

Chapter 4

Outer Faces: Field Application and Program Transformation

Before [ISOFI] a good girl was someone who stayed home and was sweet; now we believe that standing on your feet is a good thing. (Adolescent Girl, India)

The vagina is the future and happiness of the family. (Vietnam)

Like my father, there was no education for me or my sister, but I send my daughter to school. My father scolded me so I explained it to him. (Migrant Worker, India)

Introduction

Gender and sexuality-related inequities lie at the root of poor sexual and reproductive health, including HIV/AIDS risk and vulnerability. As implied within the ISOFI framework, personal learning and change around gender and sexuality will, in turn, lead to desirable changes in field practice – and will foster improvement in program quality while enabling community agency. When commenting on ISOFI’s effect on program strategy, a staff member from CARE India remarked, “*empowerment within is important as we work towards empowerment of communities.*” This statement encapsulates the spirit of ISOFI, serving as the root of its success. This chapter focuses on “empowerment of communities.” It builds on previous chapters by describing ISOFI field applications and their transformative effects on programs.

As findings from ISOFI reveal, sexuality is part of life. Whether for physical, emotional and psychological well-being or whether for livelihoods, sexuality is central to human existence. Sexual rights are a precondition not only for reproductive rights, but also for gender equality (Cornwall, 2004). Viewed as a site of oppression through an almost exclusive association with disease, danger and overpopulation (Gosine 2004; Vance 1984; Jolly, 2004),

sexuality is largely avoided by development practitioners. Widely held as key preventive measures in the larger interest of the public’s health, interventions that restrict sexuality have come to the forefront in recent years.

Gender power relations are rarely taken into account when trying to understand human sexuality (Dixon-Mueller, 1993). As the ISOFI pilots illuminate, several masculinities coexist, ranging from dominating to accommodating ones. Through ISOFI exercises these masculinities are examined, opening them up to reconstruction by rewarding those masculinities that emphasize reconciliation, self-analysis and collaboration (Connell, 2000). A combined framework consisting of both public health and human rights provides an opportunity to understand what is meant by women’s rights vis-à-vis men. Understanding the ways that sexuality influences gender places women in a new perspective - as resilient, rather than as victims – and provides the groundwork for promoting women as agents of change. Human rights principles offer strategic tools for advancing well-being, centering on women’s ability to set the course of their own lives (Gupta 2003; Freedman, 1994) and men’s opportunity to explore and recreate gender and sexuality constructs that reflect cooperation and justice.

This chapter reports on the extent to which ISOFI changed the nature and content of CARE’s health interventions and influenced program implementation. Findings demonstrate the ways reflective and participatory methodologies, when applied to integrating gender and sexuality, lead to real, tan-

gible change on the ground. CARE works through partners in-country, namely government agencies and NGOs; this chapter summarizes changes reported by partners in all three ISOFI pilot sites, two in India and one in Vietnam.

Background

In addition to individual and organizational change among CARE staff and systems, changes were also observed among partners and/or communities in all three ISOFI pilot sites. As reflected in the literature above, gender inequities represent key underlying causes of vulnerability affecting reproductive health and HIV/AIDS risk. A key program assumption – that norms of sexuality affect gender roles and behavior in SRH and HIV programs – was explored through qualitative methods described in Chapter 2. Through ISOFI, CARE and ICRW found that exploration and familiarity of one’s own sexuality, for example, reduces prejudice, expands comfort zones and eases communication around sexuality. Greater ease, in turn, enhances counseling on condom and contraceptive use, for example, which is often reported by field staff as an embarrassing undertaking.

As discussed in Chapter 2, ISOFI consists of a series of intervention modules that enhances personal and organizational learning and change. The fifth intervention module comprises Participatory Learning and Action (PLA) exercises structured around gender and sexuality with target populations (e.g., truckers, sex workers and lactating women). Building on cumulative learning generated through the first four intervention modules and ongoing project work, the PLA exercises are conducted in collaboration with implementing partners and target groups. Their specific purpose is to gather information around gender and sexuality as they relate to a particular theme, for example, reducing vulnerability to HIV/AIDS. During the PLA, CARE field staff are able to communicate previous relevant learning around gender and sexual-

ity to implementing partners and target groups, while all three parties are involved in gathering intervention-specific information around gender and sexuality to refine project strategies, interventions and activities.

Accompaniment Through the Messiness of Altering Long-Held Beliefs

Once CARE staff were themselves more comfortable with gender and sexuality, their roles became that of facilitators, supporters and innovators as partners increasingly assumed more direct responsibility for the application of ISOFI to field activity. CARE staff accompanied partners throughout their learning process as NGOs gained new insights and capacities through supportive coaching, co-facilitation opportunities and joint reflective practice. NGO and government partners became more confident dealing with gender and sexuality as they explored their own internal beliefs and values related to gender and sexuality. One ISOFI site in India established a gender and sexuality “community of practice” consisting of staff, partners and community members. The members of the community of practice use storytelling techniques to facilitate dialogue and share lessons learned through ISOFI.

As with all development work that seeks to change social norms, critical and potentially harmful reactions can and do occur. Such was the case of a potentially violent incident in Lucknow, India, involving a young married woman previously beaten by her father-in-law for participating in an ISOFI-sponsored activity. In her determination to attend the activities a second time, she slipped out of the hands of her father-in-law in his attempt to beat her for leaving home against his orders. In response to this and other such incidents, CARE staff reflected carefully on whether and how to get involved in domestic violence within the community. Rather than advise the young woman whether or not she should continue to attend ISOFI activities, the CARE staff accompanied community

women who were angered by the violence committed against many women in their community. The women convened to develop and implement a strategy to address male-perpetrated violence against village women. Two years later, CARE staff report a dramatic decrease in male-perpetrated violence against women within this community. In another ISOFI site where violence against sex workers was rampant, government counterparts such as law enforcement agencies, which are known to perpetrate frequent and severe abuse against sex workers, now request technical assistance from CARE and its implementing partners to support their learning around gender and sexuality. As discussed with ISOFI implementers, harm may arise when intervening in communities, not due to reflective interventions but because of the inequities already entrenched in most societies. Reflective practices bring these issues to the surface, providing opportunities to contemplate action.

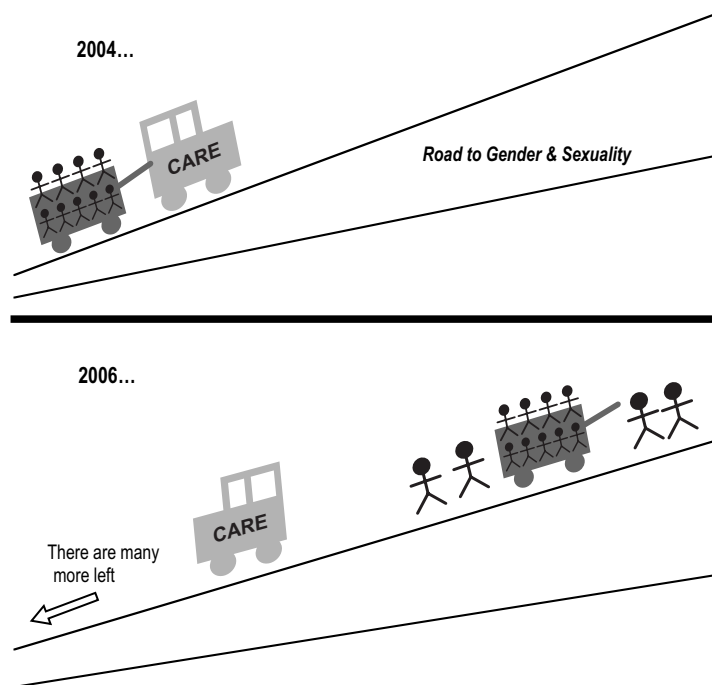
As reported by NGO partners in India and Vietnam, ISOFI has positively influenced their performance working with the community on reproductive health and HIV/AIDS interventions:

Before the training, I was ashamed of my work with sex workers. Now I realize how important this work is. (NGO Partner, India)

CARE partners are more confident to provide counseling, and they are able to talk without shame and shyness. (Vietnam)

Voices From Field Staff and Partners

Partners have been critical to the ongoing success of ISOFI. Not only for the purpose of scaling up and enhancing the spread of innovations, but also to ensure continuity and connection to community systems such as the local village governing councils in Rajasthan or the youth unions in Vietnam. ISOFI worked with partners on two levels - those that staff learned from and those that staff transferred knowledge and capacity to. Expert NGOs, including CREA, TARSHI, CHIP, LIFE, pro-



CARE staff depict ISOFI in 2004 as a CARE Jeep pulling staff, NGO partners and community members up a steep learning curve. By 2006, many individuals are comfortable with the concepts of gender and sexuality, several move fast ahead on the issues, while others return to former values and norms. CARE is returning to assist more people to transform their attitudes, beliefs and practices around gender and sexuality. (India)

vided invaluable grounding through gender and sexuality training in the early phase of ISOFI. They accompanied staff through consultations and reviews. ISOFI implementing partners consisted of government counterparts from the ministry of health in India and ministry of youth and women's affairs in Vietnam. NGO partners included those working locally, consisting of health and welfare NGOs in India and youth NGOs in Vietnam. The ISOFI team aimed to influence partners on ISOFI principles while also building local capacities directed toward local contexts and needs.

Changing What We Do:

New Interventions Show Promising Results

When I participated in ISOFI activities, we normally talked and shared personal opinions. So I used this same process to discuss with the project partners and communities. (Vietnam)

We had a cross visit for the community women - a big achievement. We gained huge trust from the community. Community women were allowed to go with us. It was a high. (India)

CARE staff worked differently after adopting ISOFI principles and practices. Members' transformational experiences generated new program designs and activities, particularly behavior-change activities, that were continually analyzed and reshaped. In India, staff implemented a cascade of capacity-building exercises designed to multiply ISOFI's effect across implementing partners. As CARE staff completed ISOFI modules and exercises, they applied a similar process to their collaboration with state-level bureaucrats and district-level government workers. In India in particular, NGO stakeholders operating in ISOFI sites participated in most ISOFI activities and events. A state-level advisory committee was created in both Indian states for community health needs, in which gender and sexuality were included. CARE staff reached communities through partners. At each level, ISOFI implementers established trust as relationships grew through consistent interaction and by consciously acknowledging participants' local expertise.

People Change While Programs Transform

HIV-infected men seem to have as much difficulty with social contact and relationships as women. Women do not dare to expose themselves to other people and the community. So I have come up with different approaches to work with these differences. (Vietnam)

But things have changed a lot for me. In the beginning, I wasn't allowed out of the village. There were constraints on my mobility in this village since it's my marital - not natal - village. So there were restrictions on where I was allowed to go. Imagine? I was the village Angan Wadi worker, but not allowed to visit the homes [to do what was expected of me]... Now I visit all the homes. What influenced my husband was my own personal change, but also the men's meetings also influenced my husband. (Angan Wadi Worker,¹ India)

In addition to personal experiences that promoted critical examination of biases, ISOFI improved program quality by enhancing behavior and social change approaches. For example, ISOFI-informed training of trainers for health service providers helped change provider attitudes toward high-risk groups, youth in particular. ISOFI principles have been integrated comprehensively into capacity-building strategies rather than handling gender and sexuality as stand-alone sessions. In reference to new and modified interventions, one staff member from CARE India reported: "We discuss every-

Diagram 4: Bodymapping Exercise



CARE field staff adapted ISOFI modules and tools to suit the needs of implementing partners. An ISOFI workshop designed for local NGO partners in India included experiential exercises exploring how sexuality mediates gender constructs. In this workshop, staff avoided a narrow problem-focused perspective on sexuality, concentrating more on a sex-positive approach. In the course of the workshop, participants defined sexuality as "whatever we feel about sex, like singing," "dancing, playing;" "a belief based on human values... which keeps on changing with the time."

CARE staff also facilitated a body-mapping exercise that explored points of power, pleasure, pain and shame, a very popular exercise with ISOFI-trained staff that allows participants to reflect on personal experience. As reported by workshop participants, body mapping serves to "decrease shyness" and provide "good information about the opposite sex."

Right, a field exercise with recently married men in rural Lucknow District, India.

¹ The local health volunteer, or Angan Wadi Worker (AWW), is the infant- and child-development services field worker, sponsored by the Indian government. She receives a token compensation for her activities at the Angan Wadi Centre (AWC), where she provides supplementary nutrition for children and pregnant and lactating women; immunizations; nutrition and health education. There is one AWW per AWC; there is one AWC for a catchment area of 1,000 people.

thing, topics related to homosexuality, adolescent sexuality, extra-marital and premarital affairs.” Field staff spent evenings and weekends gathering together to discuss gender and sexuality. Using a gender and sexuality lens in their daily work became a matter of course, e.g., in designing baseline surveys, creating programs and information, education, communication (IEC) materials and training new staff.

To manage sensitivities related to sexuality, CARE staff in India focused on using sexuality concepts as a way to strengthen the family. An entry point to address a once taboo subject, the family represented a way to remain within cultural boundaries. Within this framework, staff covered several topics including: communication between husband and wife, and mothers and daughters; increased nutritional intake for girls; sending girls to school; and violence against women, including sex workers. By and large, these themes represent protective behaviors to reduce the risk of HIV transmission and improve reproductive health. Within this context, staff and partners integrated reflections on sexuality and its effect on gender and health into activities as a matter of course. Discussions emphasized pleasure, not as a separate issue but within the context of risk reduction.

ISOFI training exercises also included exploration of the world of sexually-marginalized groups. Discussions centered around sex workers, people who have sexual relations before or outside marriage, and homosexuality. Together with implementing partners, staff undertook various creative exercises, such as drawing images of the socially-defined “ideal man” and “ideal woman” to stimulate discussion on norms, conformity and social pressure. When challenges arose in assisting NGOs and community groups, CARE staff developed new exercises to overcome these challenges. (See Text Box 5 below.)

Many partners and community members involved with ISOFI indicated that their inhibitions reduced dramatically. In Vietnam, monks told staff that prior to ISOFI, they felt shy when their clients visited the pagoda to talk about condoms and their sexual relationships with HIV-positive people. When sexuality was first raised in ISOFI, they felt uncomfortable, since it contradicted certain Buddhist tenets restricting monks from sexual activity. Once they realized that desire and pleasure are linked to life and death, they began to discuss sexuality with greater ease and to value its importance when engaging with their communities.

Text Box 5: Imagine a World in Which... Reflection through Storytelling in India

The Story: *One day you are passing through a forest. There, a magician transports you 60 years into the future. In this new world, the majority of people are homosexual. A small percentage of people are heterosexual. Heterosexuals don't disclose their sexual orientation to others, as others do not accept heterosexuality there. Your sexual identity in the future is the same as it is today. In this situation, what will you do, and how will you feel?*

In response to entrenched attitudes among NGO implementing partners about sexuality and their denial that homosexuality is practiced in India, ISOFI staff developed a series of exercises meant to unfreeze these attitudes. This storytelling exercise featured several interactive exercises on gender and sexuality. The story sparked considerable debate. During the course of the storytelling exercise, participants voiced the following reactions to the scenario:

They feel awkward;
Will have relations with other heterosexuals secretly;
Opposite situation is difficult and bad;

No need for family planning;
No pleasure;
Threat to masculinity;
Will change [sexual orientation] according to the situation.

By the end of the workshop, participants made the following observations:

Homosexuals can also live life freely like heterosexuals. We should not discriminate against them;
We should give more importance to personal feelings than social constraints;
We shouldn't make decisions due to the fear of society.

ISOFI staff felt that the story had been very successful in opening channels of communication. During the ISOFI end-of-project evaluation, many NGO participants mentioned the exercise and the workshop specifically as significant to their personal learning and change around gender and sexuality.

Resistance as a Sign of Engagement

Some partners were a little skeptical because they thought that we were biased towards women and were providing information in favor of women from a gender point of view. (India)

Sexuality and pleasure is very sensitive to discuss, so we don't talk much about sexuality. (Vietnam)

While new modes of working inspired quality programming, some staff also reported challenges. CARE staff and staff from implementing partners often raised challenges in relation to sexuality and, at times, gender, including concerns about how they would be perceived by their communities if they were visibly supportive of gender. Sometimes staff viewed these challenges as a setback and grew frustrated with other, less supportive team members. A few people shifted back and forth within their positions on gender and sexuality, while leaders, passionate about recent insights, began to emerge. What did not arise, however, was heavy resistance from the field. Communities did not oppose discussions challenging entrenched beliefs regarding gender and sexuality, as was anticipated. Instead they welcomed reflective experiences, particularly those that discussed social restrictions, such as caste and ethnic differences.

Voices from the Community

The barriers between castes have broken. Now we are more of a friend. Earlier we used to discriminate a lot. As we started coming together and attended several meetings, all hesitations have washed out. To hell with the caste system. All humans are alike and same, their blood, too. Then why should we discriminate with others. (Young Woman, India)

ISOFI approaches are situated within local contexts and address real-life issues. In large part the explanation for communities' willingness to participate and to endorse findings. As a dialogical process, ISOFI prompted open communication in defined and maintained "safe" spaces. As they shared experience and insights into gender and sexuality, women's and men's stories spanned generations and ethnic groups. These differences

helped to provide a rich and diverse social context in which to question boundaries and restrictions, such as those produced by caste and ethnic differences.

Women's stories

We are more cohesive as a group of women. We have sessions where we tell stories.... We are no longer afraid. (Women, India)

We live in different corners of the village, so we don't meet often. Now we have met new friends. (Women, India)

ISOFI interventions with women in rural Indian communities focused largely on strengthening the *mahila mandals* (women's group) through village *Angan Wadi* workers.¹ One of four *mahila mandals*, strengthened through ISOFI, described their story. Prior to ISOFI, many of these women remained secluded within their homes and were not aware that they shared common problems with women living in the same village. Through ISOFI exercises, they became acquainted, realizing they shared similar concerns. After reflection and dialogue, they took collective action in their community to address their shared agenda: strengthening family relationships, particularly between husband and wife; shifting bias against the female child; and reducing violence against women. ISOFI implementers accompanied partners and the community through these processes.

Family Relationships as a Site of Resistance and Change

A lot of things changed in me personally. There is better communication with my husband. At first he thought it was odd to discuss things... the first time he laughed. CARE encouraged us; so I said to him, you won't get angry. If we don't talk about likes/dislikes, things will go unresolved. So he likes talking now. [Smiles]. (Angan Wadi Worker, India)

Earlier, our husbands got angry. Now I share and he listens and he doesn't get angry. (Community Woman, India)

Interventions to improve family relationships occurred through various approaches. Staff in India believed that sexuality themes were best discussed

in the context of the family during this entry stage. While staff were aware that traditional family models were not the only way people lived, they felt that a family focus was necessary while introducing potentially sensitive topics related to sexuality. Staff designed activities to promote couple communication. For example, they engaged newlywed couples in role plays related to gender. ISOFI teams organized picnics outside the village setting where newlyweds felt less constrained to try on these new roles and behaviors. Storytelling exercises, to share personal narratives, were also initiated.

After doing the body-mapping on myself, I feel less embarrassed to talk about sensitive body parts. Only if we can break the iceberg inside ourselves can we work with communities. (Youth Union Director, Vietnam)

In the earlier days, my husband wanted sex every night and would beat me if I didn't agree, even though I had swelling in my groin. Now he has reduced to having sex with me every three to four days. Now if I have pain, he stops, and doesn't beat me any more. I can even enjoy sex now. And I, myself, have initiated sex. This makes him happy. [Laughs]. (Angan Wadi Worker, India)

The vagina is the center of the city and the rest of the body is the suburbs... it is the site of intense pleasure but also the pain of child birth. (Sex Worker, Vietnam)

As these quotes demonstrate, several community women understood sexual pleasure to be an im-



During bodymapping in Vietnam, participants discussed parts of the body that are generally not discussed in public. This led to open discussions about sensitive topics.

portant aspect of strengthening the family. Awareness of one's own desires while also understanding one's rights helped women negotiate sexual interactions with their husbands. Once trust was established and facilitators gained confidence, community members shared personal narratives with one another, even in villages widely held as conservative strongholds in Indian society. Similarly, CARE Vietnam conducted participatory workshops that revealed the same kind of candidness within groups, particularly once they completed the body-mapping exercises.

Violence Against Women and Women's Mobility: What Does Sex Have to Do With It?

Staff accounts and women's stories reflected a reduction in violence against women in ISOFI communities. One village demonstrated success through the work of the *mahila mandal*. The village *Angan Wadi Worker (AWW)* described a case in which a man from the village battered his wife so heatedly that the entire village could hear. After one particularly severe incident, the transformed *mahila mandal* convened in the AWW's home. After reflection and deliberation, they concluded that an intervention was necessary and collectively proceeded to the perpetrator's house. The *Angan Wadi Worker* described what happened:

When we arrived, we saw that she was badly beaten and she requested that we call the police. We took her out of the house. Then he went to beat her in the rescuer's home, but the women took a stick and threatened to beat him. He went away. This incident has affected other men. Seeing women together, the men in our village do not beat their wives so much these days... Now I rarely hear complaints of abuse. (AWW, India)

Beating has gone down in our village. I visit homes, and now women share about themselves with a smile, rather than stories of being beaten [as before]. (Community Woman, India)

Women in communities frequently cited "increase in mobility" as a result of CARE's ISOFI interventions. The norms governing women's mobility in part reflect the level of women's autonomy

(Koenig, Ahmed, Hossain & Mozumder, 2003; Jejeebhoy & Sathar, 2001). Within Indian ISOFI sites, this translates into patterns affecting both young girls and adult women. Young girls, for example, are absent from school, while adult women are not permitted to travel outside certain geographic parameters. This includes restricted movement within the village, and even within the boundaries of the home. The most frequently reported explanation for restricted mobility is the fear that unmarried girls would “become pregnant if traveling unaccompanied” and that adult women would become “out of control” or someone might “make offensive comments” or “touch” them which, according to a local community member, “would be a disgrace to the family, and more so to the men of the family.”

In the earlier days, we stayed in home. Since CARE’s work, it helped us come out of the home and discuss issues like raising the girl child. The school is far (3 kilometers). Now we feel girls can go to school - though they are scared - and not just the boys. They now go in a group accompanied by an adult. ISOFI messages encouraged this change. (Community Woman, India)

The thinking of the community about women has changed. Earlier we were not allowed to go or sit anywhere. Now we can easily go and sit where we want. (Young Women, India)

Social-mobility-mapping exercises guided discussions regarding restricted mobility and its link to gender and sexuality. Several drawings revealed women moving only as far as the boundaries of their home and rarely outside the village. Reflections on this mapping exercise illuminated inequities linked to gender and sexuality that participants considered when contemplating action. Several women reported how they gained greater independence through resistance, and also by modeling behavior to one another. Several women report:

[The husbands] let us go out. When I went to a household, I could never see the face of women, since I was veiled. Now women are unveiled in the home. Now when they go out, they wear a veil, but don’t let it cover the face. (AWW, India)

*I used to **not** go out... Now we [in the village] watch each other go out... so, now we’ve all started going out. (Woman, India)*

Young Women’s Stories

Before (ISOFI), a good girl was someone who stayed home and was sweet. Now we believe that standing on your feet is a good thing. (Young Woman, India).

The Youth Union and NGOs have the tools now, and use them to forge new directions. (Youth Union, Vietnam)

Young women readily adopted gender and sexuality concepts by resisting inequities experienced in their families and communities. The Vietnam model focused on supporting local youth organizations to strengthen civil society and ensure sustainability. Through ISOFI applications, a local youth NGO based in Ho Chi Minh City advocated for improved sexual and reproductive health policies in Vietnam. Similarly, CARE India and partners helped form youth groups to raise awareness of HIV/AIDS risk and reproductive health. In India, the groups were separated by gender. In both settings, staff and partners integrated ISOFI principles, which led to collective agency through strengthened capacity and expanded relationships. The following quotes reveal newly acquired values, beliefs and aspirations among young women.

One girl was accused of having sex with a boy. With our new knowledge about gender and sexuality, we remembered that it’s not good to judge. It could have been me. Instead, we defended her from the taunts. (Young Woman, India)

We have established new friendships with other girls from different [caste] groups. It doesn’t matter. We encourage each other to pursue our dreams. For example, one of us wants to study music. (Young Woman, India)

Confidence through Unity

We are leaders in our communities because we can share the new information and knowledge that we have. (Young Woman, India)

We now know how to talk to boys, which is a new experience for us. (Young Woman, India)

One girl's parents accepted whom she wanted for her husband... We also don't want pressure to marry within our castes. (Young Woman, India)

Gaining knowledge and social cohesion through association with neighboring youth were two of the most common factors young women cited as leading to their greater sense of agency. Increased confidence among young women enabled them to negotiate independence and a sense of purpose. Several young women reported ways they began interpreting newfound beliefs into action, particularly in relation to their family and male peers.

We changed within ourselves. Now we can talk and name our body parts, such as breasts. We can talk about menstruation. Now we don't feel scared about menstruation because now we understand it. (Young Woman, India)

We now have access to information. Before only boys had access to information on sexuality through magazines and blue films... The boys used to trick us, since we didn't have the right information. (Young Woman, India)

I changed my attitude about sex before marriage. It is not socially accepted... Doesn't the woman get to have an orgasm? Women want satisfactory sex [whether in or outside marriage]. (Youth Union Leader, Vietnam)

Using a sex-positive approach helped young women and men deal with shame and guilt related to sexuality which inadvertently led to reinforcing and creating gender and sexuality myths. Contrary to the common practice of withholding information from girls for fear that they will become sexually active, correct information on sexuality empowered young women. Moreover, they were not compelled to rely on their male peers as primary sources of knowledge.

In Vietnam they took this a step further. Community members explored prevailing values related to premarital sex. They challenged dominant beliefs about sexual debut, particularly biases against young women. As youth representatives report:

I help my children understand. Sex outside of marriage is not accepted in our society. But I have become more tolerant. If a couple doesn't have premarital sex, how can they know if they are a good sexual match? (Youth Union Director, Vietnam)

I no longer judge out-of-wedlock sex. Our goal is safe sex. (Youth Union, Vietnam)

Men's Stories and Their Myths

Reflective dialogues and workshops provided safe spaces to dispel gender myths related to masculinity. They focused on subordinated masculinities, including those identifying as homosexual or being from socially marginalized groups. Facilitators guided sensitive conversations with deference to participant perspectives in a balanced manner.

Gender Myths

I learned from [ISOFI] training that gender is socially constructed and can be changed. 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. (NGO Worker, India)

Gender myths, portraying men as oppressors, depict a narrow view of what is actually a range of changing patterns and roles among most men. While ISOFI does not discount women's subordination and dominance by men, it goes further to explore the range of masculinities that coexist and



Depiction by an adolescent girl of an ideal couple. (India)

are socially produced simultaneously. For example, sex workers told countless stories of what sounded like aggressive (sometimes violent) male sexualities coexisting with men's desires to be nurtured and romanced. As the quotes below illustrate, ISOFI staff observed the uncertainties, difficulties and contradictions men face, which shed new light on preconceived notions of masculinity. Some stories include the following:

I can't grow a mustache, but my father and uncle always pester me about it. I'm not considered [much of a man] without one. (Male Community Member, India)

Men who went through ISOFI exercises could not persuade their wives to let him to the housework. So men need to overcome not only themselves but also social prejudices. (Key Informant, Vietnam)

It was these entry points – circumstances where gender patterns are more open to change – in which ISOFI implementers intervened. Men exploring less dominant masculinities face criticism as described in the quote above. When working collectively, through reflective processes, they have better chances of overcoming categorical biases. As one Indian migrant reported, "Now we discuss openly and our hearts are open. We no longer feel shy and can discuss about all issues." Building awareness among boys and men of the diversity of masculinities that exist, beyond the narrow gender models they are familiar with, is an important undertaking that ISOFI implementers began to tackle through PLA exercises, such as the "ideal man" and "ideal woman" exercises.

Social and Behavior Change

Now all of us use condoms with sex workers. And now we talk about family planning with our wives and female relatives... (Migrant, India)

We do not talk about sexual pleasure with women but we do talk about it with men, which we did not do before. This has led us to adopt safe sex. (Male Community Member, India)

Like my father, there was no education for me or my sister, but I send my daughter to school. My father scolded me so I explained it to him. (Male Community Member, India)

Consequently, personal change was not only reflected by improved relations at the household level but also by desired behavior change consistent with desired program outcomes. As many of the quotes above reveal, explorations into sexuality played key roles in prompting change in behavior among men interviewed.

Change is slow

One man said, "Homosexuality is wrong, and eunuchs are wrong. Going to sex workers is wrong, but it's okay to have four wives as long as it's a wife." (Migrant, India)

We are more sensitive with our wives, but not necessarily with other women. We do force sex with sex workers. (Migrant, India)

We have learned that no one is wrong and we can talk about our feelings. But we don't change overnight. (Male Community Member, India)

Text Box 6: Case Study of Youth Group Meeting on Homosexuality

In Vietnam, the youth group organized a district meeting in Ho Chi Minh City with community stakeholders from the Communist Party including, among others, the Secretary of the Communist Party, Chairman of the People's Committee, the head of the Committee on Family, Population, Children, and head of the Commune Cell in the district. Youth from the organizing youth NGO and the local gay organization, which had until this point remained under-ground, spoke publicly for the first time about homosexuality and hardships homosexual men and women experience through social exclusion. There were long deliberations representing various perspectives from the community and from a few homosexual men who came out to the group. A nonjudgmental atmosphere allowed people to discuss feelings, including sometimes offensive biases. In response to a woman who announced that she believed a homosexual man can be detected by his physical appearance because he is effeminate and has a small penis, a gay-identified speaker calmly responded, "You see me. I am strong and manly. I have a wife and children. I'm also gay, and my sexual life is vibrant. What you say is actually a myth."

CARE Vietnam staff and partners believe that the meeting on clarifying myths on homosexuality was the beginning of a longer community dialogue on sexual rights. According to one Youth Union representative, "While we have long to go, we have made an important first step by breaking the ice."

ISOFI implementers also learned that gender and sexuality interventions should emphasize improving women's agency and autonomy, but not to the exclusion of men. It is not a zero-sum game. As women are more empowered, men do not lose power. More work is necessary to cultivate power among both men and women so that dominant-subordinate relationships do not persist. As the quotes above illustrate, gender myths still exist and change is slow. While substantial progress occurred, ISOFI implementers learned that interventions must be paced, beginning with small steps. The youth groups, women's collectives and men's groups strengthened and generated through ISOFI activities are nascent, requiring more support before they can work without close accompaniment.

Male Youth Stories

Particularly tenuous were interventions with male youth. Given the focus on strengthening women's agency, CARE staff and NGOs provided more attention to female youth groups in India. Myths, biases and insecurities flourish among young men who are beginning to explore their sexualities and conflicting masculinities. According to many young men, *sanskriti* (culture) demarcates sexuality related to expression, meaning and behaviors. Conflicting beliefs about masturbation, for example, leave many young men confused. Young men have questions about sexuality, and if not adequately answered, they rely on peers, magazines and blue films.

Masturbation is unnatural, against our culture. The most natural sex is between man and woman. (Male Youth, India)

We have fears of getting a small penis and not being able to give pleasure if we masturbate. (Male Youth, India)

We want to know what is good/bad, harmful/not harmful, natural/not natural. What are the answers to this? (Male Youth, India)

Conclusion

Patterns and themes observed across all groups include enhanced confidence, group cohesiveness, awareness related to links between gender and sexuality such as mobility and decisionmaking. Most ISOFI implementers, across all sites, revealed that participatory and action research methods provide opportunities for critical communication generating new and often painful knowledge. As the narratives point out, social structures produced by gender and sexuality render positions open for scrutiny through reflective practices. The key now is to keep critical reflection and community dialogue going.

Even where progress appeared slow and uncommitted, the ISOFI team consisting of CARE staff and partners, introduced the first public meeting on myths and beliefs about homosexuals from the subject position of gay men. Diverse groups and genders provided a rich social resource, so that when effectively mobilized, it gave CARE a much greater capacity to transform itself. Indeed, CARE staff, partners and communities continue to advance this work with their commitment to reflection and action. Their commitment to deepening understandings of gender, sexuality and its relation to power, provides the impetus to support well-being for all, not only the majority. They inspire the wider organization with their resilience, openness to learn, and capacity to transform earlier beliefs to ones that reflect democratic ideals consistent with CARE principles.

Personal change was not only reflected at the individual, household and organizational levels. As this chapter reveals, it shaped programs in considerable ways. Desired behavior change, reflecting desired program outcomes, demonstrated the extent to which action research methods improve program quality while also generating cross-learning opportunities. While the investment is great, particularly in the early phases of the program

cycle, development practitioners should invest in dedicated time to personal change, while also relinquishing control of the consequences.

Practitioners engaged with gender mainstreaming still have many challenges ahead. Gender myths keep well-meaning practitioners locked into a framework that informs their advocacy platform. The victim narrative is indeed a compelling one. It is not uncommon to hear staff raise concerns of poor suffering women "out there", that require development support to "help the feeble women out of their misery."

It is not unusual to also experience what CARE refers to as "gender fatigue." The role opposite to that of female victim is that of male oppressor. Men report that this is a role they are not comfortable with but do not have the space to voice dissent. We have learned that restrictive responses to sexuality, defined as protecting women from the would-be oppressor rather than protecting women's rights, can lead to unintended harm. While policy changes have been forthcoming when using such a framework, it runs the risk of mistakenly impeding other human rights goals, particularly those enabling conditions that grow women's agency, confidence, exploration and well-being related to sexual exploration (Miller, 2004).



External technical support stimulates broader reflection within country teams and promotes sharing across country offices.

