Global Public Health: An International Journal for Research, Policy and Practice

Publication details, including instructions for authors and subscription information:
http://www.tandfonline.com/loi/rgph20

Power, pleasure, pain, and shame: Assimilating gender and sexuality into community-centred reproductive health and HIV prevention programmes in India

S. Degnan Kambou [a], V. Magar [b], G. Hora [c] & A. Mukherjee [d]

[a] International Centre for Research on Women, Washington, DC, USA

[b] Independent Consultant, New Delhi, India

[c] CARE India, New Delhi, India

[d] International Centre for Research on Women (India), New Delhi, India

Published online: 13 Apr 2007.

To cite this article: S. Degnan Kambou, V. Magar, G. Hora & A. Mukherjee (2007) Power, pleasure, pain, and shame: Assimilating gender and sexuality into community-centred reproductive health and HIV prevention programmes in India, Global Public Health: An International Journal for Research, Policy and Practice, 2:2, 155-168, DOI: 10.1080/17441690601066375

To link to this article: http://dx.doi.org/10.1080/17441690601066375

Global Public Health, April 2007; 2(2): 155–168

Power, pleasure, pain, and shame: Assimilating gender and sexuality into community-centred reproductive health and HIV prevention programmes in India

S. DEGNAN KAMBOU[1], V. MAGAR[2], G. HORA,[3] & A. MUKHERJEE[4]

[1]*International Centre for Research on Women, Washington, DC, USA,* [2]*Independent Consultant, New Delhi, India,* [3]*CARE India, New Delhi, India, and* [4]*International Centre for Research on Women (India), New Delhi, India*

Abstract
Inspired by the vision of the Millennium Declaration, CARE and ICRW (International Centre for Research on Women) partnered with the Inner Spaces, Outer Faces Initiative (ISOFI) to learn how to more effectively integrate gender and sexuality into CARE's sexual and reproductive health programmes. Drawing from lessons learned from gender mainstreaming, ISOFI focuses initially on fostering personal change among staff, helping them to explore their own gender and sexuality 'baggage' and supporting transformation of their 'inner space'. ISOFI then gradually integrates mechanisms to promote organizational change, and finally extends to community development practice, the 'outer face'. As a system promoting change in organizational culture and practice, ISOFI features structured iterative loops of reflection and learning, action and experimentation, and analysis and assimilation. This article describes the ISOFI Innovation System, and reports on ISOFI-generated learning and innovation in sex positive HIV prevention programming for truckers and reproductive health interventions for women in India.

Keywords: *Gender, sexuality, truckers, women, reproductive health, HIV/AIDS, India*

Introduction

Within the discourse on the Millennium Development Goals (MDG), the development community is examining an array of issues, ranging from the ethical

Correspondence: S. Degnan Kambou, International Centre for Research on Women, 1717 Massachusetts Avenue, NW, Suite 302, Washington, DC 20036, USA. E-mail: skambou@icrw.org

ISSN 1744-1692 print/ISSN 1744-1706 online
DOI: 10.1080/17441690601066375

and practical dimensions of the goals themselves, to the salience of poverty reduction strategies, and the potentially untoward effects of foreign assistance policies. Diverse viewpoints converge into general consensus on the need to increase the effectiveness of national development programmes. Statistics, however, describe widening gaps across the world in wealth and well-being, and indicate that the poor and women are largely disenfranchised and suffer disproportionate vulnerability. Social inclusion is, therefore, fundamental to achieving the vision of the Millennium Declaration, as is commitment to gender equity.

In relation to the rights of women, the exclusion of sexual and reproductive rights as gender-relevant indicators of development is a critical weakness of the MDG framework. The implications of this omission on improving the health and well-being of women are comprehensively discussed in the literature (Dixon-Mueller and Germain 2005, Germain and Kidwell 2005, Painter 2005, UN Millennium Project 2006). In many respects, the controversy over sexual and reproductive rights and the MDGs has served to renew global interest in gender and its unique role in development as well as to create a new platform for exploring the intersection of gender *and* sexuality. Within sexual and reproductive health (SRH), the mainstream discourse on gender and sexuality has been sustained by growing recognition among public health professionals that health and social services must extend beyond narrow public health interventions and address the underlying causes of maternal morbidity and mortality and factors driving the feminization of the HIV/AIDS epidemic. While advocates emphasize the direct contribution of sexual and reproductive rights and improved SRH to the MDGs, health care providers and development practitioners are seeking to improve the effectiveness of existing SRH services and community interventions.

Motivated to improve project-related gender and reproductive health outcomes, CARE and the International Centre for Research on Women (ICRW) collaborated on a 2-year action research project to learn how to more effectively integrate gender and sexuality into CARE's SRH programmes. Funded by the Ford Foundation, CARE and ICRW launched the Inner Spaces, Outer Faces Initiative (ISOFI) in partnership with CARE programmes in India and Vietnam. ISOFI is guided by the premise that systematic consideration of gender and sexuality in intervention design and implementation is critical to improving sexual and reproductive health. Yet few health care providers or fieldworkers are truly equipped to address gender and sexuality (Lambert and Wood 2005, Boyce et al. 2006). As observed by Tiessen (2004: 698), citing work by Burrell and Hearn, 'An organization is not constructed and maintained by gender-neutral, rational actors but instead by people in sexually coded positions and locations'. CARE and ICRW focused initially in ISOFI on fostering personal change: helping staff to explore their own gender and sexuality 'baggage' and supporting transformation of their 'inner space'. CARE and ICRW then gradually integrated mechanisms to promote organizational change, and finally extended ISOFI applications to community interventions: the 'outer face'. This article describes

ISOFI-generated learning and innovation from India, and reports on how gender and sexuality were more effectively integrated into sex positive HIV prevention programmes for truckers and reproductive health interventions for women.

Background

Over the past several years, CARE has invested considerable resources in comprehensively integrating gender into its programming and policies. Gender mainstreaming efforts have political support at the highest levels in the organization, which has resulted in a coordinated effort to engage in gender-responsive programming in CARE programmes around the world. Despite the sustained investment, many CARE technical advisors felt that gender needed to be more holistically integrated into field programmes and, more critically, that the essential dimension of sexuality be integrated into reproductive health and HIV/AIDS programming. Across the SRH portfolio, CARE technical advisors noted a lack of conceptual clarity around sex and sexuality, a strong tendency to frame HIV prevention strategies around heteronormative behaviour, and discomfort (ranging from embarrassment to anxiety) among project staff to talk about sex. As presented in the literature, these observations on the conceptualization and implementation of SRH programmes are pertinent not only to CARE, but to development agencies generally (Tiessen 2004, Boyce et al. 2006).

Divergence between personally held and professionally expressed values and attitudes around gender and sexuality affects all aspects of programming: design, implementation, and evaluation. Lived experience of gender and sexuality is deeply rooted in social systems and cultural meaning, and represents an individual's essence as a human being; it structures personal life. An individual's lived experience of gender and sexuality often creates tension within his or her professional sphere, effectively tempering the design and delivery of interventions framed to address SRH, which is inherently linked to gender power relations and sexual behaviour (for example, see Paulson and Bailey, 2003, for a discussion of reproductive health care encounters in Bolivia). Field staff cannot be expected to promote gender-sensitive or, more ambitiously, gender-transformative principles when they have not yet had an opportunity to process and integrate these principles into their personal lives (Tiessen 2004).

CARE and ICRW sought to bridge private and public spheres by supporting personal growth among project staff and fostering positive change in field practice. During ISOFI's initial phase, a staff member from CARE India stated, 'We realized that we needed to change "us" before we [could] advocate change in communities'. CARE staff felt that they understood gender far better than sexuality, and expressed a strong need to open dialogue around sex, sexuality, and sexual health. An early provocative training workshop on gender and sexuality effectively raised their consciousness about the issues and, as their eyes were opened, they observed paradoxes in day-to-day project operations. In their experience, project educational materials dealt with reproductive organs, but not with the power, pleasure, pain, and shame associated with those same sexual sites.

In their daily work, staff promoted condoms (and their effectiveness with birth spacing as well as STI prevention) but neglected to discuss the importance of intimacy and pleasure in sexual relations, and the reality of gendered control over sexual encounters. Project strategies, primarily framed around heteronormative sex, refrained from addressing less visible patterns of sexuality, such as male-to-male sex, or sexual practices deemed outside the mainstream, like male-to-female anal sex. Through reflective practice, staff began to sort through their personal baggage, and comprehend their own values, attitudes, and beliefs relating to sexuality as well as its position within public health conceptual frameworks and models of behaviour change. The next step involved sustaining personal learning while promoting organizational learning, so that staff could eventually facilitate a dynamic change process with implementing partners and community members.

Inquiry as everyday practice: The ISOFI Innovation System

In both India and Vietnam, the CARE country office (CO) assigned to ISOFI a team of field staff who were already implementing SRH activities through government agencies and NGO partners. CARE India situated ISOFI within its RACHNA project, a large USAID-funded project, providing reproductive health, child health and nutrition, and HIV/AIDS prevention services to 6.6 million women and children living in marginalized urban and rural communities across 10 Indian states. To house ISOFI, CARE India established two Sites for Intensive Learning and Action (SILA), one in Lucknow District of Uttar Pradesh and the other in Bhilwara District of Rajasthan. The SILA served as field laboratories, and were central to organizational learning and change around gender and sexuality within CARE India.

The theoretical foundation of the ISOFI approach to personal and organizational learning and change draws from theories of social change, androgogy, and participatory research. Three guiding principles anchor the model:

1. Development practitioners need space to explore and understand their own attitudes and experiences of gender and sexuality.
2. Personal learning and change will be critical to enhancing organizational effectiveness in addressing gender and sexuality.
3. Processes and practice in the professional sphere should encourage people to recognize and maximize their lived experience of gender and sexuality.

Seeking to promote systemic change in organizational culture and operations, the ISOFI model, called the ISOFI Innovation System (IS), carves out safe space for reflection and dialogue around gender and sexuality at all organizational levels. The ISOFI IS is comprised of five intervention modules, which are administered sequentially in an initial phase of 6–9 months but practiced iteratively across the project cycle. These modules have been described elsewhere (Degnan Kambou et al. 2006), and are: Portfolio Review and Needs Assessment, Gender and Sexuality Training, Reflective Dialogue (collective reflection), Personal Learning

Narrative (individual reflection), and Participatory Learning and Action (tools for social and gender analysis and application of learning on gender and sexuality to interventions).

Gender mainstreaming methodologies often hang on gender analysis, usually conducted early in a project cycle, either as part of a needs assessment or design exercise. For NGOs, managing the delivery of relief and development services, time is of the essence. Donors, under pressure to justify expenditure of public money, expect their grantees to meet tight contractual deadlines for deliverables. As gender advisor to Oxfam Great Britain, Elsa Dawson (2005: 86) comments that, '... the speed with which programmes have to be designed in Oxfam usually means that social analysis (and within that, gender analysis) is not sufficiently deep'. In light of the ISOFI experience, CARE and ICRW consider it pertinent to conduct social and gender analysis multiple times across the life of the project, but to varying degrees of complexity and intensity. Inquiry around gender and sexuality must become part of every day development practice if health interventions are to be successful. This is particularly true of HIV/AIDS prevention programmes which 'require subtle understandings of the inter-related cultural and subjective meanings that frame sexual practice' (Boyce et al. 2006: 4). Through the ISOFI IS, skills to construct logical, practical inquiry around gender and sexuality, and to use participatory methodologies to conduct social and gender analysis, were imparted during the module entitled Participatory Learning and Action. From that point forward, project staff used these skills iteratively as needs arose.

Overview of the PLA on gender and sexuality

Participatory Learning and Action (PLA) is a rights-based methodology that promotes collective action for social change, and counts among its originators Paulo Freire and, among its innovators and champions, Robert Chambers and Andrea Cornwall. The exercises are conducted in collaboration with implementing partners and key populations, with the express purpose of gathering culturally relevant information around gender and sexuality as they relate to a particular objective, e.g. reducing vulnerability to HIV/AIDS. In India, ISOFI team members first field-tested the gender and sexuality PLA methodology in Lucknow (Uttar Pradesh) in March 2005, then replicated the methodology in Bhilwara (Rajasthan) in May 2005. Tools used to collect data included social and vulnerability mapping, mobility mapping, cartooning, body-mapping focusing on points of power, pleasure, pain, and shame, and bi-directional time line. In addition, the field team used semi-structured interviews and focus group discussions. For many ISOFI team members, the PLA process itself was a transformative experience. CARE India staff commented that the 2-week series of participatory exercises allowed them to overcome personal inhibitions in discussing issues of gender and sexuality with implementing partners and community members, and in working with new target populations, such as street-based female sex workers. The PLA exercises included members from all

facets of the community, including first-time mothers and fathers, adolescent girls and boys, sex workers, menopausal women (also known as mothers-in-law), and truckers. This article highlights those findings that stimulated deep learning and innovation in field interventions targeting truckers and women at different stages of the life cycle.

'My name is Prem. Tag UP32 A2809'. Drivers and conductors in Lucknow

> Men's sexual and reproductive lives—and the impact of their choices on women and children—do not unfold in a vacuum. Rather, a wide range of societal and individual factors shapes, and often constrains, men's aspirations and behaviour as partners, husbands, fathers and sons. (Greene et al. 2006: 14)

In order to deepen staff's understanding of gender roles and the complex factors shaping sexuality and sexual behaviour, as well as to gather pertinent information for tweaking the project's HIV prevention interventions, ISOFI conducted a series of PLA exercises exploring gender, sexuality, vulnerability, and risk of HIV, with truck drivers and trucker's helpers transiting through the municipal truck park of Lucknow, Uttar Pradesh. A total of 40 men participated in the fieldwork, which took place over 5 days. Box 1 presents a socio-demographic profile of the sample.

Box 1. Demographic profile of truckers and conductors participating in the study

Truckers: Twenty-seven male truck drivers participated in exercises conducted at a roadside food stall in the municipal truck park. Ages ranged from 20 to 60 years (average: 32.4 years, mode: 28 years, median: 30 years). The vast majority were currently married. Three had completed undergraduate studies, six intermediate level studies, eight high school and four primary school. Six could neither read nor write.

Conductors: Thirteen male conductors participated in the gender and sexuality exercises. Ages ranged from 18 to 35 years (average: 24.4 years, mode: 22 years, median: 23 years). Slightly more than half of the men were not yet married (54%). None reported attending university, two completed high school (one failed the high school exam), eight attended elementary school. Two could neither read nor write.

Drivers in this sample are, on the whole, older than trucker's helpers, more educated, and more often married. Differences in socio-demographic profile relate partly to individual circumstance and partly to the nature of apprenticeship practices in the transport industry. ISOFI staff learned that drivers, even newly licensed drivers, command higher social status than trucker's helpers who have signed up hoping to break into the trade. Strict hierarchy is maintained. Drivers always identify themselves by their truck's

registration tag number and often refer to trucker's helpers as 'cleaners'. For their part, helpers usually insist on being called 'conductors', a title that communicates greater prestige. In light of prevailing social hierarchies, the ISOFI facilitators organized separate venues for each group in order to create a confidential environment for the exercises.

As an exercise in collective inquiry, ISOFI facilitators and participants discussed: masculinity and social expectations, vulnerability and feelings of power and powerlessness, and male perspectives on the female sexual being. This section describes selected findings on masculinity and the male sexual being, which prompted innovative, gender-responsive tweaking of project interventions targeting drivers and conductors.

Notions of the 'ideal' man

ISOFI facilitators and participants explored popular concepts of the 'ideal man' and sexual sites associated with power, pleasure, pain, and shame, through cartooning and body-mapping. In the discussion pertaining to the ideal man, participants initially cited religious deities and mythological figures, emphasizing the heroic nature of man: generous by deed, protector and provider, truthful. Through supportive dialogue, drivers and conductors independently concluded that contemporary life is complicated—the ideal man, a rare man among men, manages to remain competitive, spiritually strong, powerful, and just. More common among men are those who are good-natured, honest, hard-working, well-spoken, and helpful to their family, friends and community: 'Man should eat, pray and feel. He should be smart. Run his family well. Earn money using his mind. Use that money in good work. This will help others and will provide him with peace of mind'. Most drivers consider that they have a responsibility towards society, but also feel that today's competitive environment, while necessary for economic success, is detrimental to traditional social harmony. 'If a man calls for assistance, 10 people will come—five of them to harm you and intentionally spoil the work.' In their opinion, fathers should instil competitiveness in their children, so that they will survive in modern society.

In addition to moral qualities, drivers and conductors described physical characteristics that connote masculinity. A real man has strong biceps, slim waist, muscular thighs, and tapered calves. Facial and body hair are important to a masculine physique; several men reported stoking both their own and their partner's sexual desire by stroking their moustache. Older men believed that piercing eyes, prominent eyebrows, and a thick moustache could seduce even the most reluctant of women. Such discussion set the stage for exploring sexuality and men as sexual beings.

Male sexual pleasure and power

Both drivers and conductors debated over the pathways to sexual pleasure. Some believed pleasure originates with the eyes (through sight and visual stimulation)

and then travels to the heart and, eventually, the mind. Others contended that pleasure emanates from the heart (through love and emotional attachment) and is amplified throughout the body upon reaching the brain. The majority identified the penis as the principal source of pleasure, and essential to male sexuality. 'The real pleasure lies within the penis. This is the transformer power'.

The drivers described the penis not only as an instrument of pleasure, but also as a source of 'power'. In this regard, participants related various penis myths dealing with semen retention. One myth describes how, if ejaculation is infrequent or eliminated altogether, energy builds up in the body and is converted into enormous physical strength. The drivers also related the power of the penis to its ability to pleasure a woman. Size of the penis is not as important as endurance and performance during intercourse. One man summarized it for all of the participants when he said, 'If a man cannot satisfy his woman, he feels like dying—there is no point in living'.

Long-distance truckers often spoke of loneliness on the road, and the need to release sexual heat to maintain strength and health. Participants alluded to various options for roadside commercial sex; they also acknowledged the practice of 'cab-sex'. As the junior partner in the truck cab, conductors may be approached, pressured, or forcibly coerced by drivers, for sex. Given social hierarchies, financial insecurity and, ultimately, unequal power relations, conductors feel they often have no option but to engage in sexual relations when solicited. Cab-sex is not rare, neither is it necessarily hidden nor shameful. Further, according to the PLA participants, most truckers involved in male-to-male sexual relationships while on the road are also involved with female sexual partners such as wives, sex workers, and 'girlfriends'.

Experiencing power and powerlessness

Both drivers and conductors produced social maps of the municipal truck park that laid out its perimeter and landmarks. Drivers identified diesel stations, tire puncture shops, the Road Transport Office (RTO), the police station, a popular garage, the wine shop, the market, and food stalls, as important landmarks. During the discussion, drivers categorized these sites as: (1) essential to livelihood; (2) 'ignore at your peril'; and (3) for relaxation. When discussing power and powerlessness, drivers often cited the police station and the RTO. Drivers complained that police always demanded bribes, which were considered non-reimbursable expenses by many transport companies. The RTO instilled deep fear among truckers. One driver summarized by saying, 'RTO officers are like lions'. Through the use of bi-directional timelines, drivers and conductors shared perspectives on moments or events in their lives leading to feelings of anger, joy, vulnerability, and confidence. Box 2 presents one conductor's reflections.

Box 2. Power and powerlessness: A conductor's story

Ashok, a 30-year-old married conductor, relates that the life of a truck cleaner is miserable, and he often has to do unpleasant tasks like massaging the *ustad* (boss driver) and cooking food. He says that his *ustad* often abuses him, withholding food and sleep. If he wants to keep his job, Ashok feels that he has no choice but to obey the *ustad*. Ashok says that when a man is working, he feels empowered; when he does not earn, he feels powerless. His daily challenge is to provide food for his family. When Ashok is unable to feed his family, he is ready to do any kind of work, honourable or not. If he fails to provide food, he feels deeply humiliated, and in the past has even thought about ending his life. Ashok concludes that it is very tiresome to be poor; his inability to provide for his family challenges his masculinity every day.

Innovations in gender-responsive programming targeting truckers

Through the PLA exercises with truckers, ISOFI team members gained an understanding of how societal factors exacerbated vulnerability or prompted risk-taking behaviour among men. Insights on gender and sexuality deepened their conceptualization of best practice in HIV prevention programming for mobile populations, and expanded their vision of HIV/AIDS programming beyond public health. Through information elicited on major life events and sexual and reproductive history, project staff realized that most truckers come from lower socio-economic groups and suffer emotional and financial setbacks from external shocks such as death of a parent, confiscation of a driving permit, or loss of a job. These setbacks affect the men's self-esteem and threaten their sense of manhood, potentially triggering reactions ranging from those that are not harmful to those that are self-destructive or violent and abusive of others.

In examining the visual outputs produced by the truckers, such as body maps and images of the ideal man and ideal woman, project staff recognized the need to integrate language and images that originate within truckers' vernacular culture. Educational materials, therefore, should be designed to reflect the world of drivers and conductors, who relate to images of voluptuous women and moustached, muscular men. If carefully and artfully executed, these images have the potential to reach truckers with educational messages, because they are in and of their world, and will not necessarily perpetuate negative gender stereotypes. Likewise certain female names, like Sita or Lakshmi, evoke strong cultural values for Lucknow truckers, and the use of truck imagery, such as the building up of engine heat, translates easily into health messaging, which is understood and assimilated.

For many ISOFI staff, the PLA exercise revealed for the first time that cab-sex was not uncommon, and that there were men among their target population who

enjoyed or sought out male-to-male sex. 'I had an impression that men who have sex with men are not good ... Now we say that we have no right to say anything, or be judgmental about it. Our thinking has changed'. The PLA also revealed to staff how hierarchy among male co-workers and male power relations can create vulnerability and potential health risk. These insights into male-to-male sexual behaviour were common to the PLA exercises held in both sites, Lucknow and Bhilwara. As a first step, both teams integrated messaging designed for men-who-have-sex-with-men (MSM) into HIV prevention material and outreach services. In Bhilwara, the ISOFI team worked with local NGO partners to integrate gender-transformative messaging into street theatre productions. In one routine popular with truckers, puppets represent a driver, conductor, doctor, and counsellor. Between the two truckers, it is the lowly conductor who is knowledgeable about HIV and, as a caring individual, accompanies his *ustad* (boss driver) to the health centre for voluntary counselling and testing. The audience hoots and howls as power relations gradually shift between driver and conductor and, at the end, they loudly applaud the conductor's wisdom and altruism. In this and other ways, learning on gender and sexuality has helped CARE India staff move beyond a narrowly defined public health model of HIV prevention among truckers.

Sexual pleasure, power, pain, and shame: Women's voices

PLA exercises were carried out with four groups of women, including those newly married, pregnant and lactating, pre- and post-menopausal, as well as those self-identified as sex workers. Approximately 30 women participated in 5-day PLA exercises including social and vulnerability mapping, cartooning images of ideal man and woman, body mapping, and focus group discussions. Themes, patterns, and variations of pleasure, power, pain, and shame, as they relate to sexuality in urban and rural Uttar Pradesh, were observed across all four groups.

During the body-mapping exercise, women, including young and menopausal married women, some of whom were sex workers, indicated that the vagina and/or the uterus held the most power. They posited two reasons. The vagina and uterus represent the power to conceive and give birth. As one newly married woman said, 'The vagina is most powerful, since women are most happy with the birth of a child'. Most women indicated that while they felt their vagina holds the most power, they also felt the most shame 'down there'. The menopausal women collectively identified one exception. Women, they reported, 'feel no shame around their genitals during birth because of the immense pain'.

The second reason that women identified the vagina as a most powerful site related to how they used it to negotiate certain desires, aspirations, and intentions. While their hands, legs, knees, and eyes were also cited as sites of power, the vagina was emphasized as a means by which to obtain 'something in return'. As one married woman reported, 'Maximum power is achieved down below ... in order for the husband to give his wife food'. Similarly, sex workers cited sexual intercourse as the ability to earn a livelihood to feed themselves and their children.

When referring to the vagina as a site of power and control, one sex worker stated, 'We know men revolve around our bodies ... through which we can have them in our control if we want'.

Exploiting sex to satisfy needs and desires was not unusual even for young married women. Despite reports of limited inter-spousal communication, young women acknowledged experiencing pleasure during sexual intercourse. Several women revealed ways they negotiated a latent sense of power with their partners to obtain concessions. 'It is easier to make your husband agree to what you want during the night than in the day'.

During the body mapping exercises, the menopausal women appeared reticent to lay on the ground and be outlined with chalk. When one finally volunteered, the rest laughed and giggled, particularly when the facilitators requested that they draw details of the female body. When the facilitator asked where they find pleasure, the women initially denied that they felt enjoyment or desire at all. Once the discussion shifted to explore personal pleasure, the women withdrew and shared feelings of guilt about discussing pleasure at their mature age. A few minutes into the exercise, which was facilitated by humour and candour, one finally asserted that she feels pleasure in her vagina. She claimed, 'even though I am old, the [vagina] never gets old'. Another woman responded that, while she is old, she still enjoys sex with her husband. This provoked a round of giggles and teasing. One woman lifted her breasts, asserting 'till the marriage is new, this is what we like the best'. Others agreed that the breasts were most sensitive to pleasure. This provoked further reflection among participants. A woman then declared, 'I like stimulation all over my body, until it is time to leave for the heavens'. As the exercise progressed, the women became more comfortable with discussing pleasure. Their body movements became increasingly suggestive of sexual activity. Facilitators observed women move their hips, slap their buttocks, and shimmy their shoulders while others responded with escalating laughter.

Similarly, sex workers were hesitant to participate in the PLA exercise at the outset. However, when the facilitators interjected humour and demonstrated acceptance, participants gradually felt more comfortable and took the necessary risk to participate. They most frequently cited breasts, lips, and vagina as favoured sites of pleasure. Like the menopausal women, several sex workers claimed that the whole body produces pleasure. They further explained that pleasure is not only related to the site of physical pleasure. One reported, 'it is the entire body ... it is the touch, who is touching and how'. Gentle caressing for many of them was most pleasurable. All but one of the sex workers indicated they had at least one permanent partner or husband with whom they experienced the most pleasure. All but a few reported that sex with clients was considered 'work, and not pleasure'. Several provided accounts of pleasurable experiences with their partners. One woman described conjugal pleasure as follows: 'He rubbed curd on me ... then he slid throughout and across my body—like a snake—in between my

legs, arms, and across my torso. Then he licked the curd off every bit of my body. He likes to have sex, non-stop, all night long'.

The candid and animated participation among women cultivated trust and group cohesion, both necessary when promoting behaviour change. While the PLA exercises created affinity amongst participants, the women's responses provoked both admiration and doubt among CARE staff. These emotions prompted many staff to reflect on their attitudes in relation to their personal lives. Female staff reported that, as middle-class Indian women, the language regarding pleasure and sexuality that participants used was not customary for them. Many were delighted that post-menopausal women reported pleasure, but also uncomfortable with the explicit descriptions of sexual relations, particularly those of the sex workers. Staff's perceptions of women in their communities subsequently evolved and began to transform. Hearing community women's stories, CARE staff now empathized with those whom they once considered depraved and immoral. Moreover, staff recognized their commonality with community women, who were vulnerable yet powerful sexual beings trying to make ends meet, compromising, negotiating, and using sex as a means to an end. Staff transformed their view of menopausal and young (unmarried) women from asexual to resilient physical agents, who were vibrant beings with a wide range of sexual interests, sometimes not so different from their own. One CARE staff said, 'I experienced immense distress until I became conscious of the fact that I am not so different from [sex workers]. They are not so different from me. We are women who have similar concerns about feeding our children. When I realized our commonality, my tension began to lessen'.

The PLA exercises were learning experiences for both facilitators and participants, experiencing 'breakthroughs' in their relationships with each other, crossing class and caste barriers. Facilitators and community women alike recognized, for example, that sexual desire was something all women experienced. By normalizing these experiences, staff could now place behaviour change interventions in the context of people's real lives. Consequently, more effective programming to promote condom use evolved. Examples transpired as the PLA exercise progressed within the context of gender equity and social inclusion. Menopausal women were not dismissed as malevolent mothers-in-law, but rather as important stakeholders with sexual aspirations of their own. Young married women were not seen as hapless victims, but rather as women prepared to take risks, identify pleasure, and wield power from various sources. Sex workers, who had reported high levels of untreated sexually transmitted infections during the PLA exercises, described make-shift condoms crafted from dirty plastic wrappers they found on the railroad tracks. From that point forward, CARE staff ensured that condoms were made available to sex workers and their clients at key access points. Staff also planned meetings and workshops with police who represented the biggest threat to sex workers. Relationships developed and personal commitments emerged. PLA participants observed that deeper learning includes personal development, internalisation, and self-awareness. Although learning

occurs in a combination of ways, building relationships and hearing one another's stories establishes the groundwork necessary for change to take place.

Conclusion

As a development organization committed to achieving the MDGs, CARE recognizes that despite 60 years of experience its programmes need to do much more to address the root causes of poor health and poverty, and move well beyond the cursory rhetoric of gender mainstreaming. Although the current political climate discourages anything but a limited, biomedical discussion of sex and sexuality, CARE is challenging itself and others to dig deeper into the realm of gender and sexuality to achieve lasting impact on global health issues, such as maternal mortality and HIV/AIDS. To meet this challenge, development workers will need to learn how to expand conceptual sexual and reproductive health frameworks beyond narrow technical definitions and practices, and design interventions that are situated within the 'cultural and structural contexts in which people live their sexual lives' (Lambert and Wood 2005: 539). Assimilating a sex positive approach to SRH programming is fundamental to improving gender and SRH outcomes. In particular, project staff must be able to communicate about sex and sexuality with ease and confidence, contextualizing messages within people's lived experience of gender and sexuality (Boyce et al. 2006). Further, project staff will need to understand how and why men are as important as women in the gender equation, and how and why men's viewpoints around gender and sexuality are critical to achieving women's empowerment.

In taking on the challenge, CARE and ICRW created and tested an iterative, reflective set of approaches to unlock the powerful cultural and personal meanings of gender, sexuality, and power. Using these approaches, staff and community members were able to collectively carve out a safe space to explore their lived experiences of sex and sexuality, their female-ness and male-ness, sources of pain and shame but also pleasure and power. Gradually, they shifted personal values towards greater equity and acceptance, building intimacy across class and ethnicity, and broadening the scope of programming to include points of action, however small, to improve the health and well-being of the most vulnerable. Through the ISOFI methodology, CARE staff explored the 'silence' surrounding sexuality. The success of ISOFI in achieving a fundamental shift in perspective on gender and sexuality is best expressed by a staff member from CARE India: 'After ISOFI, there has been a revelation—a personal journey within me.'

Much more work remains to be done, including learning how to scale up a 'process approach' in a development organization operating in 70 countries across the globe. Sharing 'how-to' modules on facilitating dialogue around gender, power dynamics, and sexuality, is not sufficient in learning how to manage the subtleties and complexities of helping development workers turn the mirror first onto themselves. Advancing CARE's agenda on the integration of gender and sexuality will require reaching out to the development community for inspiration,

and entering the global discourse shaping the future of sexual and reproductive health programming.

Acknowledgements

The authors sincerely thank CARE India staff along with the NGO partners and community members who participated in this project. The authors also thank the Ford Foundation for its generous support to CARE and ICRW for the Inner Spaces, Outer Faces Initiative. Finally, the authors acknowledge the special contributions of Mona Byrkit, Jesse Rattan, and Sandy Won in improving this manuscript. Any errors or omissions remain the sole responsibility of the authors.

References

Boyce, P., Huang Soo Lee, M., Jenkins, C., Mohamed, S., Overs, C., Paiva, V. et al. (2006) Putting Sexuality (Back) into HIV/AIDS: Issues, Theory and Practice. *Global Public Health*, Special Publication: XVI International AIDS Conference

Dawson, E. (2005) Strategic Gender Mainstreaming in Oxfam GB. *Gender and Development*, 13, 80–89.

Degnan Kambou, S., Magar, V., Gay, J., Lary, H., Hora, G., Mukherjee, A. et al. (2006) Walking the Talk: Inner Spaces, Outer Faces Initiative, A Gender and Sexuality Initiative. ISOFI Final Report, CARE and ICRW.

Dixon-Mueller, R. and Germain, A. (2005) Reproductive Health and the MDGs: Is the Glass Half Full or Half Empty? *Studies in Family Planning*, 36, 137–140.

Germain, A. and Kidwell, J. (2005) The Unfinished Agenda for Reproductive Health: Priorities for the Next 10 Years. *International Family Planning Perspectives*, 31, 90–93.

Greene, M., Mehta, M., Pulerwitz, J., Wulf, D., Bankole, A. and Singh, S. (2006) Involving men in reproductive health: Contributions to development. Background paper prepared for the United Nations Millennium Project. Accessed June 24, 2006, available at www.unmillenniumproject.org

Lambert, H. and Wood, K. (2005) A Comparative Analysis of Communication About Sex, Health and Sexual Health in India and South Africa: Implications for HIV Prevention. *Culture, Health & Sexuality*, 7, 527–541.

Painter, G.R. (2005) Linking Women's Human Rights and the MDGs: An Agenda for 2005 from the UK Gender and Development Network. *Gender and Development*, 13, 79–93.

Paulson, S. and Bailey, P. (2003) Culturally Constructed Relationships Shape Sexual and Reproductive Health in Bolivia. *Culture, Health & Sexuality*, 5, 483–498.

Tiessen, R. (2004) Re-inventing the Gendered Organization: Staff Attitudes towards Women and Gender Mainstreaming in NGOs in Malawi. *Gender, Work and Organization*, 11, 689–708.

UN Millennium Project (2006) Public Choices, Private Decisions: SRH and the Millennium Development Goals.