Chapter 12

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About this chapter:

This chapter has information about sex, gender, and sexuality, and how to make sex safer. For more information about:

   • preventing unwanted pregnancies, see Chapter 13, “Family Planning.”
   • infections passed through sex and how to treat them, see Chapter 16, “Sexually Transmitted Infections.”
   • rape and sexual violence, see Chapter 19, “Rape and Sexual Violence.”

For more information about organizing on these issues in your community, see Health Actions for Women.
Sex is part of life. It is a way to give and receive pleasure, express love, act on sexual desire, and create children through pregnancy. Sex can be an important and positive part of life, but it can also lead to health problems. This makes it important to understand sexual health. To have good sexual health, someone must be able to:

- express their sexuality and gender identity in ways that feel true and safe, and give them pleasure.
- choose their sexual partners.
- negotiate if, when, and how they have sex, without force or pressure (consent).
- choose if and when they have children.
- protect themselves from sexually transmitted infections (STIs), including HIV.
- be free from sexual violence, including forced sex.

Threats to sexual health include unwanted or dangerous pregnancies, sexually transmitted infections, physical and emotional harm from sexual violence, and discrimination against those who express their sexuality in ways that challenge rigid gender roles. Most of these problems can be prevented. But in many communities, harmful beliefs make it especially hard for women to have good sexual health.

We have been ignorant for so long and full of fear about our bodies.
— Oaxaca, Mexico
**Sex and Gender**

How a baby’s body looks when it is born, that is, what genitals it has, are used to determine the child’s sex as either “female” or “male.”

How we think of ourselves or feel inside determines our gender. Someone may feel themselves to be (identify as) a woman, a man, or another nonbinary gender. Many people assume that those who are recognized as “female” at birth will live as girls and grow up to be women, and those who are recognized as “male” at birth will live as boys and grow up to be men. But this is not true for everyone. Someone who is “female” sex at birth may think of themselves as a boy and then as a man. This may affect how they look, act, and dress, which may not agree with what their community expects. Someone whose gender is not what is expected based on their sex is a transgender person.

Gender roles are the behaviors a community expects from each person based on their sex. Each community expects men and women to look, think, feel, and act in certain ways—simply because they are women or men. For example, women may be expected to prepare food, gather water and fuel, and care for their homes and families. They should be attracted to men, and want a partner and children. Men have a different set of expectations. The truth is, gender roles narrow everyone’s choices.

Each community creates its own gender roles, depending on traditions, laws, and religion. Gender roles often vary within communities, based on social status, race, or age. In some communities, for example, most women are expected to do domestic work, while women with higher status have more choice about their work.

**How gender roles are learned**

Almost from birth, parents and others treat girls and boys differently, often without realizing they do so. Children learn from everything, noticing how they are treated, how other people act and are treated, and everyone’s roles in the community. As children grow up, they accept these roles and the ways power works in their community as “the way things are.” This includes the gender roles passed from adults to children.

As the world changes, gender roles also change. Many young people want to live differently than their elders, and they understand that sexual health depends upon changing harmful beliefs about gender. Changing gender roles may be difficult, but it is necessary.
Fulfilling the roles expected by the community can be satisfying and give a sense of pride and belonging. But gender roles also limit people’s choices, valuing women less than men, and causing everyone—the woman herself, her family, and her community—to suffer. In most communities, women are expected to be wives and mothers.

Some women find this satisfying and enjoy the status it gives them. Other women would rather follow other interests and develop other skills, but they are not given this choice. A woman with many children is less able to learn new skills or go to school. Most of her time and energy will be spent taking care of the needs of others. If a woman is unable to have children, her community may value her less.

Most communities value men’s work, and pay more for it, than women’s work. A woman may work outside the home all day—and then cook, clean, and care for her children at home at night. But because her husband’s work is considered more important, she is careful about his rest—not her own. Her children will grow up thinking men’s work and men’s needs are more important.

Women are often considered more emotional than men, and they are freer to express these emotions with others. Men are often taught that showing emotions like fear, sadness, or tenderness is “unmanly.” Or they express their feelings only in angry or violent ways. Children grow to feel more distant from their fathers, and men are less able to get support from others for their problems.

Women are often discouraged from speaking—or forbidden to attend or speak—at community meetings. This means the community only hears what men think—their views of problems and solutions. The whole community suffers when women’s knowledge and experience is left out of the discussion.

People who have sex with someone of the same gender (homosexuals) are sometimes made to feel like outcasts in their own communities. Even if they are respected in other ways, they may be forced to live and love in secrecy and shame. Fear or lack of understanding of people in these relationships often results in physical violence against them. When a person is made to feel afraid or ashamed about who they are, it harms the person’s physical and mental health.

Transgender people, who may not live within a community’s gender role expectations, often struggle for acceptance, rights, safety from violence, and access to care and resources.
How Gender Roles Affect Sexual Health

Harmful beliefs about women’s sexuality

What it means to be a woman or a man in a particular community includes beliefs about sexuality—that is, about sexual behavior, and how people feel about their own bodies.

A few harmful beliefs about women’s sexuality that are common in many communities are described below. These beliefs and other harmful effects of gender roles can prevent women from having control over their sexual lives. This makes them more likely to have sexual health problems.

Harmful belief: Women’s bodies are shameful

Parents begin to teach their children about their bodies as soon as they are born. They may not do this directly, but by how they hold or touch the child or by their tone of voice.

As a little girl grows, she becomes curious about her body. She wants to know what the different parts are called and why children have different genitals. But she is often scolded for being curious, and is told that “nice girls” do not ask such things. If she touches her genitals, she is taught that it is dirty or shameful and that she should keep those parts hidden.

These reactions teach a little girl that her body is something to be ashamed of. This will make it hard for her to ask questions about changes in her body as she enters puberty, about her menstrual period, or about sex. She may be too embarrassed to talk to a health worker, because she does not know what parts of her body are called or what questions to ask. When she starts having sex, she is less likely to understand how her body feels sexual pleasure or how to protect herself from unwanted pregnancy or STIs.

Harmful belief: A woman cannot be happy without a man

Some women do not want to marry or have sexual relationships with men. They may have romantic and sexual relationships with other women, with people of another gender (like nonbinary people), or no romantic or sexual relationships. Although they often face discrimination, these women can live full and happy lives.

The idea that a woman can only be happy with a man is often used as an excuse to control women’s lives, and it has even been used to justify sexual violence. It implies that a woman herself is not a whole person, and is only important as a companion for a man. This belief is frustrating for many women.

➤ Our bodies are not causes for shame. Our bodies allow us to touch and care for others, and to feel sexual pleasure. Our bodies are something to discover, love, and value.
Harmful belief: Women's bodies belong to men

In many communities, a woman is treated like the property of her father or husband. As a child, she belongs to her father, and he can arrange to have her marry or do whatever work he chooses. Her future husband wants his property to be “pure” and unspoiled by other men, so he expects her to be a virgin. After marriage, he feels he has the right to use her body for his pleasure whenever he wants. He may have sex with other women, but she is to be his alone.

These beliefs cause great harm. They teach a girl that other people make the important decisions about her life—it does not matter what she wants or what skills she could contribute to her community. Because virginity is valued so highly, she may marry at a young age. When she starts having sex, it may not be with her consent, and she may not be able to use family planning methods or protect herself from STIs.

Men do not own women's bodies! A woman's body is hers, and she should be able to decide how, when, and with whom to share it.

Harmful belief: Women have less sexual desire

A woman is often taught that it is part of her duty as a wife to meet her husband's sexual demands. But if she is a “good” woman, she will not want sex. If she discusses sex, her partner may think she is sexually experienced and therefore “bad.”

If a woman believes she should not think about sex, she will be unprepared to have sex in a safe and enjoyable way. She is less likely to learn about family planning and how to get and use condoms. Even if she has this information, it will be harder for her to discuss these things with her partner beforehand.

Once she is in a sexual relationship, she is likely to let her partner control the kind of relationship they have. This includes when and how they have sex, whether they use family planning or practice safer sex (see page 189), and whether he has sex with other women. This puts her at risk for unwanted pregnancy and STIs.

But sexual desire is a part of most people's lives, and women can feel as much sexual desire and pleasure as men.
Having better sexual health means:

- **learning about our bodies and what gives us pleasure.** See below for more information about sexual pleasure.

- **reducing the risk of unwanted pregnancy and infections passed through sex.** This means people must have access to information about family planning methods and ways to prevent STIs, including HIV. Anyone who can become pregnant also needs control over when to use these methods. For information about family planning and choosing a method that works best for you, see Chapter 13, “Family Planning.” For information about making sex safer, see page 189.

- **changing harmful gender roles, including harmful beliefs about women’s sexuality.** This kind of change takes time, because it means people must develop different ways of relating to each other.

**Feeling more pleasure from sex**

Many people want to share sexual pleasure with their partners. When people know the kinds of sexual talk and touch that their partners like, everyone can enjoy sex more. This requires communication.

There are many reasons a woman may not feel pleasure during sex. She may have been taught women should enjoy sex less than men or that she should not tell her partner what she likes. Her partner may not realize her body responds to sexual touch differently than his. Understanding that a woman can enjoy sex just as much as a man, that it is okay to do so, and that it is okay to talk with a partner about what you like sexually may help both people enjoy sex more.
How bodies respond to sexual pleasure

Sex often begins with kissing, touching, or talking in a way that makes a person feel excited. They may begin to breathe harder, and their heart may begin to beat faster. Their nipples and skin may become very sensitive.

For people with a vulva, the clitoris gets hard and swells, and the lips and walls of the vagina become wet and sensitive to touch. If sexual touch and thought continue, sexual tension can build up until the person reaches a peak of pleasure and has an orgasm (climax). For many people, this happens by touching the clitoris.

For people with a penis, it gets hard and swells. When they have an orgasm, their penis usually releases semen, a mixture of sperm and other fluid.

It is possible for almost everyone to have orgasms. But because women are taught to focus on men’s pleasure, not their own, many women do not have orgasms or have them only once in a while. Sex can also be pleasurable without orgasms. By touching herself (see the next page), a woman can learn what feels good for her during sex and better understand her body. This can help a woman tell her partner what she likes and make sex more pleasurable.

There are many ways to have sexual pleasure:

- **Touching.** Along with other sensitive parts of the body (for example, the ears, the back of the neck, or the feet), you can stroke and rub your own or your partner’s genitals. The nipples, clitoris, and penis are often very sensitive.
- **Oral sex.** A person puts their mouth on a partner’s genitals and licks or sucks.
- **Penis-in-vagina sex.** A person puts their penis inside a partner’s vagina. There are many positions for doing this. This is the kind of sex that can cause pregnancy, and is what many people think of when they think of “sex.”
- **Penis-in-anus sex.** A person puts their penis inside a partner’s anus. This must be done very slowly, using lubricant (see page 203), so it does not cause pain and the anus does not tear. If you have penis-in-vagina sex after having penis-in-anus sex, put on a new condom or wash the penis first to prevent an infection in the vagina or bladder.
Touching yourself for pleasure (masturbation)

You can learn to touch yourself in a way that gives sexual pleasure. This will not use up sexual desire and is a good way to learn about your body and what kinds of sexual touch you like. Many communities have beliefs that touching yourself is wrong, so sometimes people feel shame about this. But it does not cause harm as long as it is something you want to do. And it can help you enjoy sex with a partner.

Choose a time and place when you will have privacy and not be interrupted. It may help to think about a person or a situation that made you feel sexual. Try touching your nipples or genitals in different ways and see what feels pleasurable. There is no right or wrong way—do what makes you feel good. Be sure any object you use to touch or put inside yourself is as clean as possible.

Lack of desire

Many things can affect how much sexual desire a person feels. For example, when life seems exciting—such as when starting a new relationship or a new job—someone may feel more sexual desire. People may feel less desire when they:

- feel tired or stressed from work, do not have enough food, are ill, or have new baby.
- are very worried or upset.
- are having trouble in their relationship or dislike their partner.
- worry that others will see or hear them having sex.
- are afraid of an unwanted pregnancy or an STI.

The amount of desire people feel changes throughout their lives, and for people who can become pregnant, it may change throughout the menstrual cycle.

Changes in desire affect how your body responds during sex. If your body makes less wetness in the vagina, using lubricant (see page 203) will make sex less painful and also safer. Sometimes a person’s penis does not get hard. This may cause feelings of shame and sometimes more difficulty getting hard the next time.

If you or your partner do not feel like having sex, try to talk about it and be kind with each other. Allow time for sex when you both want it, and try to do things that you each find exciting and enjoyable.
Pain during sex

Sex should not be painful. Pain during sex is usually a sign that something is wrong. Pain may be caused by:

- not enough lubrication—because the person is not naturally wet enough (in the vagina) or needs to use lubricant (in the vagina or anus, see page 203).
- feelings of guilt, shame, or lack of desire to have sex.
- menopause (see page 128).
- an infection or growth in the vagina or lower belly (see page 356).
- genital cutting (see page 463).

**IMPORTANT** Pain during sex can be a sign of serious infection, especially if it comes soon after birth, miscarriage, or abortion, or if there is also abnormal discharge from the vagina. See a health worker right away.

Safer sex

What is safer sex?

With most kinds of sex, there is a possibility you can get a sexually transmitted infection (STI). By having sex in ways that are “safer,” you can reduce your chance of getting an STI, but this is not the same as having no chance.

Like all infections, STIs are caused by germs. The germs that cause STIs are passed during sex. Some STIs cause sores or discharge on the genitals, but you often cannot tell if a person has an STI just by looking. Many people have STIs without knowing it themselves.

The germs for some STIs (such as gonorrhea, chlamydia, hepatitis, syphilis, and HIV) live in the body fluids of a person with that infection. They are passed when the blood, semen, or vaginal wetness from an infected person comes in contact with the inside of the vagina, anus, opening of the penis, or mouth of another person. The germs of other STIs (such as genital warts and herpes) live on the skin of the genitals and are passed during skin-to-skin contact. All of these infections can cause serious health problems. HIV, without ongoing treatment, can cause death.

Practicing safer sex means having as little unprotected contact as possible with your partner’s body fluids and the skin of their genitals, unless you are absolutely certain they are not infected with any STI.
How to make sex safer

Each person has to decide how much risk they are comfortable with and what they will do to lessen their risk of getting an STI. Here are some ways to have safer sex:

- **Have no sex.** If you do not have any kind of sex (abstinence), you will not be exposed to STIs. This is the best option for some people, especially when they are young. For most people, this is not possible or desirable long term.

- **Have sex with only one partner who you know has sex only with you.** Get tested to be sure neither of you has an STI from a previous partner.

- **Have sex so a penis does not enter a vagina or anus.** There are many ways to give and get pleasure, like kissing, massaging or rubbing different parts of the body, and touching each other’s genitals with your hands (mutual masturbation) or using your mouth on them (oral sex).

- **Use a condom every time you have sex.** Put the condom on yourself or your partner before your genitals touch. Internal (female) condoms protect best against STIs because they cover more. Use condoms or plastic wrap during oral sex.

- **Use lubricant and avoid “dry sex.”** When the vagina or anus is dry, sex can cause small tears that increase the chance of an STI getting into the body. Use saliva (spit) or lubricant to make the vagina or anus slippery. Do not use oil, lotion, or petroleum gel if you are using condoms—these can weaken a condom so it breaks.

- **If your partner has signs of a STI** (see page 263), help them get tested and treated before you have sex with them.

- **Get treated for STIs you may have.** Having one STI makes it easier to become infected with other STIs.
What happens in this story could happen anywhere in the world.

**Fátima’s story:**
Fátima lives in a rural town in Brazil—and she has HIV. When she was 17, she married a man named Wilson. He was killed a few years later in an accident at the cooperative where he worked. Fátima left her baby with Wilson’s parents and went to the city to find work. When she had extra money, she sent it back home. The work was hard, and she was very lonely.

When the government began building a highway to Belem, near her home town, Fátima got a job cooking for the road construction workers so that she could be with her daughter. That is where she met Emanuel. He was handsome, had cash in his pockets, and charmed her little girl when he came around after work. When the work crew had to move on, he promised to return.

Emanuel did come back, but he never stayed long. He got a new job driving trucks that kept him on the road most of the time. Fátima thought he probably had other women, but he always told her she was his only one. They had a baby boy together, but he was small and sickly and died after a year. Then Fátima became sick. A healer she trusted gave her different herbal medicines, but nothing helped. Finally she went to a clinic in a nearby town. After doing some tests, they told her she had HIV. When she asked how she could have HIV, the doctor replied, “You should not have slept with so many men.” Fátima did not think she was at risk for HIV—she had only had sex with 2 men in her life!

**Why did Fátima think she was not at risk for HIV?**

- Maybe she thought that only sex workers and homosexuals could get HIV.
- She thought that as long as SHE was faithful she would not be at risk.
- Emanuel said he was faithful, but he probably wasn’t.
- She shared Emanuel’s risk for getting HIV, even though she didn’t know it.

Fátima was at risk for getting HIV, not because of her own sexual behavior, but because of her partner’s.

➤ We share the risks our partners take—both the risks they take now and any risks they have taken in the past.
**Talking About Safer Sex**

Talking to your partner about having safer sex is not always easy. Most women are taught that it is not “proper” to talk about sex, so they lack practice with these conversations. And talking about this with a partner when you are worried how it will affect your relationship can also be difficult. Here are some suggestions:

- **Learn as much as you can about STIs** and how to have safer sex. If your partner does not know much about STIs, how they spread, and their long-term harms, safer sex may not seem important to them. Information can help them see the need to practice safer sex and how to do it.

- **Practice talking with a friend.** Ask a friend to pretend to be your partner and practice what you want to say. Try to think of the different things your partner might say and practice how you will respond. Remember that your partner will probably also feel nervous about talking, so try to put them at ease.

- **Do not wait until you are about to have sex to talk about it.** Choose a time when you are feeling good about each other, and when neither of you has been using alcohol or drugs. If you have stopped having sex because you have a new baby or were being treated for an STI, try to talk before you have sex again. If you and your partner live far apart or one of you travels often, talk ahead of time about how to protect your sexual health.

- **Focus on safety.** When you talk about safer sex, your partner may think you do not trust them to be faithful. But the issue is safety. Since someone may have an STI without knowing it, or may get HIV from something other than sex, it can be difficult for a person to know for sure they are not infected. Safer sex is a good idea for everyone, even couples that have sex only with each other.

- **Use other people as examples.** Sometimes learning that others are practicing safer sex can help influence your partner to do so.

➤ *Educate your community about condoms and how to use them. This will help make condoms more acceptable.*
Listen to your partner’s concerns. Using condoms is the best way to protect each other from STIs and also can prevent unwanted pregnancy. But many people do not want to use them at first.

Here are some ways to respond:

“I tried them before and didn’t like them.”
• Sometimes condoms take time to get used to. Try to agree that you will use them for a couple of weeks. Usually, both partners will realize that sex can be just as enjoyable when using condoms.

“I can’t feel anything with a condom on.”
• It is true that sex feels a little different with a condom. But most people agree that sex with a condom is better than no sex at all! Some people find that a condom helps their penis stay hard longer.
• Put a drop of water-based lubricant inside the tip of the condom before putting it on, to help sex feel better for the person wearing it. Using water-based lubricant on the outside of the condom helps sex feel better for both partners.

“We never used condoms before. Why should we start now?”
• Explain that you know more about STIs now, and how using condoms can help.
• Explain that using condoms also protects against unwanted pregnancies.

“I don’t like to stop what I’m doing to put one on.”
• Keep a supply of condoms within reach of the places you usually have sex so that you will not have to get up to find one.
• You can put the condom on as soon as the penis is hard, then continue touching and playing with each other.
• If they are available and you can afford them, consider using an internal (female) condom and lubrication, which you can put in ahead of time (see page 204)

“I can’t afford to buy condoms,” or condoms are not available.
• Many health centers and HIV prevention organizations give condoms away for free or very cheap.
• If you must re-use condoms, do this only with internal (female) condoms, not with external (male) condoms. The thicker material of internal condoms is less likely to break. (To reuse an internal condom, see page 204.)

Reduce your chance of getting STIs in other ways. For example, remove the penis during sex before climax (ejaculation).

“It doesn’t feel as intimate.”
• Try to make using condoms sexy. Practice different ways of putting a condom on, then make it part of your sexual touch during sex.
• If tests for HIV and other STIs are available, you and your partner can plan to stop using condoms. Both of you should be tested and keep using condoms for 6 months. Then get tested again. In the meantime, discuss the importance of safety, honesty, and always using condoms if either of you ever has sex with another person.
Activities to improve sexual health

Improving sexual health requires changing harmful gender roles, changing our ideas about gender, and removing barriers to safer sex. This is a long-term process that can take generations, but change begins with us. In many communities, people have formed groups to reflect and talk about these issues. Here are 3 group activities to promote reflection and action to improve sexual health in your community.

Activity: A journey through time

As women, the way we feel about our sexuality depends on ideas we were taught as girls, and on the experiences we have during our lives. To develop a pleasurable and healthy sexuality, it is important to understand our beliefs and feelings about what it means to be a woman. You can use this activity with a group of women to begin thinking about gender roles.

It is important to allow enough time for this activity and to create a peaceful environment. Strong feelings may come up, so this works best when the group members already know each other well, or if the group or the facilitator have experience working with personal topics. It helps to start by setting some rules so that everyone feels safe (for example, that nobody will interrupt, laugh, or tell others outside the group what was said).

Ask the women to form a circle and make themselves comfortable. Tell them they are going to take a trip back in time. Ask them to close their eyes, breathe deeply, and imagine themselves as little girls. Speaking calmly and slowly, ask questions like the ones below. (You can adapt them so they are appropriate for your group.) The women do not need to reply, just to think and remember. Wait several minutes between each question.

• When did you first realize you were a girl? What did this mean for you?
• What was it like the first time you were attracted to another person?
• What was your first sexual experience like? What had you expected?
• If you have ever had children, how did it affect your feelings about your sexuality? Did you hope your child would be a specific gender (a girl, a boy)? Why?
• Returning to the present, what feelings do you have about your sexual life?

Ask the women to open their eyes. Now that they have remembered some steps in the history of their sexuality, invite them to share some of their reflections. Be prepared to offer emotional support if anyone needs it. Then ask the group to discuss:

• What makes a woman a woman?
• How did you learn what it means to be a woman?
• What do you like about being a woman? What do you not like?
• If you could be born again as a different gender, would you do it? Why or why not?

If the comments have been very negative, before ending, encourage everyone to share at least one thing they like about being a woman. Being a woman can be hard, but the daily struggles we face also make us strong and supportive of others. End by asking what they would like to change so things could be different for the young people in the community, especially the girls. What actions could they take?
Activity: Images of women in popular culture

If people understand how harmful ideas about sexuality and gender roles are learned, they can begin to think about how to change those ideas. This activity will help people think about how radio, movies, popular songs, and advertising communicate ideas about gender roles.

1. Listen to some popular songs on the radio (record them ahead of time if you can) or have members of the group sing or act out the songs. Listen carefully to the words of the songs. How are people of different genders being described? What are these songs saying about women’s roles and sexuality? Decide together whether each message is harmful or helpful to women.

2. Divide into small groups. Give each group an advertisement cut out of a magazine or newspaper, or copied from a billboard (pick advertisements that have women in them). Ask each group to identify what the advertisements say about women’s roles and sexuality. Then, bring everyone together again to say what messages are being passed on in each advertisement. Decide as a group whether the messages are harmful or helpful to women.

3. Discuss how messages about women are passed on by radio, songs, and advertisements. How do these ideas influence us and our communities?

4. Identify ideas about women’s roles and sexuality that are important and helpful to pass on. How can these ideas be communicated in advertisements, songs, and movies? Ask small groups to draw an advertisement, or prepare a song or a skit that teaches helpful and healthy ideas about women. Have each group present their work to the others.

Activity: Identifying barriers to sexual health

It is important to identify the barriers to practicing safer sex. This activity helps show some of the reasons why women may have trouble protecting themselves.

1. Begin by telling a story, like “Fátima’s story”. Talk about Fátima and Emanuel as if they lived in your community.

2. Start a discussion about the importance of understanding the risks of sex by asking questions like: Why didn’t Fátima protect herself from HIV? What difficulties do women like Fátima face if they try to practice safer sex? Why might women find it hard to talk with their partners about safer sex? What can women do to convince their partners to practice safer sex?

3. Talk about what can be done in your community to help people like Fátima and Emmanuel. Discuss how you can reduce barriers to safer sex in your community. (For ways to work for safer sex in your community, see page 280.)