ areas for both the patient and the doctor. I think if you want to open this conversation, it is important for both parties to have the skills to ask questions. There aren’t enough common words in the Sinhala vocabulary to ask such questions in the first place. It is a challenge even to find the words. I don’t know much Tamil to comment on how a Tamil patient may even start this conversation. I think comprehensive sexuality education, de-stigmatizing conversations about sexuality, training medical and nursing staff on how to talk and what words to use when discussing sexuality, are all important interventions. The reason I can take a good medical or surgical history is not a magical talent I was born with. My school education in science, my medical education and my clinical education and post graduate education have given me the skills and the words to elicit it from another human being. Same is with sex. If I have been trained in a systematic way I can be a more humane and a compassionate doctor, sensitive to sexuality.
One day at the age of fifty two years, I clutched my chest at my office desk in Colombo and collapsed, drenched in sweat. I work as a financial analyst in one of the top corporate conglomerates in Sri Lanka. I was rushed to a private hospital where I was diagnosed as having a heart attack. I was treated at the intensive care unit for a week and transferred to a ward where I gradually recovered. During this time I was extensively investigated and treated by a team of health workers including several specialists. Upon being discharged from the hospital, I was given extensive advice about diet, exercise, salt consumption, stress management, health monitoring and all the investigations that have to be done. Clinic visits were meticulously scheduled.

I have been having an active sex life prior to the heart attack. My wife who is also a private sector executive is a well-educated, articulate woman.

We used to be in synch about our sex life. This experience of the heart attack was a great shock and we stopped in our tracks as far as sex was concerned. No doctor or health worker gave us even a hint of direction about sex after the heart attack. It was never mentioned in any one of the follow up visits either. I was going to ask a few times, but my wife was very embarrassed to ask the question from the doctor and this was because she was scared of being judged. She and I were both stressed out. Her erotic side just dried up. We had several disagreements and arguments about sex as well.

When I finally asked the cardiologist, I felt that he was less prepared to answer my blunt questions, even more than I was, to ask them. He gave some non-specific answers stating ‘you can go back to your normal life’.

My dilemma was much more than the sexlessness of my marriage. My dilemma was a larger question. I had come this close to death. I asked myself ‘is this it, this life?’ I have studied, worked hard, raised kids, toiled for my family, attended to responsibilities, done all the ‘right’ things. But that was it? I think facing my mortality so close broke something inside of me. I needed sex to reassure me that I was not yet dead, much more than I wanted to be reassured that I still had my virility. I think any doctor, my wife or society that is reluctant to have open hearted conversations about this subject forget that sex is a part of being human.

One year into this major health event in my life, on a trip abroad for work, I had a ‘casual’ sexual encounter with a foreign colleague who I met for the first time. She did not know anything about my heart attack. It was an encounter during which I felt alive for the first time after the life changing event I went through. I think I touched a missed part of me in that encounter. Although I’m guilt ridden about betraying my wife I have little regret for feeling alive even for that one time. I often think how fickle the human heart is—literally and symbolically.
I was 24 years and my husband was 27 when tragedy struck just 6 months into our marriage. He was in a freak accident that led to a head injury. He was in the Intensive Care Unit for one month. A part of his skull bone had to be removed for a brain surgery to save his life. I work as a nurse in a private hospital. So I had some understanding of what was happening. His Glasgow Coma Scale was just 3 out of 15 in the aftermath of the surgery. Because his skull bone was removed, his face was pulled to a side and was deformed. Some days I would peer into his pained face twisted in palsy and injury, the depressed skull and a previously unknown fear like a cloud would fall over me. Through the fear of losing him, love, uncertainty, desperation and compassion, I also thought to myself: he looks like a beast. I would sob with guilt for feeling that way. He spent one and a half months in hospital. His recovery was hell on earth, but it worked. By the time he was discharged from hospital, he could walk with a dragging leg, speak comprehensibly and had hand function. Upon being discharged I was strictly advised to look after him delicately and very carefully. It was actually a miracle that he survived. I started working and looking after him with the help of my brothers. He recovered slowly. The untold problem was in the bedroom. My husband was demanding constant sex in his debilitated state. He would drag his body on top of me and demand sex. It was as if he has lost inhibition. He would go into a rage if I refused. I was scared to have sex in case something in his spine or body or brain would snap. But his refusal rage was so intense, I feared that he would pop a vein in his brain with his mad anger anyway. I feared that if something happened to him during sex, I would feel guilty for the rest of my life. His deformed face and quivering weak body would hover over my frail and tired body. Sometimes while he was thrusting inside my body my hand would accidentally touch the soft place of his head where the skull was removed and I would feel his pulsating brain in my fingers. Mortal fear for him would rise in me and I would look up and see his eyes of confused, brain damaged, fearsome lust. His dead weight was more on my mind than between my legs. I have never had any sexual fulfillment through intercourse during this time. Three years later his skull has been replaced, he is recovered and he is working. We have two children together and life goes on with good and bad times.

I hope that doctors think about all aspects of healing of their patients. They should ask the caregivers difficult questions. They should open this difficult conversation. If they act so prim, clinical and God-like, how can a 24 year old ordinary woman find the courage to tell her story? Should they not be the ones to counsel and speak to patients with kindness?
SEXUALITY AND AGEING

A reasonable good health, interesting and interested partner should ensure an active sexual life, even in to the 80s.

Aging population is increasing in Sri Lanka. Many challenges and opportunities arise from this demographic transition. Across the life course, an individual’s sexuality is affected by physical and social transitions. The aged population in any society is not a homogenous one. Some individuals are ‘old’ at 50 and others are vigorous and sexually active in to their 90s. Both sociocultural and bio physical aspects have a profound effect on sexuality with ageing. Masters and Johnson reported that “reasonable good health, interesting and interested partner should ensure an active sexual life, even in to the 80s.”
The aging population is on the rise in Sri Lanka. Many challenges and opportunities arise from this demographic transition. Across the life span, an individual’s sexuality is affected by physical and social transitions. The aging population in any society is not a homogenous one. Some individuals are “old” at 50 and others are vigorous and sexually active in to their 90s. Both sociocultural and biophysical aspects have a profound effect on sexuality with ageing.

Masters and Johnson reported that “reasonable good health, interesting and interested partner should ensure an active sexual life, even in to the 80s”.

The authors of this book, identified five salient sociocultural myths surrounding sexuality of the ageing and aged through a number of in-depth interviews: the belief that sex does not matter to people as they age; the belief that interest in sexual activity is abnormal in the aged; the belief that sexual activity or remarriage should be discouraged in an aged person who has lost a spouse or partner; the belief that it is acceptable for older men to seek younger women as sexual partners but it is not acceptable for older women to seek younger men as sexual partners; the belief that when institutionalizing, older people should be segregated by sex. The myths converged with similar myths identified by Kuhn under the same topic. Similarly the authors identified prominent biological myths pertaining to the sexuality of older persons: the belief that older people cannot have sex even if they wanted to; the belief that the aged are fragile and may hurt themselves during sex; the belief that the aged may become physically unattractive with ageing and therefore sexually undesirable.

In women, the menopause marks a period of important physiologic change. In some settings including Sri Lanka, it also entails a shift in social role and a change in self-image. During this period, women may benefit from access to health education to learn how to adjust to these changes and to find ways to express their sexuality. To facilitate this adjustment health professionals, in turn, will need to develop a better understanding of sexual needs in older age and a greater willingness to discuss sexuality openly with older patients, who may feel uncomfortable bringing the subject up. It is a question whether awareness on sexual needs among older women is provided by many health care professionals who provide services through the government and private sector in Sri Lanka.

Some older women will have health problems that limit their sexual functioning and the majority will have problems with openly expressing their sexual needs due to cultural and traditional gender roles and myths surrounding age and sex. However, as the proportion of older people in the population increases, more and more older women are likely to challenge these traditional ageist stereotypes. Health care providers need to understand that the growing interest in the health of people in their later life and in sexual health concerns beyond those limited to reproduction.
WILTED FLOWERS, SLOW BEES
How did this bed become so quiet? With time. It all started with the onset of menopause. I'm a fifty seven year old housewife married to an electrician. My husband is three years older than I. We have two sons both of whom are married and living in separate houses. For the most part of our marriage, we had a very active sex life. In most weeks, we would have sex up to five times. It has always been my husband who initiated sex. For all the years I have been married to him I have not initiated sex or articulated my sexual desires to him in words. But it always felt like he knew me so intimately that I never felt sexually deprived.

When I was about forty nine years of age, I reached menopause. I had learnt about it from the public health midwife. With time my vagina felt dry and a little rough. Sex became a little painful. My husband applies moisturizing cream in and around my vagina to lubricate to alleviate my pain during sex. Now the frequency of sex has declined from five times a week to two times a month. It is happening even at these low frequencies because my husband feels rejected and annoyed if I refuse him. I truly believe that he has been loyal to me throughout our marriage.

If he doesn't get it in this bed, where else would he get it? It is my sense of obligation that is keeping this waning sex life going. I also fear that my husband's diabetes will exacerbate with sex. I ask myself sometimes why this is so. It is not just the physical aspects like dryness or lack of lust. All around me are women who seem to be very vocal about what my conduct in bed should be. My peers are spending most of their time in temple, speaking mainly about how our time is now over and we should denounce the appetite for life in preparation for our next life, extensive talk about being grandparents who should mellow down in our ways. There is seems to be a consensus that sex after menopause is bad for the health both of the husband and the wife. I feel that I live in a bubble of invisible judgment. Sometimes I feel like asking the midwife whether it is normal for a woman to becomes dry and lust less both in mind and body. But how can I ask her? She may judge me too. She might brand me as an oversexed woman.

After all she too is my age, a woman from the same community as I. Who will have this conversation with me as a woman, in private, with compassion? Who will understand?
VAGINISMUS

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According to the World Health Organization, Female Sexual Dysfunctions are a public health issue and vaginismus is one of the multiple disorders of Female Sexual Dysfunction. Vaginismus is often described as an involuntary contraction of the outer third of the vaginal muscles, causing sex to be painful or impossible. This condition interferes with sexual intercourse and causes distress and interpersonal difficulty. It is also often experienced by women during their first attempt at intercourse.

It is commonly associated with psychological reasons due to fear of pain or thinking the vagina is not large enough to accommodate the penis. The psychological factors may be due to performance or because of guilt, relationship problems, having an abusive partner or feelings of vulnerability, traumatic life events such as rape or a history of abuse. Other than the psychological reasons, factors like urinary tract infection, pelvic cancers, pelvic surgery, menopause are also some of the reasons.

Women with vaginismus have feelings of confusion, isolation, anger, depression or shame or worries about partner's feelings. The partner also has relationship problems like: anger, confusion, rejection and problematic relationship with the female partner.

Sex therapy is the treatment and it includes: couple counseling and educating about human sexual response and reproductive anatomy using diagrams. It also includes pelvic muscle exercises followed by gradually inserting some dilators of different sizes.
MY SHY VAGINA

Last year, at the age of 55, I opened a box containing five plastic bougies meant to teach my vagina to be at ease with a penis. I opened this box in the presence of a friend who laughed to ease my embarrassment. But the story of my marriage was actually not laugh-worthy. My mother never spoke to me about growing up into a woman and talking and learning about sex was taboo. It was all 'kusu-kusu' in the kitchen among grownups with the young ones eavesdropping. I got to know about how babies are made at the age of fourteen from school friends. I was flabbergasted. Did my parents, who don’t even hug or touch each other ‘because it’s vulgar’ actually engage in this act? I was discouraged of embracing anyone other than my dog. And now this? How come? Growing up in this frigid and sterile environment I had no adult to turn to. I came to my own conclusion that penetration is dreadfully painful and utterly vulgar.

Before the marriage I told my fiancé about my fears. He didn’t get it. Looking back, I feel his up-bringing would have been the same. So he never knew the secrets of a woman. I just could not bring myself to have penetrative sex. The pain and withdrawal was in my mind and body. My husband was not sympathetic at all. He thought I was being silly and stupid. He was insensitive. He couldn’t be bothered to educate himself on it. Whenever I touched him or hugged him I seem to press a wrong button for he thought it was a call for sex. Gosh! Men really ought to learn that women like cuddles and they might like to have it neat sometimes!

So fearing that any show of affection will trigger sex I stayed away from him physically. This led to living under one roof, with not
I often think of the bygone years. The precious years of marriage spent in contempt, discontent, indifference and emotional silence. I think of all the beauty, the closeness and the love that could have been. Although I think of these things, I have no regrets. This is the path I had to travel to arrive at a good place. The changes that took place in our relationship after we were able to engage in penetrative sex is unbelievable. There is loyalty, kindness, happiness, tolerance and more than anything else, the trust in each other that was long gone is back now.
COMMERCIAL SEX WORK
According to the National STD/AIDS Control Programme of Sri Lanka, a Female Sex Worker (FSW) is defined as any female who has sold sex in exchange of money or goods for the past six months. Evidence is available that both males and females engage in sex work worldwide including in Sri Lanka. Although Sex workers are a heterogeneous group, and there are ample exceptions to this, many belong to the poor socio-economic classes. Many of them are entering sex work due to poverty, lack of power and violence.

Sri Lankan national level size estimation in 2013 showed that, there was an average of 14,312 FSWs in Sri Lanka. Out of these sex workers, 51% were residing in the Western Province, while the district of Colombo accounted for 44% of the total. As pointed out in the HIV Sentinel Serro-Surveillance, the prevalence of HIV among sex workers was less than 0.2% over the last 10 year period. The IBBS 2014 (Integrated biological and behavioral assessment reports) detected an aggregated prevalence of 0.81% across three district samples, with 1% prevalence in the capital, Colombo. The percentage use of condoms in the last act of sex with a client was 93%, and an equally high percentage of 90% was revealed with non-paying partners. The average number of “clients” was 2.1 clients per day.

Sex workers are often stigmatized, marginalized and criminalized by the societies in which they live and these factors contribute to their vulnerability to HIV and poor health status. Sex workers have comparatively higher numbers of sexual partners compared to the general population. This will put them at a ten times higher risk of acquiring the HIV infection when compared to the general population.

Further, they put themselves in a more vulnerable stage due to poor condom negation skills with clients due to unequal power relations.
Sex exchanged for monetary or other benefits by an individual on his/her own will is not an offense, as far as a third party is not involved or benefited in that transaction, in the Sri Lankan law. Adultery is also not a criminal offence, whereas, it is a marital offence. Adultery is when a spouse practices sexual activities with another person besides his or her legal partner.

There is no specific legal offence for sex work in private. However, many facets of sex work are prohibited under three ordinances, which were introduced during the British colonial rule: the Vagrants Ordinance, the Brothels Ordinance and the Houses of Detention Ordinance.

The section 7 of the vagrants ordinance which was introduced in 1841, indicates that any person in or about any public place soliciting any person for the purpose of the commission of any act of illicit sexual intercourse or indecency, whether with the person soliciting or with any other person, whether specified or not, shall be guilty of an offence, and shall be liable on summary conviction to imprisonment of either description for a period not exceeding six months, or to a fine not exceeding one hundred rupees, or to both.

The Brothels Ordinance was introduced in 1889, 48 years after the enactment of the Vagrant ordinance. Under the section 2, it indicates that “Any person who keeps or manages or acts or assists in the management of a brothel; or being the tenant, lessee, occupier or owner of any premises, knowingly permits such premises or any part thereof to be used as a brothel, or for the purpose of habitual prostitution, shall be guilty of an offence”. The Houses of Detention Ordinance allows for the placement of convicted vagrants into rehabilitation facilities run by the Ministry of Social Services, rather than into prisons. In the past, there were instances of women being arrested for the possession of condoms in a public place. However, the possession of a condom does not illustrate the commission of any offence. Condoms are a medical device and is not proof of one engaging in sex work.

Condoms are listed as medical devices in the essential drugs list of the Ministry of Health. The police often consider condoms as a proxy for someone engaging in sex work, and use condoms as evidence to arrest sex workers or venue owners who distribute condoms. These unlawful arrests have reduced as a result of continuous advocacy and through conducting master training programmes. Recently, the Police Department has issued an internal circular to all police stations clarifying that condoms are a medical device and condoms should not be produced as evidence to the courts when they sex workers are arrested under the Vagrants Ordinance. The same circular highlighted that condoms are important in protecting yourself against Sexually Transmitted Infections.
SEX WORK IS HARD WORK

I am a worker just like you. But I'm a sex worker, unlike you. Both my parents engaged in manual labor to make ends meet. I passed the GCE ordinary level examination with flying colors. My parents were ecstatic even before I entered my A/L classes. It's on my way to one of those classes that I met Sandun. He worked in the military. He was tall and dark and very handsome. Very soon, we were talking to each other almost every day. I even cut my classes and hung out with him a couple of times. It was on my 17th birthday that Sandun asked if I would come to a hotel room with him to celebrate. I agreed. To be honest, I knew next to nothing about sex at the time. I hadn't learnt anything in school and no one had spoken to me about it. I didn't even know that I could get pregnant if I had unprotected sex.

It was about six months later that I realized that I was pregnant. My parents were furious. I had to tell them about Sandun. They called him over and asked him to take me away from home but we didn't have a place to go. So we camped in the house of one of Sandun's friends. It was while we were at that house that I gave birth to our son. I turned 18 a couple of months later and we got married. Life was fine.

About a year later, Sandun came home and said he deserted the army and he wasn't planning on going back. I insisted that he returned to work. How can the child and I live without his monthly salary? He listened to me. Every morning, he would leave home for work and come back in the evening. Later I found out that he hasn't returned to work as he told me but was doing odd jobs here and there. By this time, I was pregnant with our second child. This pregnancy was also not planned. This time while I was pregnant, my parents let me stay with them, but Sandun was only allowed to visit us. So he found a job at a workshop in Awissawella. Since then, he'd come back home only once in every couple of weeks. One year later, I was pregnant again. By then, we were doing well financially. He paid for all our needs.

It all changed when one day, the police came to our house looking for Sandun. They said that he was responsible for a robbery in a jewelry shop. A few weeks after I gave birth, Sandun was arrested. Even at this point, I dearly trusted him. Now, with Sandun in remand custody, I lost my only source of income. So I found a job at a cleaning company in Colombo. The job didn't pay that well but it was the best I could find. The manager there was friendly. He listened to my story and said that I can do some extra work to find some more money. I really needed the money. My father fell ill a few days back and I had to support my three kids and both my parents all by myself. He took me to a nearby hotel. We had sex and at the end he gave me 1000 rupees. I did not resist anything.

This is how it all began. Gradually, he started to put me in touch with his friends. He even gave me time off during work hours for these “appointments”.

This went on for some years till Sandun returned from prison and I stopped sex work for some time. It started again when he was re-arrested for another robbery. I found a new job, this time as a supervisor at the cleaning service. This new job lets me engage in sex work during work hours. Since I'm expected to manage multiple sites, people usually don't notice my absence. I have two mobile phones. One is exclusively for communications with my clients. I have about
I ask him a few questions to make sure that he is trustworthy. I only go to hotels I know and I try and avoid three-wheelers and other dodgy places.

I charge about 3000 rupees from a client. So in total I make about 100,000 from sex work. My parents never ask me where all the money comes from.

My daughter finished O/Ls this year and just started an ICT course. My second son passed the scholarship exam well and got admitted to a leading boys’ school in Colombo. The third is sitting for the grade five scholarship exam this year. Sandun never asks me how I make enough money to keep the family going but he keeps asking me to send him money.

After I joined a community organization that supports sex workers for HIV prevention, I started to insist to all the clients that we use condoms. Sometimes though, I give in, especially for oral sex with regular customers. All my regular customers think that I have sex only with them! They have made me promise not to entertain others. They are mistaken. I have about 3 clients per day during weekdays including Saturday. I don’t work on Sundays, Poya days and when I’m on my period. My clients come from all walks of life. Some are regular, some aren’t. Some are clean, some aren’t. Some travel by cars and others in three-wheelers or buses. The regular clients pay more. I spend about 1 hour with the regular ones but only about 15 minutes with the others.

One regular client is a rich contractor. He’s around my father’s age. He says that his wife spends all her time at the temple. He visits me about four days a week. I have a loan installment of 15,000 to pay every month, and he pays that for me. He also pays for my services. Another regular client is a cricket coach. He bought my son cricket gear worth about 25,000 rupees. Sometimes, clients come drunk and give me a hard time. One even tried to steal my gold chain.

To be honest, I don’t get any sexual pleasure out of doing this but sometimes, I have to pretend I do, especially with the regular clients. My job is like anyone else’s job. Sometimes, I have good days at work and sometimes I have bad days. Just like you, I also can’t keep away from work tomorrow simply because my day was bad today. I know that this will last only as long my body is good for selling.
INTIMATE PARTNER VIOLENCE

“Intimate partner violence is a major public health problem and a violation of women’s human rights.”
Intimate partner violence, as defined by the World Health Organization, is “behavior by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviors”. Intimate partner violence is a major public health problem and a violation of women’s human rights. Global estimates published by WHO indicate that about 1 in 3 (35%) women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime. Most of this violence is intimate partner violence. Worldwide, almost one third (30%) of women who have been in a relationship report that they have experienced some form of physical and/or sexual violence by their intimate partner in their lifetime.

World Health Organization global research conducted over 80 countries in 2013 among women revealed that worldwide, 1 in 3, or 35%, of women have experienced physical and/or sexual violence by an intimate partner or non-partner sexual violence. It further revealed that almost one third (30%) of all women who have been in a relationship have experienced physical and/or sexual violence by their intimate partner. Intimate partner violence (physical, sexual and emotional) and sexual violence cause serious, short and long-term, physical, mental, sexual and reproductive health problems for women. The social and economic costs of intimate partner and sexual violence are enormous and have multiple effects throughout society. Women may suffer isolation, inability to work, loss of wages, lack of participation in regular activities and limited ability to care for themselves and their children. This is also affecting their children, and lead to high social and economic costs for women, their families and societies. These behavioral and emotional disturbances can be associated with perpetrating or experiencing violence later in life.

A scoping review of published and gray literature over the last 35 years was conducted in 2015 in Sri Lanka which revealed that intimate partner violence is a widespread problem in Sri Lanka affecting 1 in 3 women in the country. The overall prevalence of intimate partner violence in Sri Lanka is about 25-30%, and is lower than estimates for other countries in South Asia. Many Sri Lankan studies are underrepresented in non-marital intimate relationship violence.

Sri Lanka is signatory to several international conventions relevant to preventing violence against women, such as the International Covenant on Civil and Political Rights (ICCPR) and the Convention for the Elimination of All Forms of Discrimination against Women (CEDAW). Although Women’s and Children’s Desks in police stations and the Prevention of Domestic Violence Act provide help for women seeking recourse from intimate partner violence, a general taboo on sexual matters, and the lack of legal recognition of rape within marital relationships are the barriers for legal support. Currently, amendments have been drafted to be introduced to the Penal Code to make marital rape a crime and a punishable offence and cabinet approval has been granted. The Sri Lankan Penal Code currently does not recognize this offence as a punishable offence.
This is a story I've been meaning to get out of my chest for a long time. While the story itself is set in the recent past, there is a bit of a backstory that encapsulates the series of events that led to it.

It was a day in December 2009. It was a Sunday and we were at a department store in Badulla buying groceries for the week ahead. There my parents met the Liyanage family. Mr. and Mrs. Liyanage (and their kids) used to be our neighbors when they lived in the suburbs of Badulla.

Everyone was glad to have met each other albeit accidentally and for the next 20 minutes or so they caught up and talked about everything from politics to the cost of living and of course how the old neighbourhood has changed so drastically.

How come Chamithri is still single? Mrs. Liyanage asked my mother, as I shyly looked down. My mother then proceeded to ask Mrs. Liyanage to please let her know if she knew a ‘good boy from a good family’. I pinched my mother’s hand and frowned. What’s her problem?

The next morning Mrs. Liyanage had called my mother and suggested some boy called Sahan as a prospective husband for me! Apparently it’s a boy who works with Mr. Liyanage at the bank. “He is a smart chap from a very good family, committed to work and very respectful.” What more could one expect?

My mother, impressed by this “Sahan”, who came highly recommended, asked her to please connect her with Sahan’s family. For the next few days, they played cupid and the two families eventually met. Sahan seemed like a nice guy. He was quite short but handsome. We met a few times first with the parents and then just us, and a couple of months later, I consented to the marriage and Sahan liked me back as well. It was decided that we would get married the following year!

We had a beautiful wedding. After my parents, Mrs. Liyanage was the happiest! She shed a happy tear with my parents as Sahan and I left the hotel in a red Ambassador car decorated with rose petals.

Our first few months together were happy. Sahan was kind and loving.

One day, about 6 months after our wedding I noticed that Sahan is always messaging someone on his phone and I questioned him about it. When I asked him he got extremely angry and slammed the phone on the floor. I got scared and asked “what is wrong with you?” Then he got even angrier and hit me on my face.

Since then, he has been hitting me, violently, several times a week. Sometimes, I have to beg him not to hit me.

One day I ran downstairs to take refuge in his parents’ room but they locked the room up and pretended not to hear anything when I banged on their door. Another day when his father tried to stop Sahan from hitting me, Sahan’s mother stopped him saying ‘ona deyak karaganna denna’ (let them do whatever). This one time, the bruises hurt me so much that I decided to go see a doctor. Of course, I lied to the doctor that I slipped while crossing the road in the rain but I was quite sure he knew the bruises weren’t from a fall even though he didn’t question me any further.

Some days I didn’t go to work because I couldn’t
bear the pain. Some days I didn’t go to work because the bruises were so visible that I’d be asked questions by my colleagues that I won’t be able to answer. I spent most nights sleepless, afraid of the man sleeping next to me. It didn’t take long for my workmates to understand what was going on. One day, Sujith the office clerk asked me ‘Sahan mahattayata hariyata tharaha yanawa wagey ney?’ (Mr. Sahan seems to have a quick temper) I have never felt more humiliated. I pretended I wanted to go to the washroom and stood up, but before I could take two steps, tears started pouring from my eyes and I covered my face with my hands and ran to the washroom. I felt exposed and sometimes I felt like I deserved everything that was happening to me. This resulted in the most immutable sense of guilt.

Many people, when they speak of intimate partner violence, visualize a rural, poverty-stricken context where the perpetrators are often uneducated, shirtless, intoxicated men beating their wives with one hand while holding one end of their sarong with the other and the survivors are stay-at-home mothers with no exposure to the safety mechanisms and the legal rights they’re entitled to. While this is sometimes the case, intimate partner violence also happens in the neighbourhoods that you and I live in, the perpetrators are sometimes educated white collar workers and the survivors may be women you encounter on a daily basis. No one, no one deserves to live their life in the kind of fear I do.
SEXUAL LIBERTY

But, rape/sexual assault do not come under the category of sexual liberty. Various people have many ideas on this topic and very limited evidence is available under this topic.
Sexually liberal people respect other people's sexual choices while being free to make their own. This includes the choice of wanting a partner that shares the same sexual values or one who places the same significance on sexual compatibility in a relationship, high or low. However, rape and sexual assault do not come under the category of sexual liberty as consent is central to sexual liberty. While many opinions exist on the theme of sexual liberty, little to no research has been conducted and limited evidence is available.
At the age of 28, I lost my husband of 7 years to a road traffic accident in Singapore. I was working for a financial company and our son was just 6 years. My husband was just 33 years when he passed away. He was my best friend and we had the most beautiful sex life when we were together. He struggled for 6 months in hospital before he succumbed to his injuries. I stayed on in Singapore working and raising my son.

I walked around numb, doing things routinely, feeling dead. The first man that I had sex with following my husband’s death was after 6 months of his passing. It was a close friend of both of us who helped me a lot to look after my husband. He was there for me through it all. Anyone looking from outside may think he got close to approach me sexually. This is not true. I think I had sex with him to feel alive again. I think although it was a bad idea at so many levels, that gentle, reassuring, kind sex brought me back to life. I broke up with him after sometime.

Later, I signed up on an Indian dating site called “shadi.com”. Through that I met many Indian, Sri Lankan and other South Asian men. Most of them were in the process of divorce. They were all looking for sex. Some were actually looking for a partner as well. I fell in love only with one of them. But he was not interested in me, not even sexually. I have had sex with more than 30 people over the course of 4-5 years. I always insist on them using a condom. Usually sex is preceded by one or two dates. There is no point investing a lot of money on courting because if there is no sexual compatibility, then no amount of dinners will keep it together. There have been some difficult encounters. There was once a man who pretended to be in his late 40s but was actually 60. Once, a man who turned up for a date turned out to be a person with a disability on a wheel chair. I had one of the most interesting conversations with him, but did not pursue a relationship. Then there were several circumcised men who just could not have an orgasm after hours of sex. I was as exhausted as were they. There were so many cases of impotence, sexual dysfunctions, and premature ejaculation. One thing I have learned is that men battle with jealousy, grief and body image insecurity as much as women do. Whether they ask you or not, they all want to know how well they did in bed. As for me, I no longer believe that for a woman, it is mandatory to be in love to have an orgasm. That belief is social conditioning. What you need to have an orgasm is your ability to be free and let go. Not be inhibited by fear, taboo, judgment, body image insecurity and guilt. My enjoyment of sex is rooted in my ability and not on my looks. Beauty has little to do with good sex. What I have learnt is not to beat myself up if a man does not like me sexually or otherwise. Although the women may think it’s their fault that a relationship or a sexual relationship is not working out, it could very well be that the man is fighting his own demons. He may be worried about undressing in front of you. He may be battling with his own fears of performance anxiety or erectile dysfunction. He may be having problems completely unrelated to the woman. So women should be kinder to themselves.

I think I have let go of my pain and heart ache through sex. Sex has been therapeutic. Regardless of whether the sex was great or not, I have never been unkind to any of the men. Some have been through the death of a spouse. They have understood my confusion and pain. There is nothing more healing and powerful than the warmth of sex. I am unapologetic about my sexual preferences and my life. I live as I believe. I don’t think I will ever marry again. I honestly believe that if more people were having more sex, this society would be less of an angry place. Lust may even pave the way out of lust because this experience gives you a deep understanding of sex, desire, eroticism and human nature. You can almost watch this outside your body as if you were watching yourself breathing during meditation.
My friends tell me that I will have a dangerous
death. I tell them that I worry more about
living than dying. I’m a 43 year old Muslim
man. I was educated in a Methodist Boys’
school. Growing up, I was fascinated by the
masculinity of my father.
By the time I was five years I knew I was different
from my male cousins. By the time I was eight
years I had already worn my mother’s clothes
and heels. When I was about ten, I used to
fantasize about my father who was my hero.
Whenever I ‘played house’ with my cousins, I
always imagined two men together. I never
dreamed of marrying a girl, having kids, having
a home - none of that. When I was fifteen, one
of my cousins taught me something about the
‘birds and bees’ of being gay. He introduced
me to anal sex, something I found to be very
painful. After that encounter, I did not have
anal sex well in to my twenties. I have had
varying degrees of kissing, touching, fondling,
body worshipping and oral sex with my cousins,
neighbors and some friends. I even tried having
sex with one of my female cousins to
see if I would feel anything for a woman.
I did not.
My only sister was the first person in my family to
know that I was gay. I confided in her boyfriend
who in turn told her. Nonjudgmental to her
core, she remains my rock and confidant.
When I was twenty one years of age, I came
out to my father and told him that loved other
men. He had a very measured reaction to it.
He told me to be safe in my sexual practices.
He did not discuss this further. But to the
eternal credit of my parents they have never
tried to ‘cure’ me by introducing me to girls
to marry.
My first gay relationship was with a foreign
man here on a mission. Then I had another
three year relationship. However it is difficult
for me to be sexually satisfied with one partner.
So now I’m an openly gay man, having multiple
partners. I engage in all the common
sexual practices that gay men engage
in - kissing, body worshipping, anal sex, docking,
fisting and rimming.
I have multiple partners from different social
strata. It ranges from professionals to three
wheeler drivers to truck drivers. The highest
number of partners I have had sex within
a day is eight. It is rare for me to be too
emotionally attached to any of them. Most of
them are married with children. There is no
transaction of money in these sexual encounters.
These are just people I regularly have sex
with on rotation. For over 20 years of having
multiple partners I have managed to stay
HIV negative. I always use a condom when
I have penetrative sex, but don’t use one
when I’m having oral sex. The most important
skill needed, apart from the sexual skill, to
be a liberated sexual being, is to keep the
communication open with partners, to avoid
conflict, not to induce jealousy, not to discuss
other partners, to respect privacy and to treat
each of them with gentleness. There have been
some incidents where people have got jealous,
demanded money and been belligerent.
With time I have learnt to have better judgment
and to be more careful. I know the inherent
dangers of being the person that I am.
I go regularly to mosque, I keep fast, I talk to
God, I pray to him. I know that he loves me
because he is merciful. I know that He
understands me and my journey. I don’t seek
validation from any mortal for who I am.
I will live while I live in my authenticity, proud
of who I am. I will die when I die. Freedom:
that is my name.
However, it depends on the strength of the individual’s immune system. When a person has a sexually transmitted infection, he or she has a higher risk of acquiring the HIV infection via unprotected sex, in comparison to a person without a sexually transmitted infection.
HIV stands for human immunodeficiency virus and it attacks the human immune system gradually. Signs and symptoms develop and appear only later. This stage is called Acquired Immunodeficiency Syndrome (AIDS). Usually it takes 8-10 years to develop AIDS after acquiring the HIV infection. However, it depends on the strength of the individual’s immune system. When a person has some sexually transmitted infection, he or she has a higher risk of acquiring the HIV infection via unprotected sex, in comparison to a person without a sexually transmitted infection.

Currently, Sri Lanka is experiencing a low level of HIV epidemic which is indicated by a HIV prevalence of <5% in any defined key population and <1% in the general population. People living with HIV in 2016 were estimated as 4000. HIV prevalence rate in the adult population (≥15 years) was less than 0.1% at the end of 2017. Detection of the first patient with HIV in Sri Lanka dates back to 1987, and since then the National STD/ AIDS Control Programme reports a cumulative number of 2842 HIV positives by the end of 2017, while the cumulative AIDS cases reported is 707. The cumulative number of prenatally acquired HIV is 83 as at the end of 2017. In 2016, a total of 1,129,246 HIV tests were carried out and based on the results of those tests, HIV seropositivity was 0.02%. The majority of people tested positive were male, and the male to female ratio amounts to 1.92. The proportion of males with HIV is gradually increasing. During 2016, sexual transmission accounted for 87.9% of all cases reported, where 36.5% of all cases was due to male-to male sexual transmission. However, in 11.2% of the cases, adequate data were not available to ascertain the probable mode of transmission. During 2017, a total of 285 HIV cases were newly reported in Sri Lanka. This is the highest number reported in a year since the identification of the first HIV infected Sri Lankan in 1987. The reported numbers represent only a fraction of HIV infected people in the country as many infected persons may perhaps not be aware of their HIV status, and in addition, stigma and discrimination towards HIV hinder the seeking of HIV testing services.

The stigma assessment among people living with HIV in 2017, revealed that the majority experienced low levels of stigma and discrimination due to non-disclosure of the HIV status. It further revealed that 9.3% have not declared their HIV status to their husband/ wife/ partner. Although this report revealed that stigma and discrimination have reduced compared to the 2010 stigma assessment among PLHIV, high percentage of self- stigma is prevailing among PLHIV. It revealed that self-blame (46.7%) and shame (42.7%) were the most prevalent feelings, followed by guilt (31.3%), low self-esteem (25.3%), and suicidal thoughts (20%).

Treatment is available in Sexually Transmitted Disease (STD) clinics free of charge. Although there are no separate laws and legal frame works available for PLHIV, existing supportive laws & legal frameworks help to protect PLHIV.
WHY ME?

I am not what happened to me
I am what I choose to become

(Carl Gustav Jung, Swiss Psychiatrist & Psychoanalyst, 1875-1961)
I met Lakshman at the garment factory we both worked at. I lived an okay life, even though we were far from rich. I am now 45 years old. I was 29 then. At that time, Lakshman was a low level supervisor at the factory. He treated me well. We started a relationship. Lakshman told me his family was pressuring him to get married and asked if I'd like to get married to him. I agreed. We met our parents and we got married three months into our relationship. Actually we didn't have sex before the marriage even though we had been together. Lakshman was not very good at expressing his love and sometimes I wondered if he loved me at all. He wasn't that into sex as well. We had sex maybe once a month, but I had to ask for it and it was quite awkward. He was older, so I was scared of him. Not that he ever really scolded me. He gave me most of his monthly salary at the end of the month to manage the expenses at home and sometimes bought gifts for the kids and I, but there was no love.

Anyway, we raised three kids together. Our eldest is now 26, the second is 22 and the youngest is only 11. We also built our home. I used to think that all couples were like us but at a parent-teacher meeting in my kids' school, some of the other mothers said that maybe Lakshman is a homosexual. I didn't believe that. I thought that maybe they were jealous of us. After sometime, I realized that Lakshman was secretly seeing some man. We fought and fought. He admitted that he has seen other men all along. Apparently his parents had known about this the whole time.

After this, I was diagnosed with depression. Actually, I'm still on medication. It is while I was at therapy that I found out that I was pregnant with my third child.

Suddenly, I fell ill and got diagnosed with tuberculosis. The doctors had me tested for HIV. My husband also came for the test and he was also tested. My report came first and the results turned positive. Lakshman also tested positive. We didn't talk anything about it. I was depressed, and had TB and HIV and had to raise three kids on my own while my husband who was also HIV positive was having sex with other men. We had all our kids tested and it broke my heart to find that my youngest child is also HIV positive.

My depression took a turn to the worst and I became suicidal. We go to the HIV clinic and get our medicine but we never go together. I go with our child and he goes alone. Our child knows that he's HIV positive. He also knows that he got it from his parents. We asked him not to tell anyone. Our kids also know that their father is a homosexual. My mother lives with us now and she knows that we are HIV positive.

When I got diagnosed with TB my sister was with me. She later found out that I tested positive for HIV as well. She told all my family members that I am HIV positive. None of our relatives visit us or talk to us. Since my mother stays with us, they don't even want her to visit them. My husband's family doesn't know any of this. His mother knows he's a homosexual but they don't know that we're HIV positive. I have never got any love from my husband. If I knew he was a homosexual I would never have married him. Actually, I don't hate him. I know he was forced into this marriage. We still have sex occasionally, but we don't use condoms because he doesn't like it.

Our eldest is now doing a job. She had a boyfriend and when they started to get serious she told him that her father is a homosexual and that both her parents and her brother are living with HIV. Then he broke up with her. She says that it's very important to her that her partner knows everything about her. She did the same with her current boyfriend as well. He is kind and understanding. They hope to get married next year.

Our only hope is that one day there will be a permanent cure for HIV and our son will be free of the virus.
My name is Balendran. I am forty five years old. I was born in a line house at an estate in Deniyaya. Both my parents were daily wage workers. We had a difficult childhood but my parents tried their best to make sure we had a fairly “normal” life. My wife’s name is Mathini. We got married on my 26th birthday after an eight year long relationship. She had just turned 23. She was also from the same estate and we went to school together. After getting married we had two kids, first a son, and then a daughter. With the kids, things started to get very difficult and I didn’t want them to grow up facing the same difficulties we had. One day, I saw a poster at the bus stand announcing job vacancies in the Middle East. I applied to be a driver in Qatar. I had obtained my driver’s license that year.

Life in Qatar was difficult. The family I worked for wasn’t too bad but I had to work very long hours. Sometimes, my boss’s kids were very rude to me. They were spoilt brats. I didn’t understand their language so I couldn’t talk to them properly. I didn’t have any friends except for Anjali who was the young Indian domestic help of the family. My boss’s wife and kids gave Anjali a very difficult time. They didn’t like her cooking. Some nights I heard her sob herself to sleep. This one night, I heard my boss’s wife slam what Anjali had cooked on the floor and scream at her. Anjali went to her room running. I knew I had to do something. She was my friend so I went to her room and comforted her. I ended up spending the night in her room. One thing led to another and we had sex. I was very sexually frustrated and Anjali was very attractive but I know what I did was wrong and I will regret it for the rest of my life.

A few months later, Anjali went back to India and I never heard from her again. I spent 6 years in Doha. After 6 years, when I got back home, a lot had changed. My son had finished school and was following a vocational training course and my daughter was to face her A/Ls the following year. After some time, I got diagnosed with fever and went to see a doctor. After trying different tests, the doctor had me tested for HIV and the results said I was positive. They asked for my permission to test my wife as well. Thankfully, she turned out to be negative. I knew Mathini was upset about it but we never spoke about how I got the virus. We now use condoms when we have sex. No one except for my wife knows about this. I think sometimes what a wonder a woman’s heart is. I don’t know if it’s being resigned to fate, her lack of understanding about the seriousness of the disease or if it is her spirituality which is giving Mathini the courage to go on and treat me with compassion. I think I die a thousand deaths every day when I think of what unprotected sex has done to our lives. Some days I wonder how Anjali is. I hope she is well.
MORBID J EALOUSY AND INFIDELITY

"The most commonly cited forms of psychopathology in morbid jealousy are delusions, obsessions and overvalued ideas. Although the prevalence of morbid jealousy is unknown, it is very rare."
Pathological jealousy, also known as morbid jealousy, Othello syndrome or delusional jealousy, is a psychological disorder in which a person is preoccupied with the thought that their spouse or sexual partner is being unfaithful without having any real proof, along with socially unacceptable or abnormal behavior. In other words, it is extreme behavior with preoccupation with a partner's sexual unfaithfulness which is unfounded.

The name Othello Syndrome has been given in remembrance of William Shakespeare's Othello, who murdered his beautiful wife Desdemona because he believed her to be unfaithful.

The most commonly cited forms of psychopathology in morbid jealousy are delusions, obsessions and overvalued ideas. Although the prevalence of morbid jealousy is unknown, it is very rare.

In morbid jealousy, the content of the psychopathological experience is the with a partner's sexual infidelity. That is not purely based on love. However, the jealous individual wants to completely possess their lover. They believe that the loved one is so loveable that others may capture their partner. Also, a person with morbid jealousy thinks that his or her partner has more masculine/ feminine features than him or her.

This condition leads to cause enormous distress to both partners within a relationship and to their family. They often live in an unhealthy relationship. There are a lot of end results due to morbid jealousy. It includes lot of time taken up by jealous concerns, difficulty in putting the concerns out of the mind, impairment of the relationship, limitation of the partner's freedom and checking on the partner's behavior. Many people need to share the passwords of email accounts and social media profiles. There is a lot of evidence available, that morbid jealousy is responsible for a great number of crimes of violence against women. Children may suffer emotional and physical abuse as a result of the actions of a morbidly jealous parent. Some people with morbid jealousy give more concern to monitor the partner's behavior and neglect the children's basic needs. Some do repeated visits to the partner's working places without informing them. Sometimes the partner of the person who has morbid jealousy can be diagnosed with depression or anxiety due to limitations and restrictions in their lives due to this condition.

Infidelity or adultery is having a relationship with another person without knowledge of the partner or spouse. It means 'emotional, physical, sexual intimacy is shared with someone outside of the primary relationship without the consent of the other partner'. It is a voluntary relationship between an individual who is married or living together and someone who is not the individual's spouse. Ultimately, infidelity might be considered to be feelings or behaviors that go against a partner's expectations for the exclusivity of the relationship. According to the Sri Lankan Law, sex in private is not an offence. Adultery is also not a criminal offence whereas it is a marital offence. Infidelity can be categorized into physical infidelity, emotional infidelity, and cyber infidelity. The physical infidelity can go to the extent from touch to sexual relationship. Emotional Infidelity can be explained as unfaithful behavior occurring more frequently than the physical type and can be defined as when someone falls in love with, shares emotional intimacy, or spends quality time with an individual outside of the primary relationship.

Although physical and emotional are often the most highly recognized forms of infidelity, cyber infidelity is becoming increasingly prevalent. Several evidences show that cyber infidelity occurs and found that the effects of an online affair can be 'almost as severe as sexual intercourse'. Smart phones and the Internet have provided the general public with more convenient mediums to engage in interactions outside of the primary relationship. Modern technology provides increased possibilities for communication and relationships with others. Online infidelity can be divided into three categories: emotional online infidelity, sexual online infidelity, and pornography.

All types of infidelity can lead to unhealthy relationships within the family, unwanted pregnancies, violence and sexually transmitted infections.

This research has demonstrated that women consider an intense emotional relationship outside of their own as an unfaithful involvement, even when there is no physical component. Men, on the other hand, consider primarily physical contact, typically sexual, to constitute infidelity, much more so than an emotional involvement outside of their relationship. Although there are many evidences available internationally in developed countries, less evidence is available in the developing world including Sri Lanka.
Priyani was the name of my girlfriend during my university days. She was new to Colombo, so I took her everywhere and showed her my favorite parts of the city. We went out for almost 3 years together. Girls in our faculty always said that I was good looking and it was never difficult for me to find girls to go on dates and so on. I really liked Priyani and she seemed to like me as well but she always insisted that we get married soon. For me, my education was important and before I got married I needed a stable source of income. One day, in our third year in University, she told me she wanted to end our relationship.

Just before my university life came to an end, I met Sudharshi. She was a student from a parallel batch in a different faculty. She was dark skinned and therefore didn’t fit the traditional view of what a “beautiful girl” needed to look like but there was something about her. After a short affair, we got married. After our marriage, I started to realize that Sudharshi was monitoring my every move. She was a clerk at a government office. I was a midlevel executive. As part of my job, I meet and interact with a lot of people – both men and women. She is so insecure about the other women I meet. She thinks that I will cheat on her with one of them. Sometimes, she comes to our office without giving me any notice, almost as if to test me.

She even checks my phone and goes through my call log and messages every evening. First I thought this was all out of love, but soon, I realized that it wasn’t normal or healthy. I realized that this focus she had on me was bigger than how much she focused on our kids’ lives. She didn’t seem to care too much about their whereabouts and who they hung out with. They’re teenagers now.

She insists that I hold her hand in public every time we go outside. I have to call her at least twice from my office every day. If not, she tells that her colleagues will think that I don’t love her. Sometimes, when I call her and say I’m at the office, she calls the office line to verify if I said the truth.

She wanted to know the password of my Facebook profile and now she constantly goes through my messages and friends list. I can never search for anyone on Facebook as if any name pops up on the auto-fill when she checks my profile, she will make a thousand assumptions and it will lead to a big argument. So I clear my internet history every day. I have saved the contact numbers of my female colleagues with names of different banks and offices. I make up lies every day to avoid conflicts. I’ve learnt to hide things from her. To be honest, I have had three sexual relationships outside of our marriage, but my wife is not aware of them. Lying has become such a habitual part of my life that I find myself even lying to some of these other women about mundane things without a reason.

Growing up, her parents have constantly told her she’s not beautiful due to her dark complexion. I think this has made her extremely insecure, resulting in morbid jealousy in relationships. I want to pursue post graduate studies but I have no peace of mind. We never talk about our future, our dreams or our kids. She constantly compares me to the spouses of her friends and talks about how they don’t call their wives as much as I call her.
I feel like I have sacrificed my whole life to this marriage. She always talks to my work colleagues about how happy we are in our relationship but the truth is that I feel like a caged bird, stuck in a cage, waiting to get away.
Work - life balance was something I was never good at. Growing up, all I wanted to be was ‘successful’ and finally, when I felt like I attained some success (professionally), it never seemed enough for me. It’s almost as if I had an unquenchable thirst for more. As an academic, I am frequently invited for different talk shows and interviews in the media to speak about different social issues. One day, immediately after I had finished such an engagement, a woman by the name of Kanthi had called my office and asked for my number saying she was an ‘old friend’. Our receptionist had refused to give my number, but had noted down hers and gave it to me. I wasn’t sure what it was about but that evening I gave her a ring.

Kanthi and I went to the same university. We weren’t exactly ‘friends’ but had a number of mutual friends.

I told her I was glad she got in touch and we agreed to stay in touch.

A few days later, I realized that I had a missed call from Kanthi and I returned the call. She told me she was thinking about me. We kept talking to each other for at least an hour that night. Before we hung up, she told me she really liked me. I asked her why she had to whisper that. She told me she was whispering because she was worried that she’ll be heard. “Heard by whom?” I asked. “My husband!” That’s when I found out that she was married.

My wife and I were going through some really tough times and I really liked what I had going with her. We kept talking on the phone at night for the next couple of weeks. One day she asked me if I can drop by at her place. I couldn’t have rejected her invitation but I was nervous about what might happen if her husband found out. I went to her place at the exact time she asked at 7.30 pm. She invited me in and sat next to me. She smelled great! When she got closer to me, I got even more scared at the thought of her husband walking in through the doors. That night, we had sex. She insisted that we didn’t use protection.

These visits to her place continued for a few weeks. I felt like we started to develop a close bond.

She has married Priyantha because he’s wealthy and he promised her a comfortable life. They didn’t have any kids of their own. She’s actually 10 years younger to him. She told me they had no love or passion in their relationship.

This relationship started to affect my work as well. I used up all my leave and was underperforming at work. I was madly in love with her.

Suddenly, one day she stopped talking to me. There were no explanations. Not even a message. I was so upset. I tried to call her many times but she didn’t pick up. My friends told me they saw it coming. My best friend Sachinda asked me to visit her and ask her what was wrong, so I took his advice and went to her house. When she saw me, she just froze. I told her I’d like to talk for a bit. She told me that the sexual satisfaction from the few times we were together is enough for her for a life time. Then she broke to me that she was pregnant and doesn’t want to talk to me. Then everything fell into place. Priyantha and Kanthi had been under treatment for subfertility. I think Priyantha’s sperm count had been low. She said ‘please don’t try to contact me after this’ and closed the door. She didn’t want love from me. She just wanted a child. I was depressed.

I saw her after two years. I was at an official trip and she was walking into a supermarket. She was holding her husband’s arm with a little daughter in her hand. That is my child but how can I tell this to anyone?
CONCLUSIONS
AND
RECOMMENDATIONS
Writing the Montage of Sexuality in Sri Lanka was an enlightening, extremely interesting, heart-warming and emotionally challenging, intellectual and creative journey for the authors of this publication. While the book captures some aspects of sexuality, the writers are mindful that some important themes such as abortion, adult rape, contraception and masturbation among many other were not captured. The reasons for such omissions are varied and include the inability to access reliable narrators, restrictions of time and some ethical and practical considerations. We hope that future writers and researchers include those topics in future work.

The first conclusion that can be drawn is that the picture of sexuality in Sri Lanka is as varied, vivid and diverse as any other place in the world. In spite of well documented evidence on the rich, colourful and accepting culture towards sexuality in the ancient times, due to effects of colonization and the reform of our laws that followed, there appear to be more social, legal and cultural inhibitions and restrictions on sexuality now, when compared to our past.

Many of the life experiences profiled in this publication pertaining to child sexual abuse, sexual violence, teenage pregnancy etc. highlight the serious need to incorporate comprehensive sexuality education into the formal school curriculum in Sri Lanka. While various aspects of the human anatomy and hygiene are covered through the health and physical education syllabus there is no reference to sexual identity and sexual citizenship. Furthermore, the curriculum provides abstinence as the only alternative to pregnancy and safety from sexually transmitted infections. However, there is increasing evidence to show that abstinence-only programmes are ineffective. The syllabus is also entirely cis-heteronormative and does not refer to the sexual and gender diversity that exists in our society.

Most of the narrators confided that they had practically no awareness of the emotional, physical, sexual and social repercussions of unprotected sex. Many lacked comprehensive knowledge about their own bodies, sexual organs, consent, the ability to resist predation and the life skills to face their sexual experiences. Many lacked the knowledge about the services available to them regarding matters pertaining to sexuality and encountered system barriers and psychological barriers in accessing services. Another salient conclusion that emerged from the large number of interviews carried out for this publication was the lack of neutral, non-threatening, and non-shaming language to discuss sexual organs, sexual activity, sexual physiology for all ages. The authors are of the opinion that if such epistemically gaps were less there would be more room for parents, teachers, community workers, activists, medical, nursing and paramedical professionals to engage discussions about sexuality with persons of all ages without feeling embarrassed or restricted.

It is recommended that multi-disciplinary teams consisting of professionals and community workers from medicine, education, psychology, child psychology, sociology, linguistics, human rights and feminist academics and activists develop and expand the vocabulary both in Sinhala and Tamil languages to start a new era of acceptable, socially tailored comprehensive sexuality education as a society.

It is strongly recommended to introduce comprehensive sexuality education from pre-school and primary school levels onward as the age of onset of sexual violence against children appears to be at very young ages. A simultaneous social marketing campaign in both Sinhala and Tamil languages to educate and upgrade the knowledge of all people about sexual safety of children as well as sexual and reproductive health and rights of all is strongly recommended as a parallel measure.

Strong stakeholder involvement and reforms at the policy level with the representatives of the government, the judiciary, law enforcement, the private sector, academia, civil society and religious leaders should be seriously recommended. It is important to revisit archaic laws that criminalize sexual behaviour that science has long recognized as normal and healthy expressions of human sexuality. In addition to repealing these discriminatory provisions of the law, it’s important to provide special protections to those who are being discriminated on grounds of gender, sexual orientation, gender identity, HIV status among others.

Areas such as the silent epidemic of female genital mutilation warrants urgent attention and intervention. Although Sri Lanka is not overtly recognized as a country practicing this harmful procedure, anecdotal evidence points to its prevalence, especially assisted by the medical community in the private sector. Stakeholder involvement in regularizing private sector hospitals with the help of government bodies, the Sri Lanka Medical Council and the Ministry of Justice would be an imperative measure towards controlling this practice. It’s important to also sensitize medical professionals to understand that humans are sexual beings throughout their life and this doesn’t change if even if undergo a life changing accident, become pregnant or have a disability works towards a world where women, men and young people. Finally, it’s important
that the Sri Lankan government, medical professionals and civil society prioritize sexual and reproductive health and rights and work towards building a Sri Lanka where everyone has control over their own bodies, where there is no sexual and gender based violence, where they are free to choose parenthood or not; free to decide who they want to love and form intimate relationships with, free to decide how many children they will have and when; free to pursue healthy sexual lives without fear of unwanted pregnancies and sexually transmitted infections, including HIV. A country where gender or sexuality are no longer a source of inequality, discrimination or stigma.

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Santhushya is the Deputy Director of Sri Jayewardenepura General Hospital. She has served the council of the College of Community Physicians of Sri Lanka in 2013 and 2014 as the Assistant Secretary. She was the lead author of Roots of Our Yield published by the College of Community Physicians of Sri Lanka (2016). She has been a member of the Human Library Project and has worked extensively in the areas of migrant health and reproductive health in emergencies at the Cheddikulum Internally Displaced Persons camp and at the Rajarata University of Sri Lanka. She was the emissary of anti tobacco policy reforms of the College of Community Physicians of Sri Lanka in 2014, representing its council at public engagements and lobbying activities. She was the lead author of Roots of Our Yield published by the College of Community Physicians (2016). She was awarded the gold medal for creative writing by the Prime Minister of India Shri Narasimha Rao at the first SAARC cultural festival in New Delhi, India. Her artistic pursuits are carried out in her native language Sinhalese, English and Urdu. Her areas of research and interest are poverty, inequity, urban health and gender equality in politics.
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Senel Wanniarachchi is currently pursuing a Master of Science Degree in Human Rights at the London School of Economics and Political Science. He was awarded a prestigious Chevening Scholarship by the Government of the United Kingdom in order to pursue his studies in the UK. Senel holds a Bachelor of Arts (Hons) Degree in specialized in International Relations along with Sociology and Political Science. He also followed the Leading Change Course at the Institute of Continuing Education at the University of Cambridge. He is a Co-founder & a Director of Hashtag Generation which is a registered non-profit organization led by a group of young tech-savvy, socially-conscious Sri Lankan volunteers advocating for meaningful civic & political participation of youth, especially young women. In 2017, he received a medal from Queen Elizabeth the 2nd in recognition of his work on using social and new media tools to empower women and young people to meaningfully engage in decision-making processes. He was also named an Associate Fellow of the Royal Commonwealth Society.

Senel also managed youth programmes at the Family Planning Association of Sri Lanka where he steered a national programme which provided comprehensive sexuality education for over 20,000 young people. As a member of the Association’s Advocacy Unit, Senel also supported various activities which advocated the mainstreaming of sexual & reproductive health & rights in the country. In 2014, the International Planned Parenthood Federation named Senel a Sexual and Reproductive Health & Rights Champion for South Asia. Senel is a Board Member of the Innovation for Change South Asia Hub which is a regional network of people & organizations that works towards defending and strengthening the civic space so as to overcome restrictions to basic freedoms of assembly, association and speech. In 2014, he was selected as Sri Lanka’s official Youth Delegate to the United Nations. As such, he attended the UN General Assembly as a member of Sri Lanka’s National Delegation and addressed the 69th Session of the UN General Assembly. He was also a member of the Sri Lanka Youth Parliament. As a UN Youth Delegate and a member of the Youth Parliament, Senel travelled extensively across Sri Lanka to speak to fellow young people about challenges to youth engagement in Sri Lanka and their aspirations for the future. He also advised the Government of Sri Lanka as a member of the International Youth Task Force when it hosted the World Coference on Youth in 2014. He was also a member of the Steering & Advisory Committee of Sri Lanka’s National Human Development Report on “Youth & Development”. For his work, he was named a Global Change-maker by the British Council & a Commonwealth Change-maker by the Commonwealth Youth Exchange Council.

He started his professional career as a journalist & has since worked in both the print & electronic media. He penned a weekly column called “the Activist” on the Nation newspaper where he addressed current social issues with a focus on sustainable development. As such, Senel was named a Rio+20 Fellow by the Global Call for Climate Action. Formerly, he worked at the Centre for Policy Alternatives where he undertook several projects related to research, outreach and capacity building such as public engagement in constitutional reform and transitional justice processes as well as citizen empowerment on language rights. Senel also worked with the United Nations Development Programme where he supported Sri Lanka’s first Post-Disaster Needs Assessment conducted by the Ministry of Disaster Management following the May 2016 Floods and Landslides which hit the island. His research interests and activism span across the intersections of human rights, technology, youth engagement, gender equality and sexual and reproductive health and rights.
Dr. Janaki Vidanapathirana is a Public Health Consultant. She was awarded MBBS from University of Ruhuna and Masters in Community Medicine and Doctor of Community Medicine from the University of Colombo. Currently she is working for the National STD/AIDS Control Programme, Ministry of Health, as the National Programme Consultant on prevention and Multi Sectoral programmes. She is also working as one of the senior members of the management team. Currently Dr. Vidanapathirana, oversees, supervises and provides technical support for all advocacy, capacity building, research and internalization of HIV/AIDS and STI preventive activities of the multi sectorial institutions of government, non-government and community based organizations. She has experience of working in different diverse population groups. Dr. Vidanapathirana also has experience in writing many training modules and books on behavior change communication in the field of sexual health including HIV prevention. Dr. Vidanapathirana has also contributed to many national level policy development activities, strategic plans and guidelines. She has many publications and presentations especially on sexual health made at local and international conferences to her credit. She is also involved in both local and international research projects. Dr. Vidanapathirana underwent post MD overseas training at the Department of Public Health and Preventive Medicine of the Monash University, Australia and completed a Cochrane review by becoming the 1st Cochrane reviewer from Sri Lanka and 1st Cochrane reviewer from South East Asian region on HIV/AIDS. She is a trainer, a supervisor and an examiner at the Post Graduate Institute of Medicine, Colombo. Dr. Vidanapathirana has also being an advisor for several international conferences. She has been a long standing Council member of the College of Community Physicians of Sri Lanka. She became the Vice President in year 2016/17 and She served as the President Elect in year 2017/18. Dr. Vidanapathirana is the President, College of Community Physicians of Sri Lanka in year 2018/19. She was the Secretary for the 10th South East Asia Regional Scientific Meeting of the International Epidemiological Association which was organized by the College and held in 2010 in Colombo. Currently she is the chairperson for the First South East Asia Regional Group Meeting of the International Epidemiological Association 2019.
REFERENCES


