Community Development for HIV Prevention among Males who have Sex with Males in Bangladesh: Rhetoric or Reality?

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Abstract

The "Males' Sexual Health Society" (MSHS, pseudonym) has been implementing HIV-prevention programmes for males-who-have-sex-with-males (MSM) in Bangladesh since the 1990s, aiming to employ a community development (CD) approach. MSM refers here to a diversity of homosexually-active biological males with differing gender and sexual identities, so that the focus for 'community development' is not straightforward. This doctoral research aimed to examine how 'community' and 'identity' are constructed by MSHS while using CD as an approach, who holds the dominant power in constructing these concepts, and whether and how participation of different gender and sexual identity groups are ensured by the MSHS.

Case-study research focused on MSHS's operations in a city in Bangladesh. Interviews were conducted with beneficiaries, staff and board-members, as well as donors. Documentary analysis and non-participant observations were also employed. The data analysis adopted a social constructionist perspective and used techniques associated with grounded theory.

The findings suggest that the agency has focused on constructing a community of 'Kothi', who are feminized males and commonly engaged in sex work. The agency is wielding power to assert the Kothi identity as the pre-eminent basis for community development but some MSM are working within the agency's structure not directly to challenge this dominant discourse but to work with it to broaden it out and reintroduce diverse legitimated identities. The agency founders regarded community development as a means of reducing vulnerability to HIV infection but also as a means of funding and legitimating political organising among local MSM. The agency has enabled the participation of MSM already identifying as Kothi and encouraging some MSM to embrace this identity for the first time. Some beneficiaries reported empowerment for example through vocational education and sexual negotiation skills. Though rhetorically emphasising bottom-up decision-making, in practice power is largely held by the agency's board, top management and increasingly donors. But it is also clear that beneficiaries have not merely been the 'objects' of community development, with some constructing nuanced and contingent identities, for example embracing mixed identities or inviting non-Kothi-identified partners to agency activities. More recently there are concerns that donors' increasing power is hampering the more intangible but perhaps crucial aspects of community development most valued by beneficiaries. In conclusion community development has proceeded in complex ways, enabling as well as directing, and producing diversity as well as cohesion.

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Chapter 1: Issues for HIV Prevention among MSM in Bangladesh

1.0 Introduction

HIV prevention for male who have sex with male[1] (MSM) in Bangladesh has been undertaken since the late 1990s by the Males' Sexual Health Society (MSHS)[2] and community development (CD) has been adopted as an approach to work with. A review of the available literatures shows that the purpose of using CD varies from promoting better living (Campbell, Pyett, McCarthy, Whiteside & Tsey, 2007; Nikkhah & Redzuan, 2009; United Nations, 1953) to creation of identity-based solidarity (Howard & Wheeler, 2015; Hustedde, 2009) and empowerment of individual and community (Baum, 2002; Campbell et al., 2007; Green, Tones, Cross, Woodall, 2015; Kenny, 2016; Kenny, Fanany & Rahayu, 2012; Labonte, 1994; McCabe & Davis, 2012; Nikkhah & Redzuan, 2009). Community development helps to prevent HIV among MSM as it usescommunity empowerment approach (Green et al., 2015). A community empowerment approach for HIV prevention is a process by which community members (MSM) take collective ownership of HIV prevention programmes to achieve the most effective HIV outcomes through addressing social and structural barriers to their overall health and human rights (Beyrer et al., 2012; Kerrigan et al., 2015). The mechanisms through which community development exerts effects can be conceptualized as CD empowers individuals and communities to identify and develop solutions to the problems that affect the community members through building community and increasing community resources and capacity for social, economic, and political change, which in turn,

[1] There is a widespread debate whether we will use the term 'men who have sex with men' or 'male who have sex with male'. HIV/AIDS prevention agencies are preferably using the term 'men who have sex with men' to describe homosexual behaviour of those who are gay-identified, homosexual identified and those who do not use any term to identify (Khan, 1997). But use of the term 'men' instead of 'male' is problematic at least in the cultural context of South Asia. There are two reasons. Firstly, the term 'men' is a 'cultural' construct and the term 'male' is a 'biological' construct. There are many men who have sex with other men, but they do not consider themselves as men rather they preferred to consider themselves as feminine (Khan, 2005; Khan, Hudson-Rodd, Saggers & Bhuiya, 2005). At the same time, in Bangladesh it is widely regarded that to be a man it is necessary to prove one's masculinity and one of the indicators for this is to impregnate his wife and support his family financially (Khan, 1997). But many men in this region are involving sex with other men before this age of 'proving masculinity'. The second issue is concern with age of a man. Legally, a man should be over eighteen years of age. But in reality, many boys of below eighteen are having sex with their fellow friends or with older men. So, in this doctoral research the term 'male' has preferably used like other studies did (Boyce, 2007; Khan, 1997).

[2] A pseudo name has been adopted for the agency upon which this research has been conducted by using a case study method.

lead to better programme outcomes, i.e., a reduction in HIV transmission (Baum, 2002; Campbell et al., 2007; Crossley, 2001; Green et al., 2015; Hargaves & Twine, 2006; Kenny, 2016; Kenny et al., 2012; Labonte, 1994; Lambert, 2012; McCabe & Davis, 2012; Nikkhah & Redzuan, 2009). The process of community development assumes that the concerned community lacks empowerment and thus attemps to empower them through personal development, creating mutual support groups, organizing community, ensuring participation of the community people, and collectivizing the community for social and political action (Beattie et al., 2014; Rissel, 1994).

CD broadly aims to reduce the vulnerability to HIV (Busza, 2004). However, in practice CD focuses on various activities. Community development has been found to be very useful in addressing the creation of 'sense of community' and identity among the female sex workers, gay-identified men, and MSM (Busza, 2004; Jana, Basu, Rotheram-Borus, & Newman, 2004; Kegeles, Hays & Coates, 1996; Kerrigan, Tolles, Torres, Overs & Castle, 2008; Kerrigan et al., 2015; Lippman et al., 2013; Lippman et al., 2017; UNFPA, GFMSMH, UNDP, WHO, USAID & World Bank, 2015; Vassal et al., 2014). It is argued that community identity must exist for meaningful mobilization of the community (Wallerstein, 2006; Busza, 2004). Marginalized communities often do not self-identify as a cohesive group. As a result, for example, many CD programs among the female sex workers and injecting drug users initially aimed to create 'a sense of community' (Kerrigan et al., 2008; Busza, 2004; Jana eat al., 2004).

CD programs aims to diffuse knowledge through community social networks. The theory of diffusion of innovations often underpins this aim. The theory of diffusion of innovations hypothesize that people are most likely to adopt new behaviours based on favourable evaluations of the innovations conveyed to them by others who are similar to them and whom they respect (Kegeles et al. 1996; Kelly et al. 1991, 1992). In many CD programs, outreach work has been used to diffuse knowledge among the members of the community by using peers or popular opinion leader and found effective (Busza, 2004; Cornish, Priego-Hernandez, Campbell, Mburu & McLean, 2014; Jana et al. 2004; Kegeles et al. 1996; Kelly et al. 1991, 1992, 1997; Lorimer et al., 2013; Saggurti et al., 2013; Thomas et al., 2012).

A key process within CD in the context of HIV prevention is the empowerment of the community people (amfAR, 2010; Bracht, Kingsbury & Rissel, 1999; Health Education Authority, 1994; Kegeles et al. 1996; UNFPA et al., 2015; Wright, 2003) and to enable

community-members to work collectively to address structural barriers to HIV transmission (Beattie et al., 2014; HEA, 1994). Perhaps, these are the most important reasons of why CD approaches are very popular among marginalized populations. CD programs among the sex workers in Kolkata, India and Brazil was targeted in interventions to decrease perceived powerlessness and insecurity and to increase access and control over material and social resources (Beattie et al., 2012; Beattie et al., 2014; Jana, 2012; Jana et al. 2004; Kerrigan et al. 2008; Nagarajan, Sahay, Mainkar, Deshpande, Ramesh & Paranjape, 2014; UNAIDS, 1997). It is theorized that CD will impact on various determinants of HIV risk via making it easier for individuals to choose less risky behaviours via increasing individual self-esteem and empowerment to make decisions and having supportive social norms and social structures (HEA, 1994; Kegeles et al. 1996; Kegeles, Hays, Pollack & Coates, 1999). It is often hypothesized that CD has two specific pathways through which it helps to reduce HIV transmission among gay and bisexual population: a) moderating the association between socio-structural risk factors for HIV transmission and sexual risk behaviours through empowerment; and b) reducing risky sexual behaviour through mediating peer norms, self-efficacy, positive self-identity, and alienation (Ramirez-Viles, 2002). CD is used in both pathways as a resource to empower the community, which ultimately helps the community to prevent HIV transmission (Beattie et al., 2014; Bracht et al. 1999; Frank & Smith, 1999).

Community participation has been directly linked to empowerment as the principal mechanism by which individuals and groups become empowered as a means of promoting healthier individuals, communities, and environments (Beattie et al., 2014; Bracht et al., 1999; Laverack, 2004; Thomas et al., 2012). Community participation, which is organizing community and taking responsibilities to manage its own problems (Wright, 2003), facilitates psychological empowerment by developing personal efficacy, developing a sense of group action, developing critical understanding of social power relationships, and developing a willingness to participate in collective action. The perceived benefits of community participation in HIV/AIDS programs range from the practical and economic advantages of project effectiveness, relevance and efficiency to the more political goal of empowerment (Asthana & Oostovogels, 1996; Vassall, 2014; Wirtz et al., 2014). Participation in collective action is fundamental to the successful redistribution of resources, which is necessary before a community or community subgroup can be said to be empowered.

The literature review on CD shows that CD programs were targeted to ensure social participation in identifying and solving the community problems (Busza, 2004; Chakravarthy, Joseph, Pelto & Kovvali, 2012; Deverell, Prout & Doyle, 1994; Deverell & Prout, 1995; Jana et al., 2004; Kegeles et al., 1996, 1999; Kerrigan et al. 2008; Lippman et al., 2013). Communities employ various methods to achieve the aims of CD programs. This can be individual or combination of the following activities: reaching out to community members; participatory working with community members to share experiences or plan interventions; facilitating community members to work collectively to address social or structural barriers to HIV transmission; group work, training, campaigning, lobbying, producing educational materials for the community as methods of CD (Chakravarthy et al., 2012; HEA, 1994; Jana, 2012; Jana et al., 2004; Lambert, 2012). Reaching out to community members is often used as a method of creating 'sense of community', mobilizing community, diffusing knowledge to community members, setting new groups and establishing networks (Busza, 2004; Galavotti et al., 2012; Jana, 2012; Jana et al., 2004; Kerrigan et al., 2008; Kegeles et al., 1996, 1999; Deverell et al., 1994; HEA, 1994). Outreach work is conducted by both the people from within and outside community.

CD programs facilitate community members to work collectively to address social or structural barriers to HIV transmission (Beattie, 2014; Health Education Authority, 1994; Kegeles et al., 1996; UNFPA et al., 2015). Traditionally, collective action means a combined effort from within the community to identify and solve a specific problem. But in many CD programs, this view has been changed. For example, in the MESMAC project collective action took a different form (Deverell et al., 1994). The MESMAC project not only brought together male who have sex with male but also a range of different people and organizations to create a healthy environment for HIV prevention: government agency, freelance professionals, statutory and voluntary sector organizations, front line workers who identified with gay and black communities, and academic researchers (Deverell et al., 1994). The Sonagachi female sex worker's community development project in Kolkata, India, also took a different view about the idea of collective action where the boundaries of a community included all the actors who took part in shaping the project, such as members of the female sex workers, health and development professionals, and local interest groups (Cornish & Ghosh, 2007; Evans & Lambert, 2008; Ghose, Swendeman, George & Chowdhury, 2008; Jana, 2012; Jana et al., 2004). The Sonagachi model have also been successfully replicated in other parts of India through Avahan programme (Avahan, 2008; Galavotti et al., 2012; Ng et al., 2011; Rau, 2011).

Studies reported that CD has enormous potential to address the risks of sexually transmitted diseases including HIV prevalence, HIV testing uptake, STI rate other than HIV, condom use, unprotected anal intercourse, and number of sexual partners, particularly among those who are not in contacts with the mainstream health services (Avahan, 2008, 2009; Beattie et al., 2012; Beattie et al., 2014; Berg, 2009; Beyrer, 2011; Blanchard et al., 2013; Cornish et al., 2014; Dim & Pok, 2000; Deverell et al., 1994; Gaikwad, Bhende, Nidhi, Saggurti & Ranebennur, 2012; Gregson et al., 2013; Gutierrez, Atienzo, Bertozzi & McPherson, 2013; HEA, 1994; Herbst et al., 2005; 2007; Johnson et al., 2002; 2005; 2008; Kerrigan et al., 2008; Kerrigan, Fonner, Stromdahl & Kennedy, 2013; Kerrigan et al., 2015; Lippman et al., 2013; Lippman et al., 2017; Lorimer et al., 2013; Mas de Xaxàs et al., 2008; Mohan, Blanchard, Shahmanesh, Prakash & Isac, 2012; Nagarajan et al., 2014; Ng et al., 2011; Noar, 2008; Prout & Deverall, 1995; Rau, 2011; Riehman et al., 2013; Rodriguez-García & Bonnel, 2012; Rodriguez-García et al., 2013; Saggurti et al., 2013; Scott, 1993; Sullivan et al., 2012; Trapence et al., 2012; Vejella, Patel, Saggurti & Prabhakar, 2016; UNAIDS & Stop AIDS Alliance, 2015; UNFPA et al., 2015; Vassal et al., 2014; Winder, 2006; Wirtz et al., 2014). However, most of these studies used community mobilization or community empowerment instead of community development.

A 'community development' approach to HIV prevention adopts an 'enabling' strategy that helps to empower the individuals and community at question which reduces the risk of HIV transmission (Evans, 1999; Gaikwad et al., 2012;). However, meanings of community development and the ways in which it may in practice be applied to the organizational and structural aspects related to HIV prevention have rarely been explored (Asthana & Oostvogels, 1996; de Zoysa & O'Reilly, 2012). In this regard, 'community development' as a concept might best be viewed as a "discourse whose meanings and associated activities will vary considerably depending upon the context in which it is employed and upon who employs it" (Evans, 1999: p.13). Thus, power-relation is an important issue to understand the community development. On the other hand, CD programmes more often focus on the explicit purpose of preventing HIV (as opposed to improving health more generally) despite rhetorically they aim to focus on the holistic approach (Evans, 1999).

MSM as an acronym was coined in 1994 by the epidemiologists and AIDS educators and it covers behaviour only (Dowsett, 1980; Gatter, 1999; Glick, Muzyka, Salkin & Lurie, 1994; King, 1993; Young & Meyer, 2005). MSM is heterogeneous in terms of the group members'

gender and sexual identity, sexual behaviour and practice (Jenkins, 1998; Khan, 1998; 2005; Pappas et al., 2001) and community development is a challenging task with this heterogeneous group as the they are not cohesive and monolithic (Evans, 1999). Multiple frameworks of male-to-male sexuality under the umbrella term MSM have been found across the South Asia as well as in Bangladesh. These frameworks are socially constructed as it has been reflected in the MSM literature of South Asia and Bangladesh: some people self-identify themselves as homosexual or gay man; some people self-identify themselves by using a gendered framework, such as *Kothi* and *Hijra* (they self-identify as feminine); some people self-identify themselves as normative male but often have sexual access to those gendered males (Khan, 2005). The concept of community is not uniform around this group labelled as 'MSM'; rather it is very much contested. However, challenges of implementing community development in a non-monolithic community like 'MSM' is not unique to Bangladesh or South Asia only; research conducted elsewhere also shows that it is very hard to organize community development work particularly with male who are not 'out gay', bisexual or want to keep secret their sexual identity (Davis, Klemmer, & Dowsett, 1991; Deverell et al., 1994; Deverell & Prout, 1995).

The community development as a discourse has another challenge which is related to its ultimate purpose, i.e. what community development wants to achieve? Asthana and Oostvogels (1996) have categorized community development in two ways although there is considerable blurring of these two categories: as means oriented; and as ends oriented. In means-oriented approach, community development is aimed to achieve lasting and measurable behaviour change. The goal for this measurable behaviour change is set in a top-down fashion. In this approach, peer educators who worked to achieve the targeted goals are valued as project implementers rather than as potential change agents (Asthana & Oostvogels, 1996; Nikkhah & Redzuan, 2009; Werner 1978). Here, participation of the community people is aimed to reduce project costs and increasing sustainability than to facilitate a process of empowerment (Evans, 1999). On the other hand, ends-oriented community development is aimed to empower the community members. Asthana and Oostvogels (1996:134) wrote in this regard: *"the empowerment approach regards participation not as an instrumental means but as a dynamic and unpredictable process to be valued as an end in itself. It is based upon the recognition of conflict and inequality within society and suggests that, because those who control and benefit from the dominant social order have little interest in bringing about fundamental change, minority and powerless*

groups will only attain justice if they seize authority, autonomy and power from below. To this end, emphasis is placed on grass-roots mobilisation and on the building up of pressures of change from below." The empowerment approach is set up in a 'bottom-up' process in community development for improving the health status. It often adopts the social model of health promotion which rejects a focus on changing individual lifestyle to overcome health problems and argue for examining the 'root' causes of ill-health (Grace, 1991; Green et al., 2015).

Despite the challenges involved, CD approach has been used by several HIV prevention agencies across the South Asia, including the MSHS in Bangladesh since 1990s to improve the status of sexual health and to prevent HIV among MSM (Khan, 1999b). The Indian experience among female sex workers and MSM shows that CD has played very important role in HIV prevention (de Zoysa & O'Reilly, 2012; Jana et al., 2004; Jana, 2012; Chakravarthy et al., 2012; Saggurti et al., 2013; Ghose et al., 2008; UNAIDS, 2000; Vassal et al., 2014). However, though the MSHS in Bangladesh is working for HIV prevention among MSM with a CD focus but there is no available research on how they are using this approach with what aim to achieve when the MSM as a group is heterogeneous in nature. This research aimed to fill this gap as it examined: how 'community' and 'identity' is constructed while using CD as an approach among MSM in Bangladesh; who holds the dominant power in constructing these concepts; and whether and how participation of different gender and sexual identity groups are ensured. It is expected that this study will add valuable insights about how the CD work is being managed when the meaning of community is different to people with different sexual behaviour and how people with different sexual behaviour and identity participate in the community development programmes.

This introductory chapter of this thesis starts with a brief outline on the size estimation of MSM and their access in HIV prevention programme and then describing the situation of STIs and HIV among the MSM in Bangladesh to understand the importance of this research which then followed by their sexual behaviour and safer sex practices. Social and economic vulnerability of the MSM, policy regarding MSM in Bangladesh, and history of the HIV prevention programmes for them will then be outlined. Finally, overview of the structure of this thesis will be outlined at the end of this chapter.

1.1 Size of MSM and Their Coverage in HIV Prevention Programmes in Bangladesh

The importance of accurate measures and size estimation for 'most-at-risk' or key populations has been reflected in many international documents as it helps to understand HIV surveillance, develop models to estimate and project HIV prevalence, inform the distribution of HIV incidence, design prevention, care and treatment support programmes, evaluate HIV programme, formulate policy advocacy with government and other stakeholders for initiating new services, and attract resources from donor agencies (Abdul-Quader, Baughman & Hladik, 2014; UNAIDS/WHO, 2010; Cáceres, Konda, Pecheny, Chatterjee & Lyerla, 2006; Vandepitte *et al*., 2006**;** Gouws, White, Stover & Brown, 2006). To have a size estimation for 'most-at-risk' population is equally important in Bangladesh, not only for better formulation of HIV policy and programmes but also for effective monitoring and evaluation of the on-going HIV prevention programmes (GoB, 2016). Thus, the process of size estimation for the key populations in Bangladesh began in 2003-2004 (GoB, 2004a) and since then four rounds (2003-2004, 2009, 2012, and 2016) of size estimations have been conducted with different methodologies (GoB, 2004a; GoB, 2009a; GoB & ICDDR, B, 2012; GoB, 2016). The United Nations Children's Fund (UNICEF), Bangladesh, also conducted a mapping and behavioural study among the most-at-risk adolescents in Bangladesh in 2012 (UNICEF, 2012). However, the 2009 size estimation did not include MSM, MSW, and Hijra/transgender population (GoB, 2009a). The 2003-2004 size estimation adopted the multiplier methods while 2012 used a participatory situation assessment. On the other hand, 2016 size estimation used mapping and size estimation method.

Though different size estimations used different methods but the size of the MSM[3] and MSW[4] do not vary that much over the period (table-1.1). The latest size estimation conducted in 2016 shows that the range of MSM and MSW varies between 108267 to 131472. Though the upper limit of this range is slightly lower than that of 2004 but the lower limit is 2.5 times higher than that of 2004. However, it is highly likely that these size estimations are underestimate (GoB, 2016). This is because, first of all, MSMs are mainly the clients of MSW and they are a highly hidden population (GoB, 2016; GoB & ICDDR, B, 2012). But the size estimations counted only those MSMs who were mostly visible and networked (GoB & ICDDR, B, 2012). Secondly, due to the stigma attached with male sex worker and the changing dynamics of sex selling, many MSW do not come to cruising sites for selling sex but sell sex through contact with clients through cell phones. They are selling sex either from

[3] MSM is defined as males who have sex with males but do not sell sex (GoB, 2005; ICDDR, B, 2015)
[4] MSW is defined as male who sell sex in exchange of money or compulsory gift (GoB, 2005; ICDDR, B, 2015).

their own residences or visiting the hotels and clients' residence (GoB & ICDDR, B, 2012; Khan, 2012). Thus, these MSWs were also excluded from the counting process. Finally, both MSM and MSW are highly mobile population and their sexual identities are often fluid (Asthana & Oostvogels, 2001), which create problem in the counting process.

On the other hand, some micro studies conducted in different cities across the country to estimate the prevalence of male-to-male sexual practice reported that this practice exists among 2 percent (Chowdhury *et al.,* 2006) to 7-15 percent (Foreman, 2004) to 32 percent (Khan, 2000) adult population. These figures are much higher than the estimate recommended by Caceres et al. (2006). Caceres et al. (2006) suggested that the number of males who engage in sex with male is estimated at 2 to 5 percent worldwide. These micro studies also have limitations: (1) these surveys have not been undertaken among the general male population rather it was conducted among only specific groups; (2) these studies focus on the population from the lower socioeconomic strata (Foreman, 2004).

Table-1.1: Size Estimation for MSM and MSW in Bangladesh, 2004-2016

Population Group	Year	Lower Range	Upper Range	Source
MSW and MSM	**2004**	**40000**	**150000**	GoB, 2004a
MSW and MSM	**2012**	**32967**	**143065**	GoB and ICDDR, B, 2012
MSM	2012	21833	110581	
MSW	2012	11134	32484	
MSW and MSM	**2016**	**108267**	**131472**	GoB, 2016
MSM	2016	85569	101695	
MSW	2016	22698	29777	

Table 1.2 shows the trends of coverage of HIV prevention programmes among the MSM and MSW in Bangladesh. The figures are showing a fluctuating but mostly declining trend in terms of the coverage of HIV prevention programmes. These figures indicate the donor dependent HIV programmes in Bangladesh. The coverage has fallen when the funding falls short (Azim et al., 2009). However, these statistics about the coverage of MSM and MSW in HIV prevention programmes are not free from limitations as well. The coverage data has collected only from those MSM and MSW who are visiting cruising spots (GoB, n.d.; ICDDR, B, 2015, 2017) and it has been reported that there are many MSM and MSW who are not visiting these spots and operating in hidden networks (GoB, 2003; Dowsett, Grierson & McNally, 2006; ICDDR, B, 2015, 2017). Due to the stigma attached with the male-to-male sexual behaviour and the use of mobile phone, many MSM and MSWs are remaining outside the HIV program area. The studies conducted by ICDDR, B reported that 85 to 93 percent MSMs in Dhaka are usually contacting their male sex partner through mobile phone while this rate is around 95 percent among the MSW from Dhaka and Chittagong (ICDDR, B, 2015,

2017). On the other hand, around 75 to 81 percent MSWs are using their home as a venue for sex act with their new clients (ICDDR, B, 2015, 2017).

Table-1.2: Percentage of MSM and MSWs reached with HIV prevention programs, 2000-2015

Survey Year	Population Group		Reference
	MSM	MSW	
2000-2001	32.0 (Central A)	472.0 (Central A)	GoB, 2003 (3rd Round)
2002	62.4 (Central A)	64.7 (Central A)	GoB, n.d. (4th Round)
2002	90.7 (Northeast A)	69.8 (Southeast A)	
2003-2004	58.2 (Central A)	66.0 (Central A)	GoB, 2007a (5th Round)
2003-2004	97.2 (Northeast A)	86.5 (Southeast A)	
2006-2007	14.9 (Dhaka)	47.9 (Dhaka)	GoB, 2005 (6th Round)
2006-2007	10.6 (Sylhet)	45.2 (Chittagong)	
2010	9.0 (Dhaka)	36.6 (Dhaka)	ICDDR, B, 2011 (cited in GoB, 2014)
2013-2014	24.4 (Dhaka)	62.2 (Dhaka)	ICDDR, B, 2015
2013-2014	35.2 (Sylhet)	70.3 (Chittagong)	
2015	14.7 (Dhaka)	53.5 (Dhaka)	ICDDR, B, 2017

1.2 Sexually Transmitted Infections and HIV among MSM in Bangladesh

The risk of STI and HIV transmission among this population is an important reason for doing this research. The epidemiological data indicate that the prevalence of HIV is currently very low among the MSM population, less than 1 percent (ICDDR, B, 2015; 2017). It should be mentioned here that in Bangladesh, serological surveillances and programme-based surveys using the methodology of serological surveillances are the major sources of prevalence of HIV among the MSM and MSW. The surveillances and surveys collect anonymous blood for HIV and identified blood for syphilis from the on-going HIV prevention programmes from the selected districts of the country. Blood is being collected in an established clinic setting by para-medical professionals providing treatment services, particularly for the diseases being screened for by surveillance. A non-random procedure is followed to recruit the blood donor for screening HIV and syphilis. The following table shows the prevalence of HIV and active syphilis among the MSM and MSWs in different periods:

Table-1.3: Prevalence of HIV and Active Syphilis among MSM and MSW, 2000-2015

Survey Year	Prevalence of HIV		Prevalence of Active Syphilis		Reference
	MSM	MSW	MSM	MSW	
2000-2001	0	0	1.8	7.7	GoB, 2003 (3rd Round)
2002	0.2	0	0.7	3.2	GoB, n.d. (4th Round)
2003-2004	0	0	1.5	6.2	GoB, 2007a (5th Round)
2004-2005	0.4	0.4	2.0	3.8	GoB, 2005 (6th Round)
2006	0.2	0.7	0.2	4.9	GoB, 2007 (7th Round)
2007	0	0.3	1.0	3.0	GoB, n.d. (8th Round)
2011	0	0	1.5	4.2	GoB, 2011 (9th Round)
2013-2014	0.7	0.6	1.7	2.2	ICDDR, B, 2015
2015	0.3	0.7	1.2	1.5	ICDDR, B, 2017

The behavioural surveillances also collected data on self-reported STIs. It has been found that the MSM reporting symptoms of STI in the last year declined to 6 percent in 2015 (ICDDR, B, 2017) from 19.7 percent in 2006-2007 (GoB, 2009). On the other hand, MSW reporting symptoms of STI in the last year also declined to 11.4 percent in 2015 (ICDDR, B, 2017) from 41.7 percent in 2006-2007 (GoB, 2009).

The above statistics indicate that prevalence of HIV and other STIs among MSM and MSW is very low. But there are other factors which suggests future risk of increased HIV transmissions among these population, such as multiple sex partners, group sex with violence, forced sex, very low level of condom use, poverty, lack of empowerment (Azim et al., 2009; ICDDR, B, 2015), and existence of high level stigma and discriminatory attitude among the general population and MSM's association with injecting drug users (IDUs) which have high HIV prevalence (Chan & Khan, 2007; ICDDR, B, 2017). Thus, the low prevalence of HIV and active syphilis among MSM and MSW should not be considered as complacent as these population are highly networked (Lisa, 2008; Azim et al., 2009) and epidemic can spread within very short period if there is no prevention activity. On the other hand, in 2006, Family Health International (FHI), Bangladesh, by using the Asian Epidemic Model (AEM) predicted that approximately 90 percent MSM and MSW will be HIV positive by the end of 2020 if the current level (year 2006) of behavioural risk practices persist (Reddy & Brown, 2006; Reddy, Kelly & Brown, 2008). This projection seems unrealistic as we are nearly at 2020 and the HIV prevalence among MSM/MSW is still under two percent. Thus, a revised projection has been prepared by AIDS Epidemic Modelling (AEM) and it has reported that 10 percent of MSW in Dhaka City and 4 percent of MSW across the country will be HIV positive by 2030 without any intervention (NASP & UNAIDS, 2017).

Data coming from the serological surveillances and surveys are also not free from limitations. One of the major limitations is that respondents are *"sampled through intervention programmes and these respondents may be less likely to be at risk than those outside programmes"* (GoB, 2003; GoB, n.d.). Thus, it can be argued that these figures on prevalence of HIV and active Syphilis are underestimates because a declining trend has been found among these population in terms of their access to HIV prevention programmes.

1.3 Sexual Behaviour and Practice of Condom Use among the MSM and MSW

1.3.1 Number of Sexual Partner and Sexual Behaviour

The Behavioural Surveillances and Surveys (BSS) are the only sources which are providing information on number and types of sex partner and condom use practice among the MSM and MSW. The surveillances and surveys are cross-sectional in nature where two-stage probability sampling method was used. The two-stage sampling process included mapping and interview. At the first stage, a spot or primary sampling unit (PSU) from where individuals would be sampled was identified during mapping process. Mapping was conducted at a specific time frame (7 pm to 11 pm) by using a pre-defined definition of a PSU. In the second stage, interview was conducted by using a 'fixed' or 'take all' approach depending on the calculated sample size. A 'take all' approach was applied if the total number of MSM/MSWs counted during the mapping was less than or equal to the desired sample size. On the other hand, a 'fixed' approach was adopted when the total number of MSM/MSWs counted during mapping was more than the desired sample size. These surveillances and surveys were predominantly conducted in three cities: Dhaka; Chittagong; and Sylhet. However, the use of BSS reports is sometimes problematic and unrealistic as they are not using comparable and consistent indicators and population groups over the period[5]. However, the available comparable indicators show that the mean number of partners of MSM has declined over the period. The latest surveillance report shows that mean number of male/transgender sex partners in the last month among the MSM in Dhaka has declined to 3.4 in 2015 from 7.6 in 2003-2004 (GoB, 2007a; ICDDR, B, 2017)). However,

[5] For example, in the round 3, the report has presented 'mean number commercial (male, female, Hijra) partners last month' of the MSM while no data is available on the MSW. In the round 4, 5, and 6, the report has presented 'mean number of partners last month' of the MSM but it did not report the same indicator for MSW. For MSW, the reports presented the following indicators: mean clients (new or regular) in the past week; mean new clients in the past week; and mean regular clients in the past week.

no significant changes have been observed among the MSM of Sylhet in terms of the mean number male/transgender sex partners in the last month as the rate was 3.6 in 2003-2004 (GoB, 2007a) and 3.2 in 2013-2014 (ICDDR, B, 2015). On the other hand, the mean number of regular and new male clients of MSW in Dhaka in the last week has declined to 4.6 in 2015 from 9.9 in 2003-2004 (GoB, 2007a; ICDDR, B, 2017).

A declining but high percent of MSM are also having sex with paid male/transgender sex partners in Dhaka and Sylhet. It has been found that in 2015, 36.5 percent of MSM bought sex from male/transgender sex partners in last month (ICDDR, B, 2017), which was 62 percent in 2006-2007 (GoB, 2009). Similarly, percentage of MSM in Dhaka who bought sex from female sex partners have also declined over the period. In 2003-2004 period, 57.2 percent MSM bought sex from female sex partners (GoB, 2007a), which has reduced to 15.6 percent in 2015 (ICDDR, B, 2017).

Another important issue related to the vulnerability of MSM and MSW towards STIs and HIV is group sex. Group sex is defined as *"several men have sex with the same individual, one after another"* (Azim et al., 2009). The trend of doing group sex among the MSM in both Dhaka and Sylhet has declined over the periods. In Dhaka, the rate of group sex among the MSM was 13.3 percent in 2006-2007 (GoB, 2009) which has reduced to 6.2 percent in 2015 (ICDDR, B, 2017) while this rate was 12.9 percent in Sylhet in 2006-2007 (GoB, 2009) and 4.2 percent in 2013-2014 (ICDDR, B, 2015). On the other hand, 30 percent MSW in Dhaka reported that they had group sex in 2006-2007 (GoB, 2009) which has reduced to 15.4 percent 2015 (ICDDR, B, 2017) whereas the group sex rate among the MSW in Chittagong has reduced to 15.7 percent in 2013-2014 (ICDDR, B, 2015) from 30.3 percent 2006-2007 (GoB, 2009). Group sex increased vulnerability for HIV and STIs as Khan (2008) argued that group-sex often involves rape where MSW are not able to negotiate condoms with their clients, and condoms are either unavailable or inadequate in number. Unprotected group-sex with violence has severe public health implications as it allows transmission of infections from one person to several people at the same time (Azim et al., 2009).

1.3.2 Practice of Condom Use

The behavioural surveillances are collecting data on different indicators related to condom use both from MSM and MSW. These are: condom use in last month; consistent condom uses in last week; and condom use in last anal sex. However, data on condom use in last anal sex was not available until 2010. The overall condom use pattern has improved over the

period though it is not satisfactory. The consistent condom uses at last week among the MSW in Dhaka with their new clients has increased to 43.7 percent in 2015 (ICDDR, B, 2017) from 16 percent in 2006-2007 (GoB, 2009). This rate among the MSW in Dhaka with their regular clients has increased to 39.9 percent in 2015 (ICDDR, B, 2017) from 10.8 percent in 2006-2007 (GoB, 2009). On the other hand, consistent condom use among the MSW in Chittagong has also increased over the periods. In 2013-2014, nearly 50 percent (53.8) MSW in Chittagong used condom consistently in last week with their new clients while 45.8 percent used condom consistently in last week with their regular clients (ICDDR, B, 2015). This rate was 31.7 and 34.5 percent respectively with new and regular clients in 2006-2007 (GoB, 2009). Condom use among the MSW in Dhaka in their last anal sex act with a male sex partner has increased to 53.5 percent in 2015 from 34.6 percent in 2010 (ICDDR, B, 2017). However, no such data is available for Chittagong.

A similar increasing trend has been observed among the MSM in terms of consistent condom use in last month and condom use in last anal sex act with any male sex partner. Consistent condom uses in last month by MSM of Dhaka with their non-transactional and transactional male sex partner has increased to 34 and 46.6 percent respectively in 2015 (ICDDR, B, 2017) from 4.9 and 6.6 percent in 2006-2007 (GoB, 2009). On the other hand, consistent condom uses in last month by MSM of Sylhet with their non-transactional and transactional male sex partner has increased to 36.7 and 46 percent respectively in 2013-2014 (ICDDR, B, 2015) from 14.2 and 18.6 percent in 2006-2007 (GoB, 2009). Condom use among the MSM in Dhaka in their last anal sex act with a male sex partner has increased to 54 percent in 2015 from 25.6 percent in 2010 (ICDDR, B, 2017). However, no such data is available for Sylhet.

The above description on the prevalence of HIV, STIs, and self-reported STIs, number of sexual partners and condom use pattern reflect the risk for STI and HIV among the MSM and MSW. However, a fluctuating trend in the coverage of this population by the HIV prevention programmes has been observed despite the risk and vulnerability of this population towards STIs and HIV. For example, a declining trend in the coverage of this population by the HIV prevention programme has been observed for the period of 2006 to 2010. Azim et al. (2009) argued that the reason for lower coverage of MSM and MSW in this period is that larger government operated fund, such as, HIV/AIDS Prevention Programme (HAPP) was not available for this period; only Family Health International (FHI) supported fund namely

Bangladesh AIDS Programme (BAP) and resources from other small donors were available for HIV prevention programmes of this population.

Azim et al. (2009) also claimed that there is a positive effect of HIV prevention programmes on condom use among the MSW in Dhaka. However, empirical data does not support their claim strongly; rather it suggests that the effect of HIV prevention programme is moving very slowly. This can be substantiated by two indicators: (1) level of comprehensive knowledge regarding transmission of HIV; and (2) tested for HIV and know the test result. It has been found that comprehensive knowledge on HIV among MSM in Dhaka has increased to 35.5 percent in 2015 (ICDDR, B, 2017) from 26.1 percent in 2013-2014 (ICDDR, B, 2015) but reduced among MSW to 37 percent in 2015 (ICDDR, B, 2017) from 41 percent in 2013-2014 (ICDDR, B, 2015). On the other hand, among the MSM in Dhaka, only 9.3 percent was tested for HIV and knew the result in 2010 which increased to 16.5 percent 2013 but again decreased to 10.6 percent (ICDDR, B, 2017). Among the MSW in Dhaka, 37.7 percent was tested for HIV and knew the result in 2010 which decreased to 35.2 percent in 2013 but again increased to 36.5 percent in 2015 (ICDDR, B, 2017).

It has been argued by some researchers that lack of sustained behaviour change can be explained by the disempowering environment due to violation of various human, civil, and personal rights of MSM in which their sexual encounters take place (Bondyopadhyay & Khan, 2004). This issue signifies the importance of this doctoral research on community development as CD approach can address sexual health needs in a comprehensive way through empowering them. The experience gathered by the community based and non-government organizations (NGO) from their HIV prevention programmes for MSM and MSW show that high degree of violence and violation of human rights is working as a stumbling block for their empowerment and this is ultimately reducing the effectiveness of the HIV prevention programmes (Bondyopadhyay & Khan, 2004). In this context, the following section will focus on the violence faced by the MSM and MSW in Bangladesh which will then follow by the discussion on the laws which are violating the rights of MSM and MSW.

1.4 Social and Economic Vulnerability of the MSM and MSW

Social and economic vulnerability of MSM and MSW are accounted by poverty, social class structure, criminalization and stigmatization of same-sex sexual behaviours, and ostracisation. These issues are contributing to the abuses of various rights of MSM and MSW

which is increasing their HIV/AIDS vulnerability (Bondyopadhyay & Khan, 2004). Bondyopadhyay and Khan (2004) reported that MSM and MSW are encountering complications related to sexual abuse, sexual assault, and rape which are increasing vulnerability to HIV. Research conducted elsewhere has found that all types of violence and conflict, namely intimate partner violence, gender and sexual, and domestic violence are linked with increased risk for HIV (Gilbert, El-Bassel, Wu, & Chang, 2007; Global Health Council, 2006; Harvard School of Public Health, 2006; Heintz & Melendez, 2006; Maman, Campbell, Sweat & Gielen, 2000; Miner, Ferrer, Cianelli, Bernales & Cabieses, 2011; Silverman, Decker, Saggurti, Balaiah & Raj, 2008; UNAIDS, 2017; WHO, 2004; WHO, 2013).

The MSM and MSW in Bangladesh are mainly facing the following types of violence: forced/coercive sexual intercourse by single or multiple partners; lack of ability to negotiate safe sex behaviours; and childhood sexual abuse (Azim et al., 2009). The types of violence faced by the Bangladeshi MSM and MSW are similar to those studies conducted elsewhere. However, no study is documented here which shows the relationship between exposure to violence and risk of HIV (Hossain, 2009).

The on-going HIV prevention programmes are collecting information on the nature and types of violence faced by the MSM and MSW only and they assume that this is increasing their risk of HIV. Additionally, the behavioural surveillances are also periodically collecting information on various aspects of violence, such as rape and harassment. The proportion of MSW in Dhaka and Chittagong reporting being beaten and raped in the last year declined significantly. The recent surveillance conducted in 2015 shows that 15.4 percent MSW in Dhaka was beaten in the last year while 11.6 percent was raped (ICDDR, B, 2017). This rate was 38 percent for beaten and 33.2 percent for rape in 2006-2007 (GoB, 2009). On the other hand, the rate of MSW in Chittagong beaten in the last year has reduced to 9.4 percent in 2015 from 24.8 percent in 2006-2007 while the rate of rape has reduced to 15.5 percent in 2015 from 24.1 percent in 2006-2007 (ICDDR, B, 2015). Compared to MSW, a smaller number of MSM has been beaten or raped in the last year. It has been found that 12 percent MSM of Dhaka have been beaten in 2015 and 2.9 percent have been raped (ICDDR, B, 2017). This rate was 8.1 and 33 percent respectively in 2006-2007 (GoB, 2009). On the other hand, among the MSM in Sylhet, the rate of beaten has reduced to 7.8 percent in 2013-2014 from

8.2 percent in 2006-2007 while at the same time the rate of raped has reduced to 3.7 percent from 30.8 percent (ICDDR, B, 2015).

The BSS reports show that physical assaults or beating is the primary violence faced by MSM and MSW which is followed by rape. This finding is also supported by the violence reports prepared by the agency running HIV prevention programmes for MSM and MSW (Hossain, 2009). However, the study conducted by Bondyopadhyay and Khan (2004: p. 16) reported that MSM and MSW also faced other forms of harassment and violence: extortion on the threat of imprisonment, prolonged blackmail, restriction of movement in public spaces and disclosure of sexual practices to *Mastans (hooligan)* and family members. The BSS is also collecting information on the perpetrators and it has been reported that local people and *Mastans* is the main perpetrators of violence which is followed closely by the members of the law enforcing agencies, notably by the police and the sex partners of the MSM and MSW (GoB, 2005, 2007a; Hossain, 2009; ICDDR, B, 2015, 2017).

Though harassment and violence faced by the MSM and MSW in Bangladesh have been reported in a limited scale but the reasons why perpetrators are doing these harassment and violence are remaining mostly unanswered. However, MSM and MSW perceived that they have been assaulted or raped simply because they are effeminate (Bondyopadhyay & Khan, 2004). Bondyopadhyay and Khan (2004) found that *Kothi* people perceived that they are being harassed as they are not living up to the expected normative standards of masculine behaviour. It is worthwhile to mention here that linguistically Kothi is a localized word which is used by the biological males who have a feminine soul and who wished to take the passive role in a sexual relation.

The type of harassment and abuse faced by the MSM and MSW has significant implications for the effectiveness of HIV interventions (Azim et al., 2009). It has been reported that the incidents of violence and harassment among the MSM, MSW and HIV prevention related project staff diminish their self-esteem, self-worth, and motivation towards practicing safer sex through reducing the negotiation capacity for safer sex (Bondyopadhyay & Khan, 2004; Azim et al., 2009). This information on violence and harassment suggests that risk for STI and HIV among the MSM and MSW in Bangladesh are environmentally structured and collective actions from within the community are essential. In this regard, adoption of community development can play significant role as it can moderate the association between socio-

structural risk factors HIV transmission through empowerment (Ramirez-Viles, 2002; UNFPA et al., 2015). Community development aims to achieve the empowerment at the following three levels which ultimately reduce the environmentally structured risk for HIV transmission: individual level, which tackles the low level of self-esteem and lack of confidence and self-worth; community level, which develops solidarity among the community people to unite them to resist the structure of oppression and helps to mobilise them; societal level, which involves creating pressure and/or lobbying for changing the oppressive laws and policy (Evans, 1999; Israel, Checkoway, Schulz & Zimmerman, 1994).

1.5 Policy and Programmes on MSM and MSW in Bangladesh

1.5.1 Policy on MSM and MSW in Bangladesh

The first ever adopted *National Policy on HIV/AIDS and STD Related Issues* which was formulated in 1996 (GoB, 1996) has stated that "homosexual people need special attention having access to IEC" (information, education and communication). However, the policy did not use the term like 'MSM' or 'MSW'. MSM as a term was first used in the first *Strategic Plan of the National AIDS Programme of Bangladesh 1997-2002* where MSM was acknowledged as priority target population for HIV prevention programmes (GoB, 2000). The strategic plan outlined the expansion of interventions among the MSM along with other priority population engaged in high-risk behaviour. It recommended the following interventions: behaviour change communication (BCC) which will include peer education, community outreach programmes; enhancing availability of good quality condom, accessibility and its correct use particularly in risk situations; counselling, referral, networking and supportive mass media (GoB, 2000). However, none of these documents has discussed anything about the contexts of risks and vulnerabilities of the MSM and MSW and it did not address the interventions needed for them though GoB has claimed their commitment about MSM issue by showing the example of incorporating MSM in national policy.

The second National Strategic Plan for HIV/AIDS 2004-2010 also recognized MSM as a priority group of people (GoB, 2004). Programme objective one of this strategic plan is to *"provide support and services to the priority groups of people".* The second strategic plan has also adopted several strategies to achieve this objective of which the following two are very important for MSM: "*empower priority groups to protect themselves and others; and ensure people's access to protective technologies and services, and knowledge of protective practices"* (GoB, 2004). The subsequent strategic plans have also recognized MSM as 'most

at risk population' and adopted programme objectives as to implement services to prevent new HIV infections by increasing programme coverage and universal access. These strategies have recognized that MSM and MSWs are highly socially marginalized and they are disempowered. Thus, a human right based approach has been adopted to maximise programme coverage and service access by these marginalised populations and empower them to be involved in the areas of advocacy and policy development (GoB, 2011; GoB, 2014a; GoB, 2016a). This approach has been adopted as it has been recognized the need to involve them in policy dialogue, programme design and implementation (WHO, 2010). Community mobilisation through formation of self-help groups and networks has also been emphasised in these strategic plans to address barriers to service access and build self-esteem among these population group. The strategies adopted to achieve the objectives of these Strategic Plans reflected the importance of community development as it can empower the group members as well as diffuse the safer sex messages among the community members (Cornish, 2006; Asthana & Oostovogels, 1996).

National policy and strategic plans on HIV/AIDS have included MSM as a priority population group though male-to-male sexual act is criminalized. Section 377 of the Bangladesh Penal Code (BPC) says that *"whoever voluntarily has carnal intercourse against the order of nature with any man, woman or animal shall be punished with imprisonment for life, or with imprisonment of either description for a term which may be extended to ten years and shall also be liable to fine (The Penal Code, 1860)".* BPC has inherited this law from the colonial Indian Penal Code which was promulgated by Lord McCauley in 1860 (Bondyopadhyay & Khan, 2004). However, the law did not clearly define what constitutes *"carnal intercourse against the order of nature"* though the existing literature often recognized 'anal sex' as 'against the order of nature' as anal sex is neither resulting to any reproduction nor has any chance of reproduction. (Brentlinger, 2011; Inyang, 2011). According to the current Bangladesh Penal Code (Section 377), MSM can be sentenced to prison for up to 10 years or to paying a fine if convicted of such a crime (Azim et al., 2009).

In practice, it has been found that the use of section 377 is very rare. MSM are rarely arrested under section 377 of BPC as it requires proof that "carnal intercourse" has occurred and a warrant. In the 46 years history of Bangladesh so far only one case has been reported which used section 377 (Dhaka Law Report, 1989). Rather they are arrested under Section 54 of Code of Criminal Procedure 1898 which allows the police to arrest a person without a warrant under some "suspicious" conditions (Azim et al., 2009). In addition, anecdotal

evidence shows that many MSM are arrested by police and sent to prison for three to four days and then released after receiving bribe from them.

There are other laws which are using against the MSM and MSW. Section 86 (penalty for being found under suspicious circumstances between sunset and sunrise) of Dhaka Metropolitan Police Ordinance 1976 and section 290 of BPC (public nuisances) are regularly used against the MSM and MSW (GoB, 2010). These legal issues are working as a barrier for proper implementation of the HIV prevention programmes for the MSM and MSW in Bangladesh (Azim et al., 2009; GoB, 2010; GoB and UNAIDS, 2013; GoB, 2014; GoB, 2016a). Studies show that outreach workers are often being harassed by the law enforcement agency and local people for 'promoting homosexuality' (Coghlan & Khan, 2005; Khan, Parveen, Hussain, Bhuiyan, & Gourab, 2007). Appropriate advocacy and lobby at policy making level is essential to address this legal scenario. Thus, community development is a logical strategy as it empowers the community members to address these legal challenges through the mobilization of this community.

1.5.2 History of HIV Prevention Programmes for MSM and MSW in Bangladesh

HIV prevention programmes for MSM and MSW are being implemented since late 1990s despite the existence of legal barrier. The MSHS, a community based non-government organization (NGO), started the HIV prevention programmes for 'males who have stigmatized behaviour' in 1997 with the funding from the Norwegian Agency for International Development (NORAD) (USAID & FHI, 2007). This community-based NGO adapted the sexual health promotion model developed by the Naz Foundation International and the service framework was limited to outreach activities, BCC materials distribution, referrals to the drop-in-centres, community building, drop-in services, educational and vocational classes, socializing groups, STI syndromic management, and counselling (USAID & FHI, 2007). The NORAD continued to support this NGO until 2003 but they reduced the funding significantly after 2000 when the Family Health International (FHI) started to support interventions for people most vulnerable to HIV which included MSM and MSW. Since then FHI has funded HIV prevention programmes of Bangladesh in three phases: implementing AIDS prevention and care (IMPACT) project between October 2000-October 2005; Bangladesh AIDS programme (BAP) between November 2005-October 2009; and Modhumita (means sweet friend in English) project between September 2009 - September 2014 (GoB, 2010). The FHI funded the following activities for its HIV prevention programme: condom and lubricant distribution; diagnosis and treatment of STI; behaviour change

communication which includes one-to-one information session on HIV/AIDS and STI transmission and prevention messages and developing and distributing IEC/BCC materials; advocacy for MSM (Hales, Kantner, Khan & Pick, 2007).

The Government of Bangladesh started HIV/AIDS prevention project (HAPP) for most-at-risk populations in 2004 in cooperation with World Bank and Department for International Development (DFID), UK, which included programmes for MSM. The management responsibility of the HAPP was given to UNICEF along with WHO and UNFPA and it continued until 2007. The programme was renamed as HIV/AIDS Targeted Intervention (HATI) after 2007 and it focused on the following six population groups: injecting drug users (IDUs), brothel-based sex workers, street-based sex workers; hotel and residence-based sex workers; clients of sex workers; and MSM, MSW, and Hijra (GoB, 2010). The HATI program was partly managed by UNICEF and National AIDS/STD Programme (NASP). This program ended in June 2009 and then new programme HIV/AIDS Intervention Services (HAIS) was introduced in December 2009 which was ended in 2011. The HAIS program was supported by the World Bank financed Health, Nutrition and Population Sector Programme (HNPSP) to implement the intervention packages for brothel-based sex workers, street-based sex workers, hotel and residence-based sex workers, client of sex workers, MSM, MSW and Hijra, and injecting drug users. The third Health, Population and Nutrition Sector Development (HPNSDP) supported HIV/AIDS Prevention Services (HAPS) program run for the period of 2011 to 2016 and it served the following population groups: female sex workers; male sex workers; Hijra; and people with injecting drug use. The GoB is continuing this HAPS program under the fourth HPNSDP which will be ended by 2022. In all cases, whether it is HAPP, HATI, HAIS, or HAPS, the actual interventions and services are provided to the beneficiaries by the NGOs which are selected and managed by the National AIDS and STD program (NASP). The GoB has no direct involvement in delivering the actual interventions and services to different 'risk'-groups.

The funding for HIV prevention among MSM and MSW also came from Global Fund for AIDS, Tuberculosis, and Malaria (GFATM) in 2009 though GFATM is funding Bangladesh since 2004. Bangladesh received the round 2 funding from GFATM for the for the first time for the period of 2004 to 2009 but the target group for this funding was only for young people (15-24 years). The GoB won the GFATM Round 6 grants for providing essential HIV services for the most vulnerable high-risk populations for the period of May 2007 to April 2012. The first

phase of the round 6 GFATM funding programme implemented from May 2007 to April 2009. However, in this first phase, the target population was only female sex workers and injecting drug users though the package was designed for high risk populations. The second phase of the GFATM round 6 started in April 2009 and supposed to end by April 2012 but it has been merged with the new GFATM Rolling Continuation Channel (RCC) round for the period of December 2009 to November 2015 (GoB, 2010).

The GFATM RCC round has a special focus on MSM, MSW and transgender though they were not at all included as target population in the round 2 and 6. The GFATM RCC program implemented the following HIV prevention related activities for MSM, MSW and transgender populations: HIV/STI prevention education and awareness; condom and lubricant distribution; providing STI management and basic general health services; counselling; establishing referral linkages for voluntary counselling and testing (VCT) and HIV positive case management; organize educational sessions; provide life skill education training; organize and provide vocational training for alternative livelihood; and conducting advocacy meetings with law enforcement agencies, religious leaders, health service providers, and local elite (ICDDR, B, 2010). Though some of these activities, for example, life skill education training, vocational training for alternative livelihood, advocacy meetings with different stakeholders, etc., are considered as part of the community development programme, however, in practice their focus was very limited in terms of the budgetary allocation.

The GFATM new funding model (NFM) for HIV prevention for key populations was introduced in December 2015 and ended the first phase in November 2017. The second phase of the NFM has started in December 2017 and will continue until November 2020. The NFM has focused on the following population groups: FSW, PWID, MSM, MSW, Hijra and partners of all these groups. The NFM implemented programs for behaviour change, condom and lubricant distribution, HIV testing, diagnosis and treatment of STIs. However, this program has also given high emphasis on community empowerment and reduction of stigma, discrimination and violence against MSM and Hijra (GoB, 2016a; NASC, 2017).

The GFATM had also supported the HIV prevention programs for MSM in Bangladesh between 2013 to 2016 through the Multi-Country South Asia Regional Program which included the following countries: Afghanistan, Bangladesh, Bhutan, India, the Maldives,

Nepal, Pakistan and Sri Lanka. The overall goal of this programme was to reduce the impact of HIV on male who have sex with male and transgender populations in South Asia. The focus of this programme was to support and build the capacity of in-country organizations to deliver high quality services, engage in policy development and advocacy initiatives, and take part in research on HIV-related issues affecting MSM and transgender people including operations research to improve programme activities through Community Systems Strengthening (CSS) (Global Fund, 2013; NASC, 2017).

Throughout the period since 1997, some other donor agencies (such as UNDP, Elton John Foundation, Royal Netherlands Embassy) have also supported the HIV prevention programmes for MSM but the nature of the programme mostly remained unchanged. However, a kind of volatility for funding and implementing the HIV prevention has been observed in the above discussion. As a result, sometimes prevention programmes have been seriously affected. This volatile funding issue has also impact on the sustained improvements in sexual health which the community-based HIV prevention agencies aim to achieve through community development via their empowerment (Evans, 1999). On the other hand, there is a conflict between donors and MSM community-based NGOs in terms of the kind of HIV prevention programmes they want. Donors and NGOs want that consistent condom use has to be increased and this is the only way to prevent the epidemic while MSM want to live a life as a human being (Khan, **n.d.**). MSM see that intervention programmes are too mechanistic as a result of this conflict and often they do not develop their sense of belongingness to these intervention programmes. At the same time, it has been anecdotally evidenced that in a culture of donor dependence, often donors win in this conflict which disempowers the NGOs as well as their beneficiaries (Islam, 2016). The research on community development is also important from this perspective while the community people want to achieve sustained behaviour change through empowering themselves, but donors are reluctant to fund for this. It becomes very difficult to obtain long term public or community support and commitment for funding or practical assistance where community development programmes explicitly question the role of the State or challenge entrenched socio-cultural structures (Evans, 1999). Thus, sustainability of the community development related programmes which aim to empower the community people becomes very tough (UNAC, 1996). In this context, this research will also contribute through generating knowledge on how the HIV prevention agencies in Bangladesh are implementing community development programmes while donors are reluctant to fund for this type of activities.

1.6 Chapter Outline of the Thesis

The present chapter (**Chapter One**) aimed to provide the broad overview of this thesis and attempted to justify the rationality of conducting this research. In this context, this chapter has provided a brief discussion community development, its theory of change, and its effectiveness in the prevention of HIV and AIDS. The Chapter then moved into the discussion on size estimation of MSM and their coverage in HIV prevention programme in Bangladesh, the state of sexually transmitted infections and HIV among MSM in Bangladesh, their sexual behaviour and practice of condom use, their social and economic vulnerability and its interconnectedness with HIV. Finally, this chapter ended with a description on policy and programmes related to MSM and MSW in Bangladesh.

Chapter Two focuses on the conceptual issues related to community development for HIV prevention. In this chapter it has been discussed how community and sexual identity is being defined in both the Western and South Asian context and then moved to the discussion on community development form the HIV prevention perspective. The chapter ended with a discussion of empowerment and power, which are one of the two core concepts of this thesis. **Chapter Three** has outlined the epistemological position of this research. The chapter has also presented the research questions and methods of conducting this research.

The empirical findings from the qualitative research undertaken are presented in **Chapter Four, Five, and Six. Chapter Four** explores the history and context in which the agency originated. This chapter attempted to explore whether the emergence of this agency was felt by the local community people or it was organized by external experts. This chapter also explores the current remit, funding, structure, and service delivery model of this agency. **Chapter Five** provided a thick description on how the people around this agency defined community development. The chapter then moved into providing a detailed description on the activities which this agency deemed as community development. **Chapter Six** presented findings on how the idea of community and identity has been constructed around this agency and who dominates the process of these community and identity construction.

Finally, **Chapter Seven,** which is the last chapter and it has provided discussion and conclusion of this thesis. The chapter has provided brief discussion on the key findings of this thesis (Chapter Four, Five, and Six) based on the theoretical framework presented in Chapter Two. The chapter has also highlighted the limitations of this thesis along with research and policy implications of this thesis. The chapter ended with a conclusion based on the overall findings of this thesis.

Chapter 2: Community Development: Conceptual Issues

2.0 Introduction

The purpose of this chapter is to examine the different constructs related to community development. This chapter then acts as a foundation in terms of developing the research questions and designing the methodology of this study (Chapter Three). These theoretical arguments then used as a point of reference to contrast (Chapter Seven on discussion and conclusions) the empirical findings (Chapter Four, Five, and Six) of this thesis. This chapter begins with a discussion on community and sexual identity where it has been described how different perspectives have been used in examining these two concepts. The chapter then moves on to the discussion on community development and empowerment as a goal of community development. Finally, the chapter ended up with a critical discussion on power as it is central to the idea of empowerment.

2.1 Community and Sexual Identity

Community development seeks to empower the community people, taken to mean both geographical communities, communities of interest or identity and communities organising around specific themes or policy initiatives (The Budapest Declaration, 2004). In case of HIV prevention, CD aims to reduce the vulnerability to HIV through empowering the community people and disseminating messages on safer sex among them (Busza, 2004). It is argued that existence of community identity is a must for meaningful mobilization of the community (Busza, 2004), which often lacks among the marginalized group like MSM. Thus, 'building the sense of community' is often seen as a starting point in CD approach for marginalized communities as often they do not self-identify as a cohesive group. As a result, for example, many CD programs among the female sex workers and MSM initially aimed to create or strength 'a sense of community' (Busza, 2004; Jana eat al., 2004; Kerrigan et al., 2008; Mas de Xaxàs et al., 2008; Mgbako, Gabriel, Garr & Smith, 2008; Praxis, 2009). Thus, the question arises 'what a community is?' In this context, the following two sub-sections provides a brief discussion on community followed by sexual community. Then the concept sexual identity has been discussed as it is considered as one of the bases of the sexual community (Gatter, 1999).

2.1.1 Community

Community is one of the core concepts of sociology and social anthropology and the concept is being studied for more than last two hundred years (Bell & Newby, 1971). However, the concept is highly 'contested' (Green et al., 2015; Jewkes & Murcott, 1996; Konig, 1968;

Laverack, 2004; Mayo, 2000; Speller, 2006), 'chameleon' (Keller, 2003), 'fuzzy' (Fairbrother et al., 2013; Warwick-Booth, Foster & White, 2013), polysemic and malleable (Haq & Lewis, 2014). The concept has been defined by various sociologists in different ways and these definitions barely have any commonality except the fact that all these definitions are dealing with man (Bell & Newby, 1971). The purpose of this discussion is not to jot down all these definitions rather to provide a summary of those perspectives that are being used to define community as this will help to understand the notion regarding community in a community development programme for MSM in Bangladesh.

The definitions provided by different sociologists and anthropologists have used different boundaries to separate one community from another. Community has got both tangible and less tangible boundaries. Community has a tangible boundary when it is defined geographically (Butterworth & Weir, 1970; Keller, 2003; Laverack, 2004; Phillips & Pitman, 2009). On the other hand, community has less tangible boundary when it is defined by membership - shared identity or sense of belonging or interdependence or network of social ties and allegiance (Delanty, 2003; Gatter, 1999; Israel et at., 1994; Keller, 2003; Laverack, 2004; Minar & Greer, 1969; Phillips & Pitman, 2009), common symbol systems - shared ideals, interests, expectations, perspectives or culture (Israel et at., 1994; Keller, 2003; Minar & Greer, 1968), shared social interaction (Laverack, 2004), shared needs and commitments to meeting them (Israel et at., 1994; Laverack, 2004), shared emotional connection - members share common history, experiences, and mutual support (Israel et at., 1994), mutual influence – community members have influence and and are influenced by each other (Israel et at., 1994), community as political consciousness and collective action (Delanty, 2003); and community as cosmopolitanized where technology plays a critical role in reshaping the social relations and reducing the geographical distance (Delanty, 2003). How these boundaries are being used by the people to make their own community are entirely dependent on the specific community in question (Cohen, 1985) and the question is highly pertinent to explore in the context of researching community development. These boundaries are not mutually exclusive and thus it is possible that people often belong to more than one boundary and create their community accordingly (Weeks, 1996).

2.1.2 Sexual Community

The study of sexual community is important as the ways in which a sexual community is constructed are linked with transmission and prevention of HIV and AIDS in a particular society (Parker, 1994). It has been observed in many Western setting that sexual

communities, particularly the gay community, have played a significant role in the HIV prevention programs (amfAR, 2006; King, 1993; Kippax, Connell, Dowsett, & Crawford, 1993). There are two pertinent questions in this regard: what do we mean by a sexual community and how can we study a sexual community?

A sexual community, like community in general sense, is also based on shared interest or identity. Jeffrey Weeks (1996) summarized four key elements which are included in the contemporary ideas of a sexual community. These four elements are: community as a focus of identity; community as ethos or repository of values; community as social capital; and community as politics. Weeks argued that a sense of identity related to community has been a dominant shape since the late 1960s and social movements, such as feminist and gay and lesbian movements have influenced this idea. These social movements challenged the existing social structure and offered alternative possibilities. For example, gay and lesbians rejected the idea of pathologizing homosexuality by 'reversing the discourse' and affirming pride in being homosexual (Weeks, 1996).

The ideas of sexual community as ethos or repository of values were put forwarded by Blasius (1995). He argued that sense of community grounded on sexual identity among the gay and lesbians provides the context for the moral support for them. Blasius (1995) suggests that community as ethos or repository of values among gay and lesbians can be understood 'both as coming out and as integrating one's homoerotic relationships within all of one's social relationships'.

Community as social capital was comprehended by Weeks (1996) in the context of the activities by gay community for the prevention of HIV and AIDS. He argued that the presence of a sense of community around sexual issues influenced the promotion of safer sex among the gay community whereas the absence of sense of community limited the development of a culture of safer sex among non-gay-identified MSM.

Community can also be considered as politics in that sexual communities often challenge the conventional politics, draw attention to them and lead to change (Gatter, 1999). Weeks (1996) argued that contemporary gay and lesbian movements embrace at least two different political movements: the moment of 'transgression'; and the moment of 'citizenship'. The moment of transgression was defined by Weeks (1996:82) as "the moment of challenge to

the traditional or received order of sexual life: the assertion of different identities, different life-styles, and building of oppositional communities". On the other hand, the moment of citizenship was defined by Weeks (1996:82) as "the movement towards inclusion, towards redefining the polity to incorporate fully those who have felt excluded". However, there is no evidence particularly among MSM in South Asia and Bangladesh regarding how power is being used in building community and thus this research can fill this gap.

The senses of community discussed above are not mutually exclusive, rather they overlap. The senses are also interdependent. For example, based on the ethos of a community, gay and lesbian communities have strived to get recognition of their sexual identity through politics. On the other hand, Weeks (1996: 83) argued that the idea of a sexual community may be a fiction as it is "based on the cultural construction of plausible narratives to make sense of individual lives". It is fiction in the sense that it does not exist in the strict sense of geographically defined entity or empirically demonstrable social networks (Gatter, 1999). Week's idea of community as a *fiction* is like Anderson's imagined community (Anderson, 2006). Weeks (1996) argued that despite being fiction, sexual community is necessary as it enables and empowers the members of this community. Thus, it will be important to explore how a heterogeneous group of people are forming a fictitious or imaginary community and how the members of this fictitious community are ensuring their participation in the HIV prevention programmes. In studying sexual community, it is essential to focus on what is the meaning of 'community' to its members and how the members construct the idea of 'sexual community'. In the process of community development, it is assumed that some groups are more powerful in defining the community as MSM is a diversified group. Thus, Foucault's 'three concepts of community' in this regard will be helpful to explore how the MSM of Bangladesh is constructing their idea of community. Foucault (cited in Rajchman (1991)) distinguished between three concepts of community: a given community; a tacit community; and a critical community. Rajchman (1991) wrote: *"a given community arises from an indication: 'I am an X'. Tacit community is the materially rooted system of thought that makes X a possible object of identification; and critical community sees this system of thought as singular or contingent, finds something 'intolerable' about it, and starts to refuse to participate in it."* (cited in Weeks, 2000: p. 182). Weeks (2000) argued that in the contemporary world, 'given' communities are losing their moral density as old values are detoriating. On the other hand, in the contemporary world, a sexual community embraces the notion of a 'critical community' which results from a problematization of a given or

latent identity (Weeks, 2000). The idea of a critical community challenges the notion of given or tacit community as it is open to new experiences and subjectivities. The notion of holding critical community is determined by the ability of exercising power with regards to subjectivity. Thus, it will be worth to explore how the MSM of Bangladesh are forming the idea of community.

2.1.3 Sexuality and Sexual Identity

The study of sexuality is complex in nature. The meaning of sexuality varies from person to person, culture to culture, time to time, and so on. It is often wrongly portrayed that sexual identity and sexual behaviour are the same thing. But in reality, these are two different entities (Parker, 1994; Deverell & Prout, 1995). Sexual identity is complex and not reducible to sexual orientation. For example, a man identifying as 'gay' might be having sex with woman and a man who identify as 'straight' might be having sex with man (Deverell & Prout, 1995). There are other components of sexual identity: biological sex; gender identity; and gender role (Nungesser, 1983). Sexual behaviour is itself similarly complex encompassing a wide range of activities, such as search for a partner, social interaction between sexual partners, physical and emotional intimacy, sexual contact, etc.

Sexual identities vary across cultures and are constructed through the influence of social, cultural, economic and political practices and viewpoints (Foucault, 1998; Hirst, 2004; McIntosh, 1968; Vance, 1991; Weeks, 1985). Foucault in his seminal book, *The History of Sexuality* (1998: p.105-6) wrote: *"Sexuality must not be thought of as a kind of natural given which power tries to hold in check, or as an obscure domain which knowledge tries gradually to uncover. It is the name that can be given to a historical construct: not a furtive reality that is difficult to grasp, but a great surface network in which the stimulation of bodies, the intensification of pleasures, the incitement to discourse, the formation of special knowledge, the strengthening of control and resistances, are linked to one another, in accordance with a few major strategies of knowledge and power."* According to this view, a man may prefer sex with a person of the same sex but if this is not permitted by his culture and society in which he is living, he may not have sex in that case or may do so but neither admit to this nor perhaps see it as central to his own social identity. So, culture and society are central to the governing of one's sexual behaviour and identity. An individual's subjective sense of their own sexuality is shaped by prevailing norms about the categories of sexual being in that culture.

There are at least two different perspectives within the social constructionist approach of studying sexuality. Foucault is considered as the leader of one group which is recognized as radical or purist social constructionist and he recognized that sexuality is constructed through the knowledge systems of a society which shape what sexual identities can exist in that society not merely the repressive systems which determines what sexual identities can be expressed (Burr, 1995). Foucault according to this view, as Vance (1989: p. 19) wrote, *"there is no essential, undifferentiated sexual impulse, 'sex drive' or 'lust', which resides in the body due to physiological functioning and sensation. Sexual impulse itself is constructed by culture and history."* Weeks (2003) followed the Foucauldian perspective but he argued that we should not underestimate the role of psyche in the expression of sexuality and sexual identity. The second perspective is known as middle-ground constructionist. This middle-ground constructionist accepts implicitly that sexual impulse is inherent, but it is then developed *"in terms of acts, identity, community and object choice"* (Vance, 1989: p.19). However, this thesis will adopt a middle-ground social constructionist perspective in examining sexuality and sexual identity.

There are other schools of thought which oppose the social constructionist perspective of sexuality. These are essentialist and psychoanalytic perspectives of sexuality. The essentialist perspective argued that sexuality is biologically given and determined by genes or other biological mechanisms (Hirst, 2004). According to this perspective, sexual behaviour and sexual identity are fixed and inherent both hormonally and genetically (Schippers, 1989). On the other hand, Freud who is the prime originator of the psychoanalytic perspective believed that sexuality originates not in one's nature but in one's nurture, evolving in early childhood as a process of the development of mental and physical functioning (Hirst, 2004). Because sexual identity does differ markedly between different cultures and because the present study aims to explore how different sexual communities of MSM are constructed during social processes known as CD, the present study embraces a social constructionist perspective on sexuality. It is also worth noting that a man's desire to have sex with other man may be biologically or psychologically determined but that whether this desire is enacted or what form of identity is associated with this desire or practice may be socially constructed.

2.1.3.1 Emergence of MSM in the West: De-Gaying of the Gay Community

Homosexuality is an age-old issue; its existence can be traced from the hunter-gatherer society (Spencer, 1995). However, in this society, homosexuality was not being used for self-

identification as it was merely focused on physical acts rather than romance or attraction (Spencer, 1995). In the West, homoerotic attraction based homosexual subcultures emerged in the context of capitalist urbanization (Greenberg, 1988). The word is since then being used to reflect sexuality-based identity with continuous repression from the society, including medicalization of homosexuality (Greenberg, 1988). But the emergence of AIDS epidemic in the late twentieth century put the gay-identified men into a new debate as initially AIDS was labelled as GRID (gay-related immune deficiency) or 'gay plague' or 'gay disease' (Callen, 1989; Kayal, 1993: Kitzinger & Peel, 2005; Weeks, Aggleton, Mckevit, Parkinson, & Taylor-Laybourn, 1996) as the initial epidemic was highly prevalent among the gay-identified population of the West (Weeks, 1993).

The statutory authorities of the western countries were reluctant to support AIDS prevention and treatment related programs because: (1) AIDS was considered as 'GRID' or 'gay plague' or 'gay disease'; (2) AIDS was related to sexually deviant identity; (3) AIDS was understood as a disease not only of sexual excess but of perversity; (4) AIDS was associated with homosexuality and homosexuality was considered as unnatural and sinful (Kitzinger & Peel, 2005; Sontag, 1988; Weeks et al., 1996; Weeks, 2000). In the beginning of the AIDS epidemic, the connection between homosexuality and AIDS was portrayed in such a way that the statutory authorities and general public was uninterested to allocate the tax-payers money to research or prevent the epidemic of 'perverts' and 'sinners' (Kitzinger & Peel, 2005). In reaction to these social and political milieus, the gay-identified male took the community responsibility to prevent HIV and AIDS. Thus, the first responses to the AIDS epidemic came from the gay-identified male (amfAR, 2012; Berridge & Strong, 1992; Bonell & Hilton, 2002; Weeks et al., 1996). The initial gay community responses for gay people were adoption of safer sex activities, introduction of helplines, creation of self-help groups for people with HIV and AIDS, peer/buddying services, support network, and campaign for reducing the number of sexual partner (King, 1993; Watney, 1994; Weeks et al., 1996).

In response to the gay community's involvement in the AIDS prevention and their advocacy, statutory authorities eventually stepped into HIV and AIDS prevention programs. Statutory authorities started to work with the community-based organizations for HIV prevention through providing them funding. However, by the mid-1980s statutory authorities and the public also started to embrace the idea that HIV is a 'democratic' or 'equal opportunity' virus which does not discriminate to infect 'normal' people as well (Kitzinger & Peel, 2005; Weeks

et al., 1996). For example, by analysing the UK media coverage of HIV epidemic, Antony Vass has argued that by early 1985, the UK media started to portray HIV as an 'equal opportunity' HIV. Vass (1986: p. 44) wrote: *"AIDS no longer confined itself to sexually promiscuous homosexuals; or 'innocent' victims, like haemophiliacs; or intravenous drug addicts. AIDS could now be pass on to children, unborn babies, prostitutes, 'normal' heterosexuals, men and women, young and old. Nobody could be complacent or feel safe."* The major impact of this 'generalization of HIV risk' was to the reduction of fund for the HIV prevention among gay men while they were the highly affected group of people. This is the process which 'gay' activists and researchers have labelled as the 'de-gaying' or 'heterosexualization' of AIDS (Kayal, 1993; King, 1993; Kitzinger & Peel, 2005; Patton, 1990; Watney, 1994; Weeks et al., 1996). King (1993. p. 169) has defined this 'de-gaying' process as *"the denial or downplaying of the involvement of gay men in the HIV epidemic, even when gay men continue to constitute the group most severely affected, and when the lesbian and gay community continues to play a pioneering role in non-governmental (and sometimes) governmental responses, such as the development of policy or the provision of services to people living with HIV."*

The 'de-gaying' process started with a shift of HIV prevention programmes from the 'categories of person who were or were not at risk' to the 'types of behaviour which were or were not risk' (Weeks et al., 1996). In this process, sex between men was labelled as 'risky' sexual behaviour and thus the AIDS educators started to use the terminology 'men who have sex with men' or (MWHSWM or MSM) than 'gay men' or 'gay and bisexual men' for HIV and AIDS prevention (King, 1993; Gatter, 1999). The statutory sector wanted to use the neologism 'MSM' instead of 'gay men' or 'gay and bisexual men' for the HIV and AIDS prevention programmes but some gay men also supported this idea of using MSM as they hoped that it will reduce the stigmatization of AIDS as a 'gay disease' (Gatter, 1999). The neologism MSM is since then used as an inclusive term by the statutory authorities, policy-makers, researchers and practitioners in Western and other settings to denote any man who engage in same-sex behaviour, regardless of the sexual identity that the man in question use to describe or think about themselves. The term is also sometimes used to refer more specifically to men engaging in same-sex behaviour who do not identify as gay and/or who are not 'out' about their sexual orientation. (Dowsett, 2006; Gatter, 1999; King, 1993). For example, as HIV prevention programmes for MSM developed in the UK and other Western countries during 1980s and 1990s, identification of this group was considered important in

terms of HIV prevention both because this group was considered unlikely to come into contact with the HIV prevention services available for the 'out' gay males (Gatter, 1999; King, 1993) and because this group might form an epidemiological bridge for HIV transmission into the heterosexual population. Watney (1993: 23), for example, wrote: "This supposed group [MSM] has special significance in academic research since it is thought of as the main route of possible HIV transmission from 'the gay community' to 'innocent' heterosexuals". HIV prevention programmes in Western countries have targeted gay men but used the term 'MSM' as a euphemism for 'gay' because of the political sensitivities regarding the notion of promoting homosexuality (King, 1993) as well as its focus on epidemiological and behavioural categories instead of identity-based categories. However, the out 'gay' men found the term MSM as profoundly alienating for them as the term moves from identity to behaviour and the use of MSM prioritize the needs of MSM above or instead of those who identify as gay men (Gatter, 1999; King, 1993). The use of MSM also became problematic in the sense that AIDS educators and statutory authorities considered MSM as a homogeneous group but in reality, gay men, bisexual men, and the heterosexual men who sometimes have sex with other men are different in terms of their needs (King, 1993).

2.1.3.2 Male-to-Male Sexuality in South Asia

The situation of male-to-male sexuality is even more complex across South Asia where, a very small proportion of MSM identify as 'gay', many men are not open about their sexuality at all and many others are to some degree open about their sexuality but use or have applied to them with various sexual constructions other than 'gay'. Here, the term male who have sex with male does not describe a single group of persons identifiable rather it is constituted with diverse non-mutually exclusive and fluid categories who overlap into each other's gender and sexuality dominion (Beyrer et al., 2011; Fowler, 2009; Khan et al., 2005). The male-to-male sexual constructions in South Asia include '*Kothi', 'Panthi', 'Double-decker', 'Giriya',* and 'Hijra' (Beyrer et al., 2011; Khan, 1997; Khan et al., 2005). Each of these constructions is attached with different sexual identities and practices. Some of these constructions are self-identified; and some are imposed by others. '*Kothi*' is a self-identified term used by a feminized man who enjoys anal penetration by other men (Khan, 1997, 1999a, 1999c, 2005; Khan et al, 2005). *Kothi* people do not consider themselves as man although they are biologically man. Some *Kothi* even dressed as woman and do make up like woman in their own social gatherings and cruising venues. But their feminize identity is not visible in the public places like in their families or in their work places. *Kothi* may be married

to women or wish to get married in the future often because of family and social pressure. On the other hand, *Hijra's* are born apparently male, but some may be intersex. They are often perceived as a 'third sex', and most of them consider themselves as "neither men nor women" (Khan, 1997). Some of them also consider themselves as 'transgender'. They are feminized in their behaviour. *Hijra's* dressed as woman in their both private and public life. Some of the *Hijra's* are castrated but not all (Khan, 1997). Khan (1997) has distinguished two different types of *Kothi*: civil *Kothi*, those who do not sell sex; and professional *Kothi*, who sell sex. The *Kothi* and *Hijra* self-identified people develop their identity based on their sexual performativity and perceived gender roles (Reddy, 2005). In practice, use of these self-identified terms 'Kothi' and 'Hijra' are often fluid and blurred and they use these terms strategically (Reddy, 2005). It is often said that throughout South Asia, *Kothi* concept was introduced in the written literature by Shivananda Khan, who is the executive director of Naz Foundation International (Cohen, 2005). So, it can be argued that the sexual constructions used to denote same-sex acts in Bangladesh are imported recently from India through the work of Naz foundation.

The term '*Panthi'* is the name given by the *Kothi* to their male sexual partners (Khan, 1997, 1999a). Such men do not identify themselves by using this term and consider themselves as 'real' men (Khan, 1997, 1999a). This is a socially constructed sexual identity which is imposed to the *Panthi* by the *Kothi*. It is reported by the Panthi-labelled people that they penetrate *Kothi* but generally do not seek to be penetrated by other men. Many *Panthi* people are already married or wish to be married to a woman (Khan et al, 2005). Where *Panthi* do seek to be penetrated by other men they are deemed as *"double-decker"* or *"doparata"* (Khan, 1997, 1999a; Khan et al, 2005). *Giriya* is another name given by the *Kothi* to those men of conventional masculine appearance who are involved in selling sex (Khan et al, 2005). The difference between *Kothi* and *Giriya* is that *Kothi* consider them as feminine but *Giriya* consider them as straight men selling sex only to manage their livelihood.

It can be argued that though some of these terms such as *Kothi* is a self-identification used to denote the sexual identity, but this identification has been propogated by individuals and organizations from within and outside Bangladesh. On the other hand, there are given labels, i.e. *Panthi,* which is mostly used to describe behaviour rather than an identity construct or community. However, it has not been investigated how they have come across this construction. It is also important to explore why some feminizied people are using the

term *Kothi* to identify themselves, but others are not? How they have been influenced to use this construction? There are some males in Bangladesh who hold a confident gay identity like men in the West. For example, in 2002, an internet-based group was established by the gay people in Bangladesh. They are maintaining contact with each other through internet. They are making friendship through this network. The group was established in November 2002. At present the group has more than 2000 members. But it is not possible to tell exactly the size of this gay community as many members of this network is foreigner and not all the Bangladeshi who considered themselves as Gay have become member of this network. The membership is also open for the straight male but who are supportive towards gay community. In their website they wrote*: "BoB started as an online group with aims such as bringing together the isolated gay men in Bangladesh under a platform where they can help each other come to terms with their sexuality, helping to find like-minded friends and partners, raising awareness about diverse gender and sexuality issues and eventually building a gay community based on friendship and solidarity"* (Boys of Bangladesh, 2011).

Researchers and HIV prevention agencies are using the term 'males who have sex with males' to target the various groups of males engaged in same-sex acts. The use of the term MSM has been found inaccurate also in the context of Bangladesh (Khan & Khan, 2006). Here, the primary framework for male-to-male sexuality is based on gendered identity (Khan, 2005). Those who are being penetrated by are considered themselves as female whereas those who penetrate are considered themselves as male. So, neither population perceive themselves as 'MSM' (Khan, 2005). In Bangladesh, research on same sex behaviour among male by using the term MSM has been started since 1996 (Khan, 1996) although homosexual behaviours have been found by the researchers in early 1980s (Aziz & Maloney, 1985). It has been also found that research on same-sex sexuality across the South Asia and particularly in Bangladesh is mostly conducted by agencies providing HIV prevention for MSM, often guided by external consultants and aided by international funding agencies (Boyce, 2007; Cohen, 2006; Dowsett et al., 2006). But there is little or no investigation of how these initiatives have in practice employed or in turn influenced the various constructions used locally by MSM (Dowsett et al., 2006). This is an important gap given the potential challenges in developing appropriate CD and other forms of HIV prevention for the diversity of MSM, as well as the potential impacts of such programs in influencing local constructions of MSM sexuality and sexual identity.

2.2 Community Development

2.2.1 Definition of Community Development

Community development is often considered as a contested (Petersen, 1994; Robson & Spence, 2011) and nebulous (Matarrita-Cascante & Brennan, 2012) concept as it has been defined with many conceptual and practical characterizations (Campbell, Pyett, McCarthy, Whiteside & Tsey, 2007; Christenson & Robinson, 1980; Summers, 1986; Wilkinson, 1991). The key challenge lies with the definition of community development is the definition of its core concept, which is community. We have seen in section 2.1.1 that what constitute community is highly debated. The understanding of community in the earlier period of CD movement was associated with 'communities of place' or 'communities of geography' (Green et al., 2015) and CD was known as 'neighbourhood' or 'locality' development (Hustedde, 2009). However, the use of place or locality as a proxy basis for community in community development has become analytically irrelevant and practically inadequate (Bhattacharyya, 2004; Matarrita-Cascante & Brennan, 2012) as there are other basis too for defining community in community development. CD based on the place or locality view of community was defined as "a movement to promote better living for the whole community, with active participation and if possible on the initiative of the community" (United Nations, 1953). In this perspective CD is considered as an outcome, where the goal is to initiate social action to change community's economic, social, cultural and/or environmental situation (Christenson & Robinson, 1989; Phillips & Pittman, 2009).

Community development often use the classical definition of community; that means community is homogeneous and inclusive (Green et al., 2015; Kenny, 2016). However, while this is true to some extent that a community is based around commonality derived from place, shared identity or common interest, the concrete parameters of community have tended to remain muzzy (as we have discussed in the section 2.1.1) in the age of modern communication technology where 'geographical communities' have been replaced by 'virtual communities' (Green et al., 2015; Greene, Choudhury, Kilabuk & Shrank, 2011). Thus, when community is based on 'shared identity' or 'common interest', CD is defined as "a way of working which essentially starts with the needs and aspirations of groups of disadvantaged people . . . and which struggles, first of all to articulate and organise politically around those needs and aspirations, placing them at the front rather than the end of political debate" (Craig, 1998: p. 15). CD is a participatory process that involves working with communities to help the community people to identify workable solutions to the problems

they have identified, listening to and supporting the local people to progress these solutions to their own problems (Burchill, Higgins, Ramsamy, & Taylor, 2006; Stephens, Baird, & Tsey, 2013). According to this perspective, CD is a process where people learn on how to work together to solve common problems of the community (Phillips & Pittman, 2009) and community people are actively engaged with development process as actors, decision-makers, and producers (Howard & Wheeler, 2015; Narayanan, Vineetha, Gayathri & Bharadwaj, 2015). CD is thus considered by many scholars both as a process and an outcome as Phillips and Pittman (2009: p. 6) defined: "community development is a process of developing and enhancing the ability to act collectively, and an outcome of taking collective action and the result of that action for improvement in a community in any or all realms: physical, environmental, cultural, social, political, economic, etc."

The problem of defining community development is also attached with the different meaning associated with the concept. For example, some people consider 'community development' and 'community empowerment' as same (Green et al., 2015) while others argued that 'community empowerment' is the goal of 'community development' (Baum, 2002; Campbell et al., 2007; Green et al., 2015; Kenny, 2016; Kenny et al., 2012; Labonte, 1994; McCabe & Davis, 2012; Nikkhah & Redzuan, 2009). Green et al. (2015) also argued that 'community development' and 'community mobilization' are same. While this is true in terms of its objects as both community development and community mobilization wants to empower the community but there is difference in terms of the approaches used to empower them. A 'true' community development adopts 'bottom-up' approach while community mobilization uses a mixture of 'top-down' and 'bottom-up' approaches (Campbell, 2014; Rifkin & Ridmore, 2001; UNAIDS, 1997). The different domains of community empowerment, community development and community mobilization have been presented in the table 2.1. The definition of CD has also become problematic as some people considers CD as a process while others considers it as a method, a program, a movement, an outcome, an approach or philosophy, a job or profession, a new institution of government, and an agency for change (Garkovich, 2011; Kenny, 2011; Phillips & Pitman, 2009; Rifkin, 1985; Rose, 1962).

Table-2.1: Relationship among Domains of Community Empowerment, Community Development and Community Mobilization

Domains of		
Community Empowerment	**Community Development**	**Community Mobilization**
Problem assessment	Issue selection	Shared concern
Asking why	Critical consciousness	Community consciousness
Organizational structure/Links to others	Community capacity (ability to mobilize organizational resources)	Organizational structure/networks
Leadership	Community capacity (ability to mobilize human resources)	Leadership
Participation	Participation	Collective actions
Building community trust	Building sense of community	Social cohesion

Adapted from: Lippman et al., 2013

The definition used in community is determined the character of community development. For example, if a community is based on identity then CD is characterized as a process which can be used to create or increase identity-based solidarity among the community people (Hustedde, 2009). CD has been also characterized as an "acting together to influence or assert control over social, economic and political issues that affect them" (Mayo, 2005: p. 101). Community development use ordinary people's knowledge, skills and motivation to identify and analyse issues and goals, and to work collectively to resolve problems and fulfil goals. That means, community development is based on the principle of subsidiarity (Hirst, 1994; Kenny, 2011) or 'development from below' (Campfrens, 1997; Ife, 2002). The focus of CD is collective rather than individual in tackling problems and it is a commitment to ensure equality and social justice (Lynam, 2007) through empowering disadvantaged communities (Kenny, 2011; 2016). CD can be performed by the volunteers who are community people or by the paid CD practitioners who may be local or external.

2.2.2 Goals of Community Development

The goals of community development are similarly variegated like its definition. A review of the literatures reveal that the purpose of CD varies from promoting better living (Campbell et al., 2007; Nikkhah & Redzuan, 2009; United Nations, 1953) to creation of identity-based solidarity (Howard & Wheeler, 2015; Hustedde, 2009) and empowerment of individual and community (Baum, 2002; Campbell et al., 2007; Green et al., 2015; Kenny, 2016; Kenny et al., 2012; Labonte, 1994; McCabe & Davis, 2012; Nikkhah & Redzuan, 2009). However, the most important contribution in this regard came from Bhattacharyya (1995; 2004). Bhattacharyya (2004: p. 12) defined solidarity as "a shared identity (derived from place,

ideology, or interest) and a code of conduct or norms, both deep enough that a rupture affects the members emotionally and other ways". Bhattacharyya's idea of solidarity has echoed the idea of Robert D Putnam's (2000) social capital which has been defined as "connections among individuals—social networks and the norms of reciprocity and trustworthiness that arise from them" (p. 16). Community development is being facilitated through the existence of social capital as Phillips and Pittman (2009: p. 6) argued that social capital helps the 'members of a community to effectively work together to develop and sustain strong relationships; solve problems and make group decisions; and collaborate effectively to plan, set goals, and get things done'. There are two different types of social capital: bonding capital; and bridging capital. Bonding capital has been as ties within homogeneous groups while bridging capital is ties among different heterogenous groups (Agnitsch, Flora & Ryan, 2006; Putnam, 2000). The process of community development thus starts with the building of the capacity of the community which leads to social capital which in turn leads to the outcome of the community development (Phillips & Pittman, 2009). According to this perspective, a community may have aimed to produce physical, human, social, financial and environmental capital but it must have to use their social capital to achieve the aim (Green & Haines, 2002). That means social capital is a resource which assumes that well-connected individuals or groups are better able to mobilize other resources (physical, human, social, financial and environmental) to pursue their desired outcomes whether it is improving living condition or agency or empowerment.

2.2.3 Approaches Used in Implementing Community Development

Community development is a process that aims to develop solidarity and agency in the community through building the community capacity to take control and solve their own problems. In this process, power relations shift towards greater equity through enhancing the capacities and building the control of communities (Labonte, 2012). Apparently, it may seem that CD is a participatory process but actually CD varies according to who sets the ultimate goals to achieve and who determines the way of working to achieve these goals. The literatures show a variety of approaches of community development. Ross (1955) also talked about three approaches of community development but they are different from Garkovich (2011): external; inner; and multiple. However, Ross's three approaches of community development are same as Conyers (1986) three approaches: top-down; bottom-up; and partnership. May, Miller and Wallerstein (1993) identified two different approaches regarding who is driving the process of setting goals: the external agent; and the community itself. These two forms are popularly known as 'top-down' approach when the external

agent is controlling the process and 'bottom-up' approach when the community people itself control the process (Laverack & Labonte, 2000). In 'bottom-up' approach, the community is fully empowered while in 'top-down' approach, external agents control the decision-making process.

CD process involving external experts defining what community means and directing what work will be done is known as 'top-down' approach (Grace, 1991; Rosato, 2015). It has been argued that community people should control the planning, implementation and evaluation of a CD programme for empowering them (Grace, 1991; Wallerstein, 2006) but it is often observed that an external agent is in the background role. The external experts design the strategic plans for CD programme based on the consultation and needs assessment survey, which often do not reflect the needs of the community (Grace, 1991; Rosato, 2015). The external experts aim to deliver services without involving local communities in decision making process. In this approach, an expert comes to a less developed area, assesses the needs and problems, and mobilizes the residents to solve the problems by methods which the expert thinks are appropriate (Rifkin, 1985). Community members are not empowered here in terms of decision making. They are dependent on the 'experts' who are 'outsiders'.

In contrast and more in keeping with its rhetoric, CD can involve community members themselves defining community and determining what work they should be done. This approach is called by Ross (1955) as the "inner resources approach" which is popularly known as "bottom-up" approach. In this approach, community people define their problems and find the solutions. Here, the community members actively participate in the CD projects and are thus empowered. CD in this perspective is seen as communities being actively involved in decision making, communities being active in their own self-help, and communities being active in health education and health promotion. Community is considered here a resource to be developed and used for the promotion of health in an ethical and cost-efficient manner. However, "experts" can still be involved in the CD programs even where CD is described in terms of the "bottom-up" approach (Green et al., 2015). This approach is called "multiple" or "partnership" approach where experts with a small group of community leaders or vice versa define and identify the solutions of the problem (Conyers, 1986; Rifkin, 1985; Ross, 1955). When community people and experts together engage in empowering the community, the approach rather considered as 'community mobilization' which is also widely used in the promotion of health. As UNAIDS

(1997: p. 3) stated: “a community becomes mobilized when a particular group of people becomes aware of a shared concern or common need and decides together to take action to create shared benefits. This action may be helped by the participation of an external facilitator-either a person or another organization.” Campbell (2014: p. 48) also echoed in the same way in defining community mobilization: “community mobilization usually involves collaboration among health workers and communities in activities seeking to ‘empower’ them or ‘build their capacity’ to exercise greater agency over their well-being, through increasing their opportunities for meaningful social participation and building enabling partnerships with supportive outsiders.” This discussion on approaches used in community development will help this thesis to guide how the MSHS is being implementing community development among the MSM.

2.2.4 Participation as a Principle for the Practice of Community Development

Participation, which is one of the basic principles of community development, is an omnibus term and it encompasses other principles of community development, namely, self-help and felt needs (Bhattacharyya, 1995). WHO (2002: p. 10) has defined community participation as “a process by which people are enabled to become actively and genuinely involved in defining the issues of concern to them, in making decisions about factors that affect their lives, in formulating and implementing policies, in planning, developing and delivering services and taking action to achieve change”. This definition clearly depicts that shelf-help and felt needs are related to participation. Participatory approach is used to work with community members to share their experiences or plan interventions. Community participation is organizing community and taking responsibilities to manage its own problems.

Ideally, communities or community people should be actively participating in making decisions regarding the design, implementation and evaluation of the community development related interventions in a community development programme (Rosato, 2015). It cannot be forced. However, in practice sometimes community people have been mobilized to participate in the CD project by outsider or external agent. This indicates that the level of participation can vary depending on who is setting the agenda for community development i. e., the external agent or the community itself. The review of literature reveals many forms. For example, Rifkin and Pridmore (2001) mentioned four forms of participation. Firstly, participation for information sharing, where community people are engaged in one-way communication of information by the external agents. Secondly,

participation for consultation, where external agents consult community members about their opinions and views, but the external agents do not guarantee that they will incorporate the views that are gathered from the communities. Thirdly, participation for collaboration, where community members actively engage in decision-making. Here external agents listen to and act on community people's perspectives and community people can significantly influence the results. Finally, participation for empowerment, where community members actively engaged in decision-making about the community development related intervention. Community people are empowered to accept increasing responsibility and accountability for the development and implementation of community development. The external agents take the role of facilitators for this locally driven and owned process. On the other hand, Cheetham (2002) considered co-option, cooperation, consultation, collaboration, co-learning, and collective action as six forms of participation while Green et al (2015) identified the following six as forms of participation: service delivery, consultation, involvement in planning, community's ability to identify their needs, community empowerment, and social activism.

The nature of community people's participation in CD process is predominantly determined by the approaches of community development based on who sets the goals of community development, i.e., 'external agents' or 'top-down' vs. 'community people themselves' or 'bottom-up'. For example, if the goals of community development are being set by external agents then community people will have token participation, but community people will actively participate in the community development if the goal is being set by the community itself. Participation theorists argued that participation of community people in the CD process is also linked with the sustainability of CD project. Table-2.2 provides the relationship among the mode of participation, who controls the goals of the community development, level of participation, improvement of community capacity, and sustainability of the CD project (Cheetham, 2002; Green et al., 2015). It can be seen from the table that the community people are co-opted in the CD project when outsider or external agent control the CD project and as a result the project never sustained after the end of funding. On the other hand, when the community people control the steering of a CD project and outsider expert's or external agent's role is nominal, then the CD project survive for long time. Community participation has been directly linked to empowerment as the principal mechanism by which individuals and groups become empowered as a means of promoting healthier individuals, communities, and environments (Bracht et al., 1999; Laverack, 2004).

Participation in community development is being widely practiced both as a mean and an end (Asthana & Oostvogels, 1996; Nikkhah & Redzuan, 2009). As a mean, participation is used to achieve the goals which can be enhancement of project effectiveness, project efficiency, cost sharing, or combination of all these goals (Asthana & Oostvogels, 1996). Participation as a mean is used in 'top-down' approach of community development where the external experts cannot implement the community development program without the participation of community people. Here, participation of the community people is 'token' and thus the practitioners of community development are less interested to ensure the participation of community people. The practitioners of community developments are more interested to ensure the achievement of predetermined, fixed, and quantifiable goal (Nikkhah & Redzuan, 2009). On the other hand, participation as an end, gives emphasis on the dynamic, unquantifiable, and unpredictable process through which confidence and solidarity are built up (Nikkhah & Redzuan, 2009). In this process, focus is given on to ensure participation where community people are directly involved in shaping, deciding, and taking part in the community development process from the 'bottom-up'. This approach wants to ensure meaningful participation of the community people so that they can take collective action on any issue that affect their lives.

Table-2.2: Types of Community Participation

Mode of participation	Description of participation	Agenda defined by outsider	Agenda defined by community	Level of community participation	Community capacity improved	Sustainability, local action & ownership
Co-option	Tokenism and/or manipulation; representatives are chosen but have no real power or input.	*****				
Cooperation	Tasks are assigned, with incentives. Outsiders decide agenda and direct the process.	****	**	**	*	*
Consultation	Community people's opinions are sought. Outsiders analyse data and decide on course of action.	***	**	**	**	**
Collaboration	Community people work together with outsiders to determine priorities. Responsibility remains with outsiders for directing the process.	**	***	***	***	***
Co-learning	Community people and outsiders share their knowledge to create new understanding and work together to form action plans with outside facilitation.	*	****	****	****	****
Collective Action	Community people set the agenda and mobilize to carry it out, utilizing outsiders, NOT as initiators or facilitators, but as required by community people.		*****	*****	*****	*****

Source: Cheetham, 2002; Green et al., 2015.

2.2.5 Empowerment and Community Development

2.2.5.1 Definition of Empowerment

Empowerment is another key concept of community development. It means attaining power (Laverack, 2005; 2006a). As mentioned earlier (section 2.2.2) that one of the key goals of community development is to improve the quality of community people's lives through the empowerment (Baum, 2002; Campbell et al., 2007; Green et al., 2015; Kenny, 2016; Kenny et al., 2012; Labonte, 1994; McCabe & Davis, 2012; Nikkhah & Redzuan, 2009; United Nations, 1953). The concept 'empowerment' has been used in many disciplines ranging from health to psychology, education to economics and social movements including women's studies. The concept empowerment is being widely used in the health discipline since 1986 when the First International Conference on Health Promotion where health promotion has been defined as 'the process of enabling people to increase control over, and to improve, their health' (WHO, 1986). However, this is not the aim of this thesis to provide a full-length critical review of the available literature on the definitions of empowerment. Rather, the aim is to adopt an operational definition of the concept 'empowerment' for this thesis and explore the concept's relationship with community development as this thesis will explore who has the power to define and develop community and sexual identity.

The widely used definition of empowerment is given by Rappaport (1981; 1985; 1987 (p.12)) as "a process, a mechanism by which people, organizations, and communities gain mastery over their affairs". However, the definition has been expanded by many scholars as a participatory, developmental process in which marginalized or oppressed individuals, groups or communities struggle to reduce powerlessness and dependency to gain greater control psychologically, economically, socially, and politically in changing their lives and environment, acquire valued resources and basic rights, and achieve important life goals and reduce societal marginalization through (1) access to information, knowledge, and skills; (2) decision making; (3) individual self-efficacy, community participation, and perceived control (Israel et al., 1994; Kasmel, 2008; Laverack, 2004; 2005; 2006b; Lord & Hutchinson, 1993; Luttrell, Quiroz, Scrutton & Bird, 2009; Maton, 2008; Nikkhah & Redzuan, 2009; Schulz, Israel, Zimmerman & Checkoway, 1995; Wallerstein, 2002; 2006; Woodall, Raine, South & Warwick-Booth, 2010).

Though the concept empowerment has been conceptualized in many disciplines but there is little agreement among these disciplines in terms of its conceptualizations (Braithwaite & Lythcott, 1989; Campbell, 2007; Freire, 1972; 1973; Israel et al., 1994; Kasmel, 2008;

Laverack, 2004; 2005; 2006a; Laverack, & Wallerstein, 2001; Longwe, 1991; McKnight, 1985; Nikkhah & Redzuan, 2009; Rappaport, 1981; 1987; Rifkin; 2003; Swift & Levin, 1987; Wallerstein, 1988; 1992; 2002; 2006; Zimmerman & Rappaport, 1988; Zimmerman, 2000). Thus, like community or community development, empowerment is also considered a contested concept (Jupp, Ali, & Barahona, 2010) and some people have referred the concept as a 'tired buzzword' and an 'abused term' (Asthana & Ootvogels, 1996; Christens, 2012; Islam, 2016; Toomey, 2011). But the concept empowerment shares some characteristics which will help to understand the concept. Rifkin (2003: p. 170) summarized these characteristics as: "it applies to the individual and the collective or community; it addresses the issue of power and control over resources and the direction of one's own life; it addresses issues of capacity and confidence-building of both individuals and communities; and it sees active participation as necessary but not sufficient contribution".

Empowerment has been theorised at different levels irrespective of its status as process or outcome. A review of available literature shows that empowerment is a multi-level construct and it has got following levels: individual or psychological empowerment; organizational empowerment; and community empowerment (Christens, 2012; Israel et al., 1994; Kasmel, 2008; Wallerstein, 2002). Among these three levels of empowerment, community empowerment has been widely focused in the community development literature (Christens, 2012; Laverack, 2001). The aim of community empowerment in the context of community development is to control the decision-making process which affects the lives of the people living in the community. It challenges social injustice through social and political processes through changing power relations (Laverack & Wallerstein, 2001; Wallerstein, 2006; Woodall et al., 2010). Community empowerment includes efforts to prevent community threats, improve quality of life, and facilitate citizen participation. Wallerstein (1992; 2002) suggested community empowerment as multi-dimensional and includes the dimension of improved self-concept, critical analysis of the world, identification with the community members, participation in organizing community change. Wallerstein (1992; 2002) defined empowerment as a social-action process that promotes participation of people, organizations, and communities towards the goals of increased individual and community control, political efficacy, improved equity and quality of community life, and social justice. The outcomes of community empowerment may emerge as actual socio-environmental and political changes in community. Thus, it can be argued that an empowered community is one in which individuals and organizations can apply their skills

and resources in collective efforts to meet their respective needs. Through such participation, individuals and organizations within an empowered community provide enhanced support for each other, address conflicts within the community, and gain increased influence and control over the quality of life in their community (Israel et al., 1994). An empowered community can influence decisions and changes in the larger social system.

These three levels of empowerment are interdependent and interconnected. It can be argued that while psychological or individual empowerment is concerned with individuals gaining mastery over their lives, the organizational empowerment focuses to collective capacities and community empowerment on 'the social contexts where empowerment takes place' (Wallerstein & Bernstein, 1994). That means in empowered communities, there are empowered organizations and the level of organizational empowerment depends on the empowerment level of its members (Israel et al., 1994; Robertson & Minkler, 1994; Wallerstein & Bernstein, 1994). However, the aims of each level of empowerment is different though they are interdependent (Robertson & Minkler, 1994).

2.2.5.2 Empowerment: A Process or an Outcome of Community Development?

The concept empowerment has been used by some as a process to achieve community development (Baum, 2002; Campbell et al., 2007; Kabeer, 2005; Luttrell et al., 2009; Maton, 2008; Nikkhah & Redzuan, 2009; Rappaport, 1987; Wallerstein & Bernstein, 1988; Wallerstein, 2002) while others considered as an outcome of community development (Israel et al., 1994; Zimmerman, 2000) and others considered as both (Christens, 2012; Kasmel, 2008; Laverack, 2001; 2004; 2005; 2006a; 2006b; Laverack, & Wallerstein, 2001; Schulz et al., 1995; Wallerstein, 1992; 2002; 2006). Empowerment, whether it is psychological, organizational or community level, is context and population specific (Jupp et al., 2010) and is both a process and an outcome (Wallerstein, 2002; Wallerstein & Bernstein, 1994; Zimmerman, 2000). Empowerment as a process is used as a verb 'to empower' refers to a process through which people gain influence and control over their lives, and hence, become empowered (Israel et al., 1994). As a 'process', the concept is understood as a way of increasing the ability of individuals, groups, organizations or communities to (1) analyze their environment, (2) identify problems, needs, issues and opportunities, (3) formulate strategies to deal with these problems, issues and needs, and seize the relevant opportunities, (4) design a plan of action, and (5) assemble and use effectively and on a sustainable basis resources to implement, monitor and evaluate the plan of actions, and (6)

use feedback to learn lessons (UNDP, 1995). As a process, theorists have seen community empowerment as a five-point dynamic continuum which involves personal action, small mutual groups, community organizations, partnerships, and social and political action (Bracht et al., 1999; Jackson, Mitchell & Wright, 1989; Labonte, 1989a; 1989b; 1994; Labonte & Laverack, 2008; Laverack, 2004; 2005). The potential for community empowerment is maximised as the focus shifts from the personal development to collective political and social action. This continuum is dynamic; that means it progresses to the next point after achieving one step. Thus, this way each step can be viewed as an outcome. On the other hand, empowerment as an outcome is an interplay between individual and community change with a long time-frame, at least in terms of significant social and political change (Laverack, & Wallerstein, 2001). Empowerment as an outcome is used as a noun and refers to a state of being empowered as an outcome of the process (Israel et al., 1994). Community empowerment as an outcome can vary, for example, as a product of the redistribution of resources and decision-making process or as the achievement of an increased sense of self-determination, self-esteem or a decrease in individuals' or groups' powerlessness, or success in achieving program goal (Laverack, 2004).

2.2.5.3 Measures of Empowerment

It has been discussed earlier that empowerment is considered a contested concept and a 'buzzword' (Asthana & Oostvogels, 1996; Christens, 2012; Islam, 2016; Jupp et al., 2010; Toomey, 2011). That means the concept is complex and multifaceted; thus, measurement of empowerment is also challenging (Alsop, Bertelsen & Holland, 2006; Narayan, 2005; World Bank, 2017) and it has got several limitations (Jupp et al., 2010). Firstly, due to the multidimensional nature of 'empowerment', it is difficult to measure the concept with a simple metrics as being empowered in one dimension not necessarily imply being empowered in another dimension (Kabeer 2001; 2012; Duflo 2012). Secondly, empowerment is both a process and an outcome but finding an indicator to capture both the process and outcome has proven difficult. Thirdly, empowerment is highly contextual and thus it is challenging to develop an indicator which may be applicable to all contexts. Finally, measurement mostly collect self-reported data on empowerment, which cannot be truly representative. Thus, it has been also argued by some scholars that though empowerment is widely used concept but there is a dearth of its measurement instrument covering its all aspect (Herbert, Gagnon, Rennick & O'Loughlin, 2009). However, despite these limitations different indicators have been developed by different scholars to measurement different levels (i.e. psychological, organizational, and community) of

empowerment though more focus has been given on the psychological empowerment at the individual level (Cyril, Smith & Renzaho, 2016).

A summary on the existing measures is provided by Alsop and Heinsohn (2005) and Cyril et al. (2016). These summaries along with the review of other literatures shows that at the individual or psychological level, the following indicators were used by different scholars to measure empowerment: self-esteem or self-determination, development of self-concept, trust, reciprocity, civic engagement or citizen participation, intrapersonal beliefs of perceived control, interactional critical understanding of social environment, socio-political control, self or political efficacy, involvement in decision making, knowledge of resources, assertiveness, perceived competence (Alsop & Heinsohn, 2005; Cyril et al., 2016; Israel et al., 1994; VeneKlasen & Miller, 2002; Wallerstein, 2002; Zimmerman & Rappaport, 1988; Zimmerman & Zahniser, 1991).

The review of literatures shows that among the three different levels of empowerment, it is the individual or psychological domain, which has got more attention in terms of developing indicators to measure the concept (Labonte & Laverack, 2008; Laverack, 2005). The organizational and community domain of the empowerment though is being used in many disciplines in the last couple of decades, but the concept still lacks a systematic and universal measurement (Cyril et al., 2016; Laverack, 2005). In this reality, the review came with the following indicators have been used to measure empowerment at the organizational level: leadership development, role clarity, satisfaction, effective planning, exert control in achieving organizational effectiveness in service delivery and policy development; collaboration, participative decision making (Alsop & Heinsohn, 2005; Cyril et al., 2016; Israel et al., 1994; Wallerstein, 2002). On the other hand, the following indicators have been used to measure the level of community empowerment: collective efficacy, collective agency, collective action, social norm control, collective identity, critical awareness, propensity to act, sense of community; trust, reciprocity, civic engagement or citizen participation and perceived control among community people (Alsop & Heinsohn, 2005; Cyril et al., 2016; Israel et al., 1994; UNFPA et al., 2015; Wallerstein, 2002).

Jupp et al. (2010) developed a tool for measuring empowerment at group level. They developed four sub-domains of the group empowerment using qualitative methodology in Bangladesh: political development; social development; economic and natural resource

development; and capability. They developed 132 indicators to measure the level of empowerment in these domains. They named their approach as ACCESS (awareness (A), confidence and capability (CC), and effectiveness and self-sustaining (ESS)). They stated that ACCESS approach progresses from Awareness to Confidence and Capability to Effectiveness and Self-Sustaining. They mentioned that a group took on an average two to three years to reach awareness level, a further three to four years to reach confidence and capability level, and another three to four to reach the final level of effectiveness and self-sustaining. Though the ACCESS approach has been used in Bangladesh, but its application was outside the health domain.

The most important contribution in measuring community empowerment came from Laverack (2001; 2003; 2004; 2006a; 2006b). Laverack identified a set of nine domains that measure the community empowerment. These domains are: (1) community participation; (2) problem assessment capacities; (3) local leadership; (4) organizational structures; (5) resource mobilization; (6) link to other organizations and people; (7) ability to ask why or 'critical consciousness'; (8) community control over programme management; and (9) an equitable relationship with outside agents. Laverack also blended these domains with the five-point dynamic continuum of community empowerment (Jackson et al., 1989; Labonte, 1989a; 1989b; 1994; Labonte & Laverack, 2008; Laverack, 2004; 2005) and showed that each of these domains can be measured in a specific level of continuum (table-2.3). On the other hand, almost similar parameters of community mobilization were also developed and tested by Avahan India AIDS Initiative, which was the one of the largest HIV prevention programmes for female sex workers, MSM, transgenders, and injecting drug users. These parameters are: (1) leadership; (2) governance; (3) decision making; (4) resource mobilization; (5) networking; (6) programme management; (7) engagement with state to secure rights and entitlements; and (8) engagement with wider society to reduce stigma (Galavotti et al., 2012; Narayanan et al., 2012; Thomas et al., 2012; Wheeler et al., 2012).

Table-2.3: Relationship between Five-Point Continuum of Community Empowerment and Domains of Community Empowerment

Continuum of Community Empowerment	Domains of Community Empowerment
Personal action	• Participation
Small mutual groups	• Problem assessment skills • Leadership skills
Community organizations	• Leadership skills • Organizational structures • Resource mobilization • Asking why or 'critical consciousness'
Partnerships	• Organizational structures • Resource mobilization • Links to other organizations and people
Social and political action	• Links to other organizations and people • Asking why or 'critical consciousness'

2.3 Power

Community development aims to empower the individual and community (Baum, 2002; Campbell et al., 2007; Green et al., 2015; Kenny, 2016; Kenny et al., 2012; Labonte, 1994; McCabe & Davis, 2012; Nikkhah & Redzuan, 2009). Empowerment is a participatory and developmental process in which marginalized or oppressed individuals, groups or communities struggle to reduce powerlessness and dependency to gain greater control psychologically, economically, socially, and politically in changing their lives and environment, acquire valued resources and basic rights, and achieve important life goals and reduce societal marginalization through decision making (Israel et al., 1994; Kasmel, 2008; Laverack, 2004; 2005; 2006a; 2006b; Lord & Hutchinson, 1993; Luttrell et al., 2009; Maton, 2008; Nikkhah & Redzuan, 2009; Schulz et al., 1995; Wallerstein, 2002; 2006; Woodall et al., 2010). Decision-making involves overt, covert and latent conflict and the outcome of any conflict depends on the 'balance of power' between the people and groups involved in conflict (Buse, Mays & Walt, 2005; Lukes, 2005). The concept empowerment is centralized around power and there are two competing notions of power that are important to understand empowerment (Wallerstein, 2002). These two notions are: radical views of power given by Stephen Lukes (2005) paid attention to those aspects of power that are least accessible to observation and non-monolithic view of power given by Michel Foucault who argued that power is not monolithic but represented as localized relationships which are inherently unstable, and therefore able to be challenged. On the other hand, power also determines the formation and functions of a community (McMillan & George, 1986). Thus, one of the central concepts of this doctoral research is power and the following discussion focus on the theoretical constructions of the study of power.

The application of power is observable in every sphere of life (Mills, 1956) where decision making is involved. That is why it is said that power is exercised when for example; '*A'* has '*B'* to do something that '*B'* would not have otherwise done (Buse et al., 2005). It has been found that contemporary theories on power study have two different disciplinary sources: sociology and political science (Bachrach & Baratz, 1971; Clegg, 1979). Researchers who are sociologically oriented developed 'elite' theory of power which tends to posit that power is highly centralize to a small minority, consisting of members of the economic elite and policy-planning networks (Bachrach & Baratz, 1971; Clegg, 1979). On the other hand, researchers trained in political science developed 'pluralist' theory of power which argued that power does not reside in any elite group rather it is widely dispersed amongst many competing and countervailing groups; no group has absolute power and no group is dominant in decision making (Bachrach & Baratz, 1971; Clegg, 1979; Barker, 1996; Lukes, 2005). In terms of methodology, the 'elite' theory banks on the people's perception regarding who holds the power while 'pluralist' theory mainly depends on the observation of behaviour with a focus on decision-making which produce the winner or loser of an event that involved decision making (Clegg, 1979; Lukes, 2005).

2.3.1 Dahl's One Dimensional View on Power

In the event of decision-making, different actors can exercise power in different ways and these ways are considered as dimensions of power. Steven Lukes in his phenomenal book *Power: A Radical View* (2005, first edition published in 1974) listed three dimensions of power: power as a decision making (known as the one-dimensional view); power as a decision making and non-decision making (known as the two-dimensional view); and power as a decision making, non-decision making, and thought control (known as the three-dimensional view). Though Lukes proposed three dimensions of power but his original contribution is only on the third dimension as he adopted the first and second dimensions from other theorists. Lukes (2005) adopted this one-dimensional view of power from the pluralist theorists, notably from Robert Dahl whose idea of power is "*A has power over B to the extent that he (A) can get B to do something that B would not otherwise do*" (Dahl, 1957). This one-dimensional view is behavioural in nature with a focus on decision-making (Polsby, 1963; Lukes 2005) as Polsby (1963: p. 113) said "*… an attempt is made to study specific outcomes in order to determine who actually prevails in community decision making*". The stress is here that power should be studied on the basis of concrete, observable behaviour. This view does not focus on the sources of power rather its exercise (Bachrach & Baratz, 1971).

2.3.2 Bachrach and Baratz's Two-Dimensional View on Power

Bachrach & Baratz in their article *Two Faces of Power (1971)* has critiqued this pluralist view of power by saying that power may be and often is exercised by limiting the scope of the decision making, which is missing in this view. They said *"Of course power is exercised when A participates in the making of decisions that affect B. But power is also exercised when A devotes his energies to creating or reinforcing social and political values and institutional practices that limit its scope of the political process to public consideration of only those issues which are comparatively innocuous to A. To the extent that A succeeds in doing this, B is prevented, for all practical purposes, from bringing to the fore any issues that might in their resolution be seriously detrimental to A's set of preferences"* (Bachrach & Baratz, 1971: p. 379). They also made it clear about who has power by saying that "*to the extent a person or group consciously or unconsciously- creates or reinforces barriers to the public airing of policy conflicts, that person or group has power"* (Bachrach & Baratz, 1970: p. 8). Lukes (2005) has called this as two-dimensional view of power. Bachrach & Baratz (1971) critiqued the pluralist view and argued that power is not only involved in decision-making; it is also involved in non-decision-making. They described non-decision-making as *"a means by which demands for change in the existing allocation of benefits and privileges in the community can be suffocated before they are even voiced; or kept covert; or killed before they gain access to the relevant decision-making arena; or, failing all these things, maimed or destroyed the decision-implementing stage of the policy process*" (Bachrach & Baratz, 1970: 44). Thus, according to this view of power, those who set the agenda for policy making, keeps the real agenda below the table.

There is at least one commonality between pluralist theorists and Bachrach & Baratz (1970, 1971), who were misleadingly called as 'neo-elitist' theorist. Both these theorists emphasized on actual, observable conflict, overt or covert in decision-making and nondecision-making (Lukes, 2005). Bachrach & Baratz (1970) argued that if *"there is no conflict, overt or covert, the presumption must be that there is consensus on the prevailing allocation of values, in which case non-decision-making is impossible"* (p.49). Lukes argued that the two-dimensional view of power represents a major advance over the one-dimensional view of power. However, Lukes claimed that the two-dimensional view is also inadequate on three counts. Firstly, Bachrach & Baratz (1971) critiqued the pluralist's view of power by saying that their view is behavioural. But they are not free from this behaviourism as their theory is also engaged in studying overt, actual behaviour in decision making process. Secondly, two-dimensional view of Bachrach & Baratz (1971) is insufficient

in its association of power with actual observable conflict. Lukes listed two reasons for this. Firstly, Bachrach and Baratz's (1971) considered coercion, influence, authority, force, and manipulation as different forms of power but Lukes argued that manipulation and authority are not power as they are not involved with conflict. Secondly, Lukes argued that it is extremely insufficient to suppose that power is only exercised in situations of conflict. He said, *"A may exercise power over B by getting him to do what he does not want to do, but he also exercises power over him by influencing, shaping or determining his very wants"* (Lukes, 2005: p. 27). Finally, Lukes third critique of Bachrach and Baratz (1971) is that their theory is "insistence that non-decision-making power only exists where there are grievances which are denied entry into political process in the form of issues" (Lukes, 2005: p. 28).

2.3.3 Lukes's Three-Dimensional View on Power

Lukes (2005) developed his three-dimensional view of power based on his critique on pluralist theory and Bachrach and Baratz's view of power. He argued that power is not only limited to decision making and non-decision making rather it has a third dimension. 'Power as a thought control' was added in this three-dimensional view. The three-dimensional view is that A may also exercise power over B by influencing, shaping or determining his desire. In this dimension, meaning, perceptions, and reality of weaker groups are shaped by the strong groups and this can be done through *"the control of information, through the mass media and through the process of socialization"* (Lukes, 2005: p. 27). Lukes argued that this dimension of power is the 'supreme' and 'most insidious' as it prevents people from having objections *by "shaping their perceptions, cognitions and preferences in such a way that they accept their role in the existing order of things, either because they can see or imagine no alternatives to it, or because they see it as natural and unchangeable, or because they value it as divinely ordained and beneficial"* (Lukes, 2005: 28).

Lukes (2005) three-dimensional view allows the powerful group to keep potential issues out of the decision-making scenario either through individuals' decisions or through the operation of social forces and institutional practices. This view of power is concerned with how power is exercised outside the usual and specific points of conflict or decision making (Huczynski & Buchanan, 2007). This statement apparently indicates that there is no involvement of 'conflict' in the three-dimensional view of power. However, 'conflict' is also involved in three-dimensional view of power like one and two-dimensional views though Lukes stresses the importance of the concept of 'latent' conflict. Because of the latent conflict, those who are subject to power do not express or even remain unaware of their

interests. This study of latent conflict is questionable. Lukes himself stated in his book that pluralist theorists often made objection by saying, *"how can one study, let alone explain, what does not happen?"* (Lukes, 2005: p. 40). However, Lukes defended this objection by that *"it does not follow that, just because it is difficult or even impossible to show that power has been exercised in a given situation, we can conclude that it has not. But, more importantly, I do not believe that it is impossible to identify an exercise of this type"* (Lukes, 2005: 41). Lukes then moved on to discuss how we can identify an exercise of power by analysing of what is involved in identifying it. He said, *"an attribution of the exercise of power involves, among other things, the double claim that A acts (or fails to act) in a certain way and that B does what he would not otherwise do. In the case of an effective exercise of power, A gets B to do what he would not otherwise do; in the case of an operative exercise of power, A, together with another or other sufficient conditions, gets B to do what he would not otherwise do"* (Lukes, 2005: p. 43). Lukes concluded by saying that we can identify exercise of power if we can justify our expectation that B would have thought or acted differently, and we can specify the means or mechanism by which A has prevented, or else acted in a manner sufficient to prevent B from doing so. He argued that it is possible to identify the exercise of power though it is not an easy task.

2.3.4 Foucault's View on Power

Lukes three dimensions of power explains that *A* who is a subject exercises power over *B* by dominating, outmanoeuvring, and manipulating *B*, who may in turn resist or acquiesce depending on his or her level of consciousness and present openings for effective rebellion (Abraham, 2016; Lukes, 2005). Thus, Lukes's three-dimensional views consider power as finite or 'zero-sum' where if B wants to gain power then he must have to seize it from A. However, there are examples when B can gain power without seizing power from A as reflected in Foucouldian literature. In this context, it is worthy to examine the Foucaultdian views on power.

Foucault used power as an analytical tool in his writings. He has mentioned the existence of three different types of power in different societies. These are: sovereign power; disciplinary power; and bio-power (Foucault, 2009, 2004, 2002). Foucault discussed sovereign power is a system of government based on the power of the individualized authority, such as king, priest, or father (O'Farrell, 2005). In the sovereign power system, the delegation of individualized authority was mainly given by the divine right and public ceremony. Sovereign power had the right to decide life and death. Foucault in his book *The History of Sexuality:*

The Will to Knowledge (Vol. 1) has discussed about the sovereign power. He said: *"The sovereign exercised his right of life only by exercising his right to kill, or by refraining from killings; he evidenced his power over life only through the death he was capable of requiring." (Foucault, 1998: p. 136)*. In the sovereign power system, crime was conceived as a personal attack on the sovereign rather than the individual victims of the crime or on the security of the population as whole and accordingly punishment was the sovereign's counter attack to reaffirm the power, not to correct the criminal (Taylor, 2011).

Foucault discussed about the disciplinary power in his one of the influential early writings *Discipline and Punish: The Birth of the Prison*. In this book Foucault (1991) explained how power is used in disciplining the prisoner. He explained here how the creation of modern disciplines with their principles of order and control tends to 'dis-individualize' power through institutional regulation. He used the metaphor of *Panopticon*[6] in describing the process of internalization of the social norms and self-surveillance. Foucault explains how Panopticon work on disciplining the people and the role of power in Panopticism. The major role of Panopticon, according to Foucault, is: "*to induce in the inmate a state of conscious and permanent visibility that assures the automatic functioning of power." (Foucault, 1991: p. 201).* Foucault's symbolic use of Panopticon is related to the norms of a given society. The idea of Panopticon tended to dis-individualize power in the perception that power resides in the machine itself irrespective of its operator. In the context of society, power inheres in the social system as an institution rather than the people who are running this system. People living in this society internalize the norms of this social system as a disciplinary control and accordingly self-surveillance their behaviours that why it is often termed as 'disciplinary power'. The idea of discipline functions as an abstraction of the idea of power from any individual, as Foucault said: *"'Discipline' may be identified neither with an institution nor with an apparatus; it is a type of power, a modality for its exercise, comprising a whole set of instruments, techniques, procedures, levels of application, targets; it is a physics' or an*

[6] Foucault adopted this idea of *Panopticon* from the late eighteenth century English philosopher and social theorist Jeremy Bentham. Panopticon is a type of building design which allow an observer to observe (*-opticon*) all inmates (*pan-*) of an institution without them being able to tell whether they are being watched. The design comprises a circular structure with an 'inspection house' at its centre, from which the managers or staff of the institution can watch the inmates, who are stationed around the perimeter (http://en.wikipedia.org/wiki/Panopticon; Foucault, 1991; O'Farrell, 2005).

'anatomy' of power, a technology" (Foucault, 1991: p. 215). Foucault's *Discipline and Punish* which tended to dis-individualize power may give the paranoid feeling that people living in the society are powerless before an effective and diffuse form of social control (Felluga, 2011).

On the other hand, Foucault considered bio-power as a control over life or body. Bio-power is a type of power that diffused throughout the society and which is productive and creates the possibility of resistance (Gaventa, 2003). As Foucault said: "bio-power is the set of mechanisms through which the basic biological features of the human species became the object of a political strategy, of a general strategy of power" (2009: p.1). While the focus of the disciplinary power was the creation, development and control of the individual body through a range of technologies of power, the focus of bio-power was the life, death and health of entire populations (Foucault, 1998; O'Farrell, 2005). Disciplinary power works through the institutions but bio-power works through the State. However, it may be argued that State is also an institution and as such State can include many other institutions, such as prison, army, school, etc. Thus, disciplinary power can be embedded into the bio-power. In fact, Foucault did not reject this claim in his writing. He said that a bio-politics of the population *"does not exclude disciplinary technology, but it does dovetail into it, integrate it, modify it to some extent, and above all, use it by sort of infiltrating it, embedding itself in existing disciplinary techniques. This new technique does not simply do away with the disciplinary technique, because it exists at a different level, on a different scale, and because it has a different bearing area, and make use of very different instruments."* (Foucault, 2004: p. 242) It is often argued that discipline is the 'micro-technology' and bio-politics is the 'macro-technology' of the same power of life (Taylor, 2011). However, Foucault moved from the discussion of bio-power to the discussion of governmentality in his later part of life. By the word 'government', he meant the techniques and procedures which help the state to control and guide its citizen's conduct. At the beginning, Foucault's focus of government was on the strictest sense of the 'exercise of political sovereignty' (Foucault, 2002). However, Foucault gradually moved from this notion of the government of the general social and of populations towards the notion of how individual subjects were governed and governed themselves (O'Farrell, 2005). Foucault later extended his concept of "governmentality" in such a way which included all form and techniques of the governments of both individuals and groups. However, Foucault did not replace the concept 'power' against 'governmentality' rather his conception of 'governmentality' is an extension to a new object,

'the state', which was missing in his analysis of power in general and 'disciplinary' and 'bio' power in particular (Senellart, 2009). On the other hand, like disciplinary and bio-power, governmentality also stands in opposition to sovereign power (O'Farrell, 2005). Sovereign power had a focus on the obedience to the law of the sovereign and ruling over a territory while government has a different end to achieve (O'Farrell, 2005). Foucault has talked about these ends: *"In contrast to sovereignty, government has as its purpose not the act of government itself, but the welfare of the population, the improvement of its condition, the increase of its wealth, longevity, health, and so on; and the means the government uses to attain these ends are themselves all, in some sense, immanent to the population;*" (Foucault, 2002: pp. 216-217).

Foucault'sposition was against the conceptualizations of Lukes regarding power: power as the capacity of powerful agents to realize their will over the will of powerless people; power as the ability to force someone to do things which they do not wish to do; and power as a possession which is held onto by those in power and which those who are powerless try to wrest from their control (Mills, 2003). Foucault rather argued that power is something which is performed, and which is something more like a strategy than a possession. For example, Foucault in his *The History of Sexuality: The Will to Knowledge (Vol. 1)* has written: "*power is not an institution, and not a structure; neither is it certain strength we are endowed with; it is the name that one attributes to a complex strategical situation in a particular society" (Foucault, 1998: p. 93)*. He also said that: *"By power, I do not mean "Power" as a group of institutions and mechanisms that ensure the subservience of the citizens of a given state. By power, I do not mean, either, a mode of subjugation which, in contrast, to violence, has the form of the rule. Finally, I do not have in mind a general system of domination exerted by one group over another, a system whose effects, through successive deviations, pervade the entire social body. … It seems to me that power must be understood in the first instance as the multiplicity of force relations immanent in the sphere in which they operate, and which constitute their own organization; … Power is everywhere; not because it embraces everything, but because it comes from everywhere." (Foucault, 1998: pp.92- 93).* He has also echoed the same voice in his writings on Power/Knowledge (Foucault, 1980).

Foucault argued that power should be seen as a verb rather than a noun (Mills, 2003). One of his interviews, he said, *"I am not referring to Power with a capital P, dominating and imposing its rationality upon the totality of the social body" (Foucault, 1988: p. 38)*. This

indicates that Foucault has seen power as something that does something rather than something which is, or which can be held onto (Mills, 2003). One of his lectures in 1976, Foucault said: *"Power must be analysed as something which circulates, or rather as something which only functions in the form of a chain. It is never localized here or there, never in anybody's hands, never appropriated as a commodity or piece of wealth. Power is employed and exercised through a net like organization. And not only do individuals circulate between its threads; they are always in the position of simultaneously undergoing and exercising this power. They are not only its inert or consenting target; they are always also the elements of its articulation. In other words, individuals are the vehicles of power, not its points of application"* (Foucault, 1980: 98). According to this view, Foucault took the different position than from radical theorist Lukes and other liberal theorists who considered power as the capacity of an agent to impose his will over the will of the powerless, or the ability to force them to do things they do not wish to do. In this sense, power is understood as possession, as something owned by those in power. But in Foucault's opinion, power is not something that can be owned, but rather something that acts and manifests itself in a certain way; it is more a strategy than a possession.

However, Foucault's idea of this dis-individualized power has changed in his later works and he argued that power ultimately inheres in individuals (Felluga, 2011). He discussed this issue in his later works where he analysed the role of 'subjects' in power relations. Foucault wrote in his *The Subject and Power*: "*The exercise of power is not simply a relationship between "partners", individual or collective; it is a way in which some act on others. Which is to say, of course, that there is no such entity as power, with or without a capital letter; global, massive, or diffused; concentrated or distributed. Power exists only as exercised by some on others, only when it is put into action, even though, of course, it is inscribed in a field of sparse available possibilities underpinned by permanent structures. "(Foucault, 2002: 340).*

2.3.5 Forms of Power

The above discussion on the different dimensions of power given by Lukes and Foucault help us to argue that power can be considered as both a limited, finite entity and an expanding, infinite entity (Laverack, 2005; Rowlands, 1997). Lukes conception about power can be interpreted as a finite entity or power is 'zero-sum' while Foucault's idea about power is an infinite entity or 'non-zero-sum'. When power is finite entity or 'zero-sum' and if B wants to gain power then he must have to seize it from A. But when power is an infinite entity or

'non-zero-sum', then B does not need to seize it from A as both A and B can gain power here without losing their own power. According to Rowlands (1997) and VeneKlasen and Miller (2002), this 'zero-sum' and 'non-zero-sum' power has four different forms: power-over; power to; power with; and power from within. On the other hand, Laverack (2005) discussed three different forms of power: power-from-within; power-over; and power-with.

Power-from-within is development of one's 'self'; that means gaining personal power or some inner sense of self-knowledge, self-discipline and self-esteem (Laverack, 2005). Power-from-within is related to individual, personal or psychological empowerment which means to gain a sense of ability to make decisions and have control over his or her personal life (Israel et al., 1994; Rissel, 1994). Power-over is a form of power where the person or group or organization that holds this power dominate, outmanoeuvre, and manipulate those who do not hold power. It is such kind of relationships where one party is forced to do what another party wishes them to do so, despite their resistance and even if it may not be in their best interests (Laverack, 2005). Finally, power-with describes a different form of relationship where power-over is carefully and deliberately used to increase other people's power-from-within, rather than to dominate or exploit them. Power-over transforms to power-with only when it has effectively reached its end; that means when the submissive person in the relationship has accrued enough power-from-within to exercise his or her own choices and decisions (Laverack, 2005). This type of power refers to the power in a social group and thus it is closely linked with 'collective or community empowerment' (Oxaal & Baden, 1997). Power-with develops a sense of the whole being greater than the sum of individuals when a group or community tackles problem together.

2.3.6 How Foucault and Lukes are Relevant for This Research?

To answer the question like how Foucault and Lukes are relevant for this research, it is important to make a comparative discussion between them. Lukes three dimensions of power explains that *A* who is a subject exercises power over *B* by dominating, outmanoeuvring, and manipulating *B*, who may in turn resist or acquiesce depending on his or her level of consciousness and present openings for effective rebellion (Abraham, 2016; Lukes, 2005). On the other hand, Digeser (1992) considered Foucault's view on power as the fourth-dimension where power itself constitutes both *A* and *B* as subjects, shapes what they conceive as their interests, and delimits the strategic options available to them (Abrham, 2016). While the liberal (Dahl and Bachrach & Baratz) and radical (Lukes) dimensions of

power consider *A* and *B* as given, the fourth views considers *A* and *B* as socially-constructed entities whose self-understandings and interests are themselves established by and through power relations (Abraham, 2016; Digeser, 1992). Lukes three dimensional views see power as what *A* uses to repress *B* but the fourth dimension sees power as what produces *A* and *B*, rather than one's means of repressing the other (Abraham, 2016). Thus, it can be concluded that if power shapes people's ability to have agency or conceive of their interests and values (Bållan, 2010), then Lukes's three-dimensional views consider power as finite or 'zero-sum' and Foucault's fourth dimension consider power as infinite or 'non-zero-sum'. This doctoral research deals with an important public health issue, HIV prevention through community development, which can simultaneously use 'zero-sum' and 'non-zero-sum' power (Laverack, 2005).

It should be mentioned here that Foucault has mentioned many techniques for the operation of disciplinary power, which are important for the study of community development programme. These techniques are: organizing space, such as prison; organizing activity and behaviour of the individual and group body; surveillance through the mechanism of Panopticon; creation of social norm; and examination, which is reflected in the production of certain knowledge and behaviour of the individual influenced by the surveillance and social norm (O'Farrell, 2005; McHoul & Grace, 1993). The techniques mentioned by Foucault in ensuring the disciplinary power are very important in studying community development for HIV prevention as risky sexual behaviour responsible for HIV transmission is often mediated through peer norms, self-efficacy, and developing positive identity (Ramirez-Viles, 2002). It is assumed that community leaders often play a significant role in developing the norms regarding the safer sexual behaviour in a community (Kelly et al. 1991; 1992; 1997) and developing identity (Busza, 2004). On the other hand, Lukes' three-dimensional view on power is also similarly important for studying community development as community development involves overt, covert and latent decision-making. This doctoral research will examine which individuals or groups involved in CD in our case study are powerful in directing how CD works, and defining community and sexual identity, and which are less powerful or not even involved. Thus, both Foucault's and Lukes' theory on power will provide important theoretical frameworks to interpret how decisions on 'CD' are made and implemented and how the concepts like 'community' and 'sexual identity' are constructed and reconstructed.

2.4 Conclusion

The above discussion indicate that community development is challenging with sexual communities and particularly in Bangladesh with the high degree of invisibility and marginalization of MSM while at the same time greater diversification of sexual identities that might be encompassed by the term MSM (Khan, 1999b). Thus, this doctoral research will examine how community and sexual identity is constructed within community development activities in one agency and explore which constructions and whose views on the construction of sexual identity and community is predominant. This research will also examine who defines which aims of CD are to be pursued and who controls what community or communities are developed. These questions are important given the evidence presented above that it is very challenging to decide how best to construct MSM as a single community or even as multiple sub-communities. One possibility of this question might be that *Kothi* are emerging as a dominant group in HIV prevention program for MSM across South Asia (Boyce, 2007). Kothi activists deem the group to be a key 'risk' group because of their high-risk sexual activities and argue the group should be key educators and informants in developing sexual health programs for MSM more generally (Ahmed & Khan, 2001). On the other hand, *Panthi* people are either not targeted in the HIV prevention programs or targeted in tandem with *Kothi* (Boyce, 2007; Khan, 1999b). Thus, it is important to explore whether, how and why *Kothi* might be emerging as a dominant group in Bangladeshi HIV prevention programs and how such work is contributing to the changing construction of homosexual identities and communities.

Chapter 3: Research Questions and Methods

3.0 Introduction

This chapter begins with the presentation of research questions of this PhD thesis. It then provided a discussion on the epistemological basis of this research, which is supported by the research questions. The chapter then moves on to the discussion on research design which has been followed by a brief note on the case under study and methods in detail. Researcher's role in the collection, analysis, and interpretation of the qualitative data which is known as 'reflexivity' and the ethical issues involved in undertaking the case-study research, are also discussed at the end of this chapter.

3.1 Research Questions

The research questions of this PhD research have been guided by the different concepts discussed in chapter two. The overall research question of this doctoral research is how 'community' is and 'identity' is constructed through community development for males who have sex with males in Bangladesh, how power has playd its role to construct the idea of community and sexuality, and how might the construction of community and identity has affected the participation of different groups of people under the umbrella term of MSM? However, there are several specific research questions of this study and these are:

- How are community and identity defined across the agency and among its beneficiaries?
- How CD is defined and what CD work does the agency undertake with what rationale?
- How does the definition of community and construction of identity influence different beneficiaries' participation in CD activities?
- How the processes of CD are shaped by wider factors such as programmes in neighbouring countries and donor priorities, etc.?

3.2 Epistemological Basis of This Research

This study is informed by social constructionism. The basic idea of social constructionism is that reality is socially constructed (Berger & Luckmann, 1967). Berger and Luckmann (1967) in this regard were influenced by the work of philosopher Karl Marx who stated that "man's consciousness is determined by his social being" (Marx, 1953, (cited in Berger & Luckmann, 1967: p. 17)). Social construction theory came as a critique of positivism. Positivist philosophy assumes that there is a stable reality 'out there' whether we observe or not (Green & Thorogood, 2004). In contrast to this positivistic view of knowledge, social constructionist argued that reality is shaped through a system of social, cultural and interpersonal processes and knowledge is constructed through social interpretation and the intersubjective influences of language, culture and other social institutions (Hoffman, 1990).

There is thus not one underlying reality but instead various alternative constructions. Gergen (1985) summarized four assumptions that are made by social constructionists: study of the world is determined by the concepts, categories, and methods, which are available in the reality; meanings and connotations of the concepts and categories we use vary considerably over time, across cultures, and among people; concept, category, or method sustained across time is not dependent on the empirical validity but on its usefulness; and descriptions and explanations of the world are themselves forms of social action and have consequences.

Social constructionist's major focus is to discover the process in which individuals and groups take part in the creation of social reality (Gergen, 1985). It considers the ways in which a social phenomenon is developed, formalized and transformed into tradition by humans. Social constructionist argued that socially constructed reality should be seen as an on-going process (Berger & Luckmann, 1967). There are two schools regarding social constructionism. The 'strong' view of social constructionism suggest that all knowledge is socially constructed with no form of knowledge having any more inherent truth than others, while the 'weak programme' acknowledged that there is an underlying physical reality about which some accounts are more valid than others but that social concepts such as institutions, relationships etc. are altogether social in their construction (Barnes 1992).

It is important here to discuss why this study has adopted a social constructionist perspective instead of an interpretative perspective, which is another dominant theory of knowledge which emerged as a critique of positivism. The interpretative perspective tries to understand the meaning of a phenomenon from the people's perspective. Green and Thorogood (2004) argued that the goal of interpretative research is to understand the world from the perspectives of people involved in it rather than provide an explanation of the world. On the other hand, social constructionist perspective aimed to understand how a social phenomenon is constructed, what are the processes by which a phenomenon is classified, who has the authority to provide classification, and what are the consequences of such classification (Green & Thorogood, 2004)? This dictates that the questions and concepts which this research examines would appear highly amenable to the weak-programme strand of social constructionist thinking because this research is aimed to examine how 'community' and 'identity' are constructed while using CD as an approach

among MSM in Bangladesh, who holds the power in constructing these concepts, and whether and how participation of different gender and sexual identity groups are ensured.

3.3 Study Design

This study adopted a qualitative method and in deciding so the nature of research questions has been considered as a vital criterion as Green and Thorogood (2004:5) stated that "the most basic way of characterizing qualitative studies is that those aims are generally to seek answers to questions about the 'what', 'how', or 'why' of a phenomenon, rather than questions about 'how many' or 'how much'". It is not possible to answer the questions like how sexual identity is constructed socially without knowing the participants' own perspective which is also called the '*emic'* perspective. The emic perspective allows us to explore the construction of social reality from the participants' perspectives (Green & Thorogood, 2004). So, considering the epistemological basis and research questions of this study, it can be said that qualitative method is the best suited one for this study.

The research employed a qualitative case study design. Case study research design, according to Yin (1994), is an empirical inquiry that investigates a phenomenon within its real-life context. Case study is the obvious choice of research design when 'a "how" or "why" question is being asked about contemporary set of events over which the investigator has little control' (Yin, 1994: P.9). The research questions mentioned above indicate that this study attempts to answer the questions such as how 'community' and 'sexual identity' are constructed in the context of a HIV prevention agency. Thus, case study research design is appropriate for this study. In this doctoral research, the case under study is the Males' Sexual Health Society (MSHS)(pseudonym). The MSHS has been selected because it is the only community-based organization in Bangladesh which is working for the HIV prevention among the MSM since late 1990s.

3.4 A Brief Note on the Case: The Males' Sexual Health Society

The Males' Sexual Health Society (MSHS) was established by a small group of Kothi-identified MSM to promote the sexual health of 'males with stigmatized behaviours' in the late 1990s. The objectives of this agency at present are to: prevent STIs and HIV among MSM through improving their sexual health; protect the human rights of MSM & hijra/transgender; develop the agency as an MSM and hijra/transgender technical resource organization; and strengthen organizational capacity of this agency. Initially, this agency was established in Dhaka (the capital city of Bangladesh) and now it has more than 6000 staff in 36 field offices in 22 districts and 31 partner CBOs across the country. Until recently, the

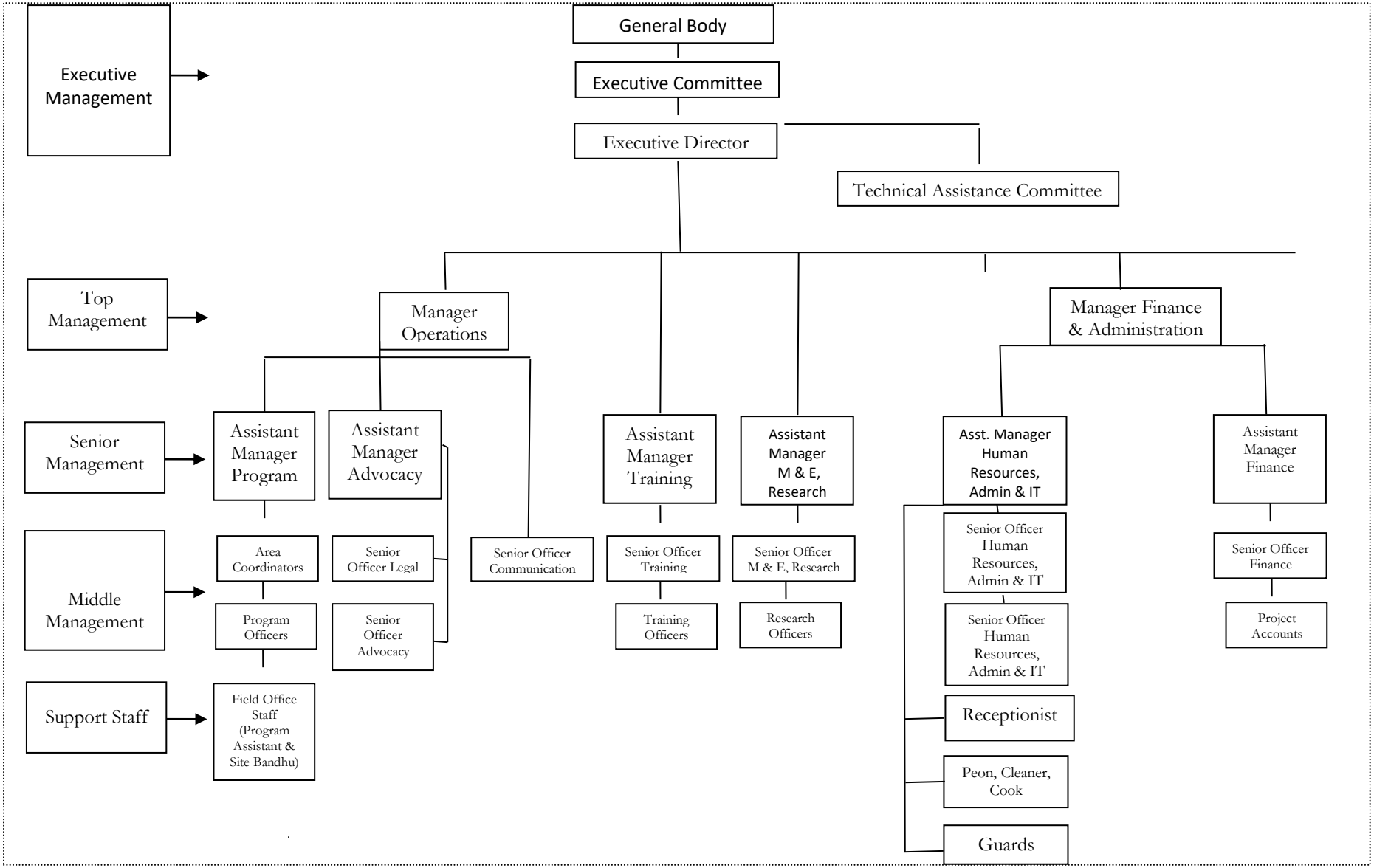
agency was using a three-fold model for male sexual health promotion: field-based services; health services; and centre-based services. Field services include outreach and friendship building, community building and mobilizing, education and awareness, information and advice, referrals, and condoms and lubricants distribution. Health services include the provision of STI treatment and management, HIV testing and counselling, general health issues, and psychosexual counselling. Centre-based services provides social group meeting, skill building vocational classes, drop-in-services, advice and information, counselling, condoms and lubricants distribution, and community build up and research for community. However, recently they have added another two elements in their model for sexual health promotion and these two elements are: capacity building services; and advocacy, research & communication, and technical support service. The capacity building services also includes: vocational training and skill building; and support on alternative livelihood. Community development for MSMs is one of the key targets of this agency being a key part of all sets of services.

The organizational structure of this agency (Figure-3.1) reflects that the staff of the agency has been grouped into five categories according to their role: executive management; top management; senior management; middle management; and support staff. General members, executive committee and executive director belong to executive management category. There are seven members in the executive committee from which one person was recruited in this research. The role of the executive committee is mainly to provide policy guidance and the members working in this committee are voluntarily, i.e., they are not paid for their time. It has been observed that the executive committee members are mostly limiting their involvement through attending the formal meetings. But the case of the Chairman of the executive committee is different; he is coming to the office on a regular basis.

In the organogram, staff who are working as the head of the unit are categorized as top management. This included manager (operations) who is responsible for looking after the programme, advocacy, and communication departments and manager (finance and administration) who is responsible for looking after the administration, human resources and IT and finance departments. However, in practice, deputy managers are working as the head of the units though there is no post like ‘deputy manager’ in the organogram. The following assistant managers are categorized as senior management in the organogram:

programme; advocacy; training; monitoring, evaluation and research; human resources, administration and IT; and finance. However, at the time of field work, only three assistant managers are working in the following departments: advocacy; training; and human resources, administration and IT. Finally, according to the organogram, programme assistants and site Bandhu (buddy) are categorized as the support staff. Programme assistants and site Bandhu were working under the direct supervision of the programme officers based at the drop-in-centres.

Figure -3.1: Organizational Structure of Males' Sexual Health Society[7]



[7] Reference has been omitted to keep the agency anonymous

3.5 Study Area and Participants of This Study

At the time of data collection, this HIV prevention agency was working in six districts of Bangladesh: Dhaka, Chittagong, Sylhet, Mymensingh, Comilla, and Rajbari. The agency was running nine drop-in-centres in these six cities and many of the CD related activities were organized around these drop-in-centres. The participants of this study were from the beneficiaries of the three drop-in-centres which were in Dhaka, the capital city of Bangladesh. It might be argued that the beneficiaries of Dhaka city are fundamentally different than other cities. However, the prime issue considered for selecting the drop-in-centres in Dhaka city was the mixture of longer and shorter period of implementing community development related activities. It is important to report here that the agency began its journey from Dhaka city with one drop-in-centre. However, after the year 2000, the agency scaled up its activities after the completion of its first phase of programmes. They scaled up their programme within and outside Dhaka city. Thus, the beneficiaries in Dhaka city are a mixture of both who have spent longer and relatively shorter period with community development programmes. The participants of this study were from different groups of people who were attached with this agency in different capacity. These include: the external founder of this agency; board member, staff and beneficiaries of this agency; representatives from national, international, and UN donor agencies who have funded this agency; and Hijra identified beneficiaries who are also attached to this agency. It should be mentioned here that there was no plan to recruit the Hijra identified people in this research until going to fieldwork. They were included in this study based on the preliminary feedback from the early stage of fieldwork that the Hijra identified people are related to this agency and they have social and/or sexual connection with the other beneficiaries of this agency. It has been found that Kothi-identified feminized male and Hijra identified people have a good connection in their social network level. Many Kothi-identified feminized males perceived that Kothi is the beginning towards a journey to be a Hijra and as such they have good social connection with the Hijra identified people. On the other hand, some Hijra-identified people are also coming to the drop-in-centres of this agency to access the sexual health services provided for the beneficiaries of this agency though Hijra identified people officially are officially not allowed to receive any STI and HIV prevention services from these drop-in-centres as they have their own service providers which is technically supported by this agency.

3.6 Sampling and Recruitment of the Respondents

This study aims to answer the questions like how the concepts like ‘community’ and ‘identity’ are being constructed and reconstructed in and around a HIV prevention agency

which is officially providing STI and HIV prevention services to MSM and working for the protection of human rights of the sexual minorities. Thus, it was essential that the study would use such a sampling strategy which would cover the diversity of sexual identity or behaviour of the beneficiaries of this agency and the staff working there. In covering the diversity of the beneficiaries, apparently simple and clear definitions of Kothi, Panthi, Hijra, Gay, etc. were escaped to avoid reifying. Reifying of the beneficiary's sexual categories or identity was avoided asparticipants were asked to explain how they saw their own sexual identity or behaviour. Thus, the obvious choice of this research was a purposive sampling which would provide 'information-rich cases for in-depth study' (Patton, M. Q, 1990) instead of probability sampling which would be statistically representative among the population of interest (Green & Thorogood, 2004). For the beneficiaries, their level of involvement with this agency, how long they are involved, their age, their self-identified gender and sexual orientation and identity, etc. were explored before interviewing them. On the other hand, for the staff of this agency, their role, seniority, etc. were considered. A distribution of sample among the different category of respondents has been presented in Table 3.1.

A range of strategies were adopted to recruit different groups of respondents. An initial contact was established with the executive director of this agency based on the researcher's personal network and he agreed on principle to support this study, before going to Bangladesh for fieldwork. A briefing meeting was arranged with the executive director and other senior officials after going to Bangladesh for fieldwork where the details about this study were discussed. The executive director then verbally informed all the heads of the departments who were based at the head office about the research and requested them to help me whenever I needed. He also arranged a meeting with the three programme officers who were responsible for the day-to-day management of the HIV prevention related activities in the field level, i.e. the drop-in-centres (DIC). The programme officers were also given a brief idea about this research in this meeting and their support was sought in recruiting the respondents and carrying out the data collection. The field officers then extended their hand in recruiting the participants and collecting the data and invited me to visit the field offices.

The following different types of respondents were recruited from within this agency: board member; executive management staff, top management staff; senior management staff; middle management staff; support staff; and beneficiaries. The chairman was recruited from the board member category while the executive director of this agency was recruited from

the executive management category. The deputy managers who oversaw operations and finance and administration units were recruited for top management category. The assistant manager for training was recruited in this research for senior management criteria. On the other hand, the following staff from the middle management were recruited in line with the recruitment criteria of the staff: the area coordinator for programme who was responsible for supervising the implementation of the programme; three programme officers who were responsible for implementing the day-to-day activities at the drop-in-centre level; and the senior officer for advocacy. All the programme assistants who were working in these three drop-in-centres and fifty percent of the Site Bandhus were recruited for the support staff category. In recruiting the Site Bandhu special attention was given to their duration of attachment with this agency and balance was made between those who are working for long time and those who are started to work recently. In addition to the programme assistants and site buddies, in each of the drop-in-centres, one person was working as a counsellor though there is no such position in the organogram. These counsellors were also recruited as support staff.

It has been described earlier that the research employed a qualitative case study design and MSHS was the case. Thus, I needed access to the different levels of staff and beneficiaries as insiders of the MSHS to unpack my reseach questions. However, it was not possible to gain access to the insiders of this case without the approval of the executive director. Thus, I had to rely on the executive director of the MSHS to gain initial access to my respondents. This reliant on the top-down gatekeeper had both pros and cons. For example, I was welcomed by the programme officers who were the DIC level staff as the executive director introduced me to them. For my data collection purpose, I had the day to day contact with these programme officers. However, sometimes these programme officers introduced me to the counsellors, programme assistants, Site Bandhus, and beneficiaries in such a way that created some impression that I am doing this research for the MSHS and I am also an MSHS staff. Thus, I needed to clarify my position to them. I explained them that I am not working with the MSHS rather I am working as a teacher at the University of Dhaka and and doing this research for my higher study.

Recruitment process of the beneficiaries was a complex task because of the existing diversity among the MSM discussed in the previous chapter. Beneficiaries were recruited from the drop-in-centres. Thus, after establishing the initial contact with the management staff at

both head office and drop-in-centre level, I spent two to three weeks in each of the drop-in-centres. I spent time with the beneficiaries and staff at the drop-in-centre level to develop a friendly relation with them. During this period, I have observed the attendance of the beneficiaries in the activities implemented by the agency, i.e. integrated health centre, social group meetings, STI clinic and VCT services. The aim of this observation was to understand the sexual diversity of the beneficiaries, understand their culture, their level of involvement in different activities. Developing a trustworthy relationship with the beneficiaries was also another aim of spending the initial time at the drop-in-centre level. I got the chance to learn their language during this time. Understanding their language helped me to gain access to the beneficiaries as the beneficiaries often talk in their secret language while they were talking each other. Learning their language also helped me to win their trust. Beneficiaries were started to recruit at this stage when a friendly relation was developed with some of them. My day-to-day participation in the DIC helped me to identify the persons whom I recruited. I presented myself to the beneficiaries as an external researcher who doing this research for his higher study and have no connection with this agency. The beneficiaries were informed about the objectives and importance of this study and requested to participate. However, the beneficiaries were recruited purposively based on their level of attachment to this agency, duration of attachment, age, beneficiaries perceived gender role, and sexual diversity. In doing this, respondents' own accounts on their sexual identity, behaviour, and gender roles were considered instead of the reifying sexual identity available in the existing literature. The respondents were asked to describe how they feel their sexuality, how they behave their sexuality, how they identify themselves in terms of sexuality and gender. The respondent's responses on these issues were consider for their categorization.

Information regarding the donors who are financially supporting the activities of this agency was gathered. It was found that the following donors who have an office in Bangladesh were providing fund when the field-work of this research was carried out and : Government of Bangladesh; Family Health International, an United States Agency for International Development (USAID) funded International NGO; Manusher Jonno Foundation, a local NGO which is funded by the United Kingdom's Department for International Development (DFID); The Royal Netherland Embassy (RNE), Dhaka; and United Nations Fund for Population (UNFPA). An initial contact was made to these donor agencies to know the name of the desk officers who were looking after the programmes with MSHS. A positive response was

received from all the donors except RNE. Then the desk officers of these donor agencies were contacted, and they were requested to participate in this research. The importance of this research, research questions, and possible usefulness of this research was presented to the assigned desk officers in time of making request for their participation. All of them agreed to participate voluntarily and recruited in this research.

Recruitment of those who identify themselves as Hijra was the most difficult task because of two reasons. Firstly, Hijra-identified people are governed by their 'Guru' and they normally do not allow their disciple to talk about their culture outside their network. Secondly, MSHS do not have any direct programme targeted towards the HIV and STI prevention for Hijra-identified people except some rights-based advocacy activities. The MSHS is rather providing technical support to the agency which is directly implementing HIV and STI prevention related activities for Hijra-identified people. The MSHS has employed a Hijra-identified worker to look after this advocacy and technical support related activities. I, thus, contacted to this Hijra-identified worker to get her support in getting access to the agency which is working for the Hijra-identified people. She extended her hands and helped me to establish the contact with a Hijra Guru who was working as programme officer in a drop-in-centre for Hijra-identified people and managed by the Hijra-identified people. Initially, this Hijra-identified person was reluctant to support me as the misunderstood me that I am going to explore the Hijra culture. However, later she gave her consent based on my repeated assurance that my research is not focused on the lifestyle and culture of the Hijra community rather I shall talk about the issues related to the Hijra community's interaction with the beneficiaries of the MSHS and their idea about community. The following table shows the different categories of respondent recruited for this research.

Table-3.1: Distribution of Sample among the Different Category of Respondents

Category of Respondents		No. of Respondents
Within the Agency		
Executive committee member		1
Executive management staff		1
Top management staff		2
Senior management staff		1
Middle management staff		**5**
Area coordinator	1	
Advocacy officer	1	
Programme officer	3	
Support staff		**24**
Counsellor	3	
Programme assistant	7	
Site buddies	14	
Beneficiaries of this agency		36
Outside the Agency		
Members of the Hijra group		4
Donors of this agency		4
External founder of this agency		1
Total		**79**

For all the respondents, the research questions of this study and potentiality of the utilization of the results of this research both at the organizational and national level were presented to the staff to get their consent to participate in this research. In this regard an information sheet was prepared which can be found in appendix 1. They were assured that their participation is voluntary and that they can stop their interview at any time if they wish. They were also assured that their interview will be highly confidential and no one except me will get access to the data. I assured them that if I use a verbatim quotation from their interview, I will do that in such a way so that they are not being identified. Informed consent was obtained from each of the participants recruited and it was audio-recorded for all cases as many of the respondents could not sign the informed consent sheet due to their lack of literacy. Appendix 2 shows the informed consent sheet that was used for this study. A list of the participants who were interviewed for this research with their role is provided in Appendix 3.

3.7 Data Collection Methods

The field work of this research was carried out during July 2008 to January 2009. Data were collected from multiple sources with the belief that triangulation among the different sources of data aids the validity of the collected data as well as provide multiple

perspectives (Green & Thorogood, 2004). The following three sources of data were used in this research: in-depth interview; non-participant observation; and documentary evidence.

In-depth interview: In-depth interview was conducted among the different category of respondents as a main source of data for this research. The objective of doing in-depth interview varied among the different category of respondents. Staffs and beneficiaries of this agency were interviewed to explore: the services provided by the agency towards the beneficiaries; what services the agency and its beneficiaries considered as community development; how the agency staff and the beneficiaries defined their identity and how this definition of identity influence the construction of their idea on community; how the agency is making various decisions, i.e. who makes the decision and how?; and how the beneficiaries are participating in the community development related activities. Donors of this agency were interviewed to explore their position on why and how they are funding this agency and how they see the agenda of community development for the HIV prevention of MSM. Finally, Hijra-identified people were interviewed to learn their idea about their identity and how they are connected with the MSHS. A separate 'topic guide' was drafted for each of the respondent categories before going to fieldwork based on the research questions. These 'topic guides' were then finalized in the first few weeks of field visit through non-participant observation of the community development related activities of this agency and informal chatting with the respondents. However, these guidelines were modified in every stage of data collection based on the respondents' feedback. Respondent was given the full-freedom to talk and they were normally not being interrupted while they were talking. Topic guide was used as a guiding tool to come back to the point which was missed by the respondents. Topic guides varied according to the category of respondents. Topic guides can be found in Appendix -4.

In-depth interview technique of data collection was used as different groups and power relations were involved in the community development process. It was assumed that the respondents would not speak spontaneously in front of others as the issues of sexual behaviour, sexual identity, decision making process, etc. were included in the topic guide. It has been found that issues of sexual behaviour as well sexuality are likely to be considered a private domain of one's life and personal intimacy and private discussion is essential to explore these issues (Khan, 1999c). Interviews were conducted face-to-face in the drop-in-centres, researchers own workplace, or in the workplace of the respondents. However,

some interviews at the post-fieldwork stage were also conducted through telephone interview and email correspondence among the staff of this agency. Interviews were conducted in the native language 'Bengali', except the external founder of this agency, which was conducted in English. A digital audio-recorder was used to record all the interviews.

Non-participant observations: The objective of doing non-participant obervations as part of the data collection method was two-fold. Firstly, this method of data collection was used to develop the 'topic guide' for in-depth interview as well as to supplement the data collected through in-depth interview. This method of data collection was used as Green and Thorogood (2004: 132) said that "the 'purest' form of data is that gathered directly from naturally occurring situations, in which behaviour and responses to it can be observed in situ". Secondly, the special purpose of carrying out this non-participant observation was to see how the management staff were dealing with the beneficiaries, how the beneficiaries were interacting with each other, who was participating in the day-to-day activities of this agency, and more importantly how the decision was being made, etc. This observation data was collected from the social group meetings, integrated health centres, staff meetings with the beneficiaries, overall office activities, and consultation meetings. But the observation was limited to the drop-in-centres level only except for consultation meeting. It was not possible to collect any observation data from the head office of this agency as access to meetings where higher-level management staff were participated was restricted. Thus, the availability of the observation data was dependent on the availability of the access to observe.

In summary, I had the opportunity to observe more than 40 social group meetings, five meetings which involved different level of management staff and beneficiaries (these meetings were held in the drop-in-centre levels), one consultation meeting (consultation meeting involved different stakeholders of this agency including external founder of this agency, management staff, beneficiaries, donor representatives, and representatives from partner organizations), and many days of my daily activities based on the drop-in-centres. It should be mentioned here that the social group meeting is a place where both the beneficiaries and support staff interact together, share their life experiences, enjoy each other through participating dancing and singing, and get training on: HIV prevention strategies; issues related to sexuality, gender, and community; and human rights. In each of

the drop-in-centres social group meetings are organized at least once in a week. No note was taken at the premises of this agency during the non-partipant observation for smooth data collection process. However, an observation diary was written as soon as I left the observation venue at the end of each day. The data collected through observation was compared with the data collected through in-depth interview.

Documentary data sources: Documentary data sources were used to know the official position of this agency in the context of community development process. Documentary evidence was gathered to identify the focused beneficiaries of this agency, definition of community, activities defined as community development, priorities for the community development process, etc. In doing so, the following types of documents were collected: annual reports, reports on consultation meetings, evaluation reports by the donors, programme related strategy paper, advocacy related strategy paper, report of the situational assessment research used to establish this agency, Government's strategy papers, etc. All these documents were publicly available. No unpublished documents such as meeting proceedings and proposals submitted to the donors for HIV prevention programmes were not possible to obtain as these were considered as highly 'classified'. This documentary sources of data provided the rhetoric related to community development and definition of community and identity.

3.8 Data Analysis Methods

The data analysis of this research was grounded by the epistemological basis of this research and guided by the broader research question, i.e. how the concept like 'community', 'community development', and 'identity' are constructed around this HIV prevention agency and how this construction is influenced by the participation of different beneficiary groups in the community development programmes. The 'relativist' epistemological position of this research required that this research should focus on the processes by which the above-mentioned concepts are constructed/reconstructed and who holds the power in which context to construct/re-construct these concepts (Green & Thorogood, 2004; Green & Browne, 2005). In this context, the data analysis was also guided by Steven Lukes and Michel Foucault's theoretical positions on analysis of power. For example, Lukes's three-dimensional views consider power as finite or 'zero-sum'; that means increment of one's power decrease the power of other. Lukes considered that power can be exercised overt, covert and latent decision-making. On the other hand, Foucault's consideration of power was infinite or 'non-zero-sum'; that means increment of one's power does not decrease the

power of other. Foucault also argued that power can be operated through different means, such as organizing space, creation of social norm, etc. Thus, these issues were examined in the data analysis process.

A limited scale 'iterative process' of data collection and analysis was followed in this research as this process "allows the researcher to check and interpret the data she/he is collecting continually and to develop hypotheses for subsequent investigation in further data collection" (Pope, Ziebland & Mays, 2006) and it helped to detect the deviant cases. Thus, digitally recorded in-depth interviews were listened and re-listened during the fieldwork period. This process allowed the exploration of issues or themes that were arising in relation to the research questions. This process also aided to explore the commonality and diversity of the emerging themes among different interviewees. For example, if an interviewee said that he defines community based on Kothi identity, then this theme was further verified in the subsequent interviews. It was also examined how he understand the meaning of Kothi and which was again verified in the subsequent interviews. This process also helped to find out the deviant cases. For example, if an interviewee said that community should be formed based on 'gay-identity' and which was not been supported by the sub-sequent interviewees, then it was considered a deviant case. Overall, this process helped to reach the saturation though it was not a comprehensive as the data was not analysed systematically and rigorously during the fieldwork period. In this sense, it was a limited-scale 'iterative processes' of data collection and data analysis. All collected data, which was recorded digitally, were transcribed in full. A pseudonym was given to each of the participants before transcribing the data. Transcription was done during and after the fieldwork. Transcription was done by the researcher and paid transcriber. The transcript and the recorded data were cross-checked by the researcher in case of having any inconsistency in the transcription completed by the paid transcriber.

Transcribed data was read and re-read to "manage and make sense of the huge array of data collected" and to "identify an initial set of themes or categories" (Pope et al., 2006). An *open coding* was used through *in-vivo codes* at the early stage of data analysis (Glaser & Strauss, 1967) though it was informed by the research questions which was ultimately informed by the theories of this research. This initial analysis helped to identify if the codes were occurring in a recurrent basis. This initial analysis identified the common themes among the different interviewees. Key documents which have been used as a source of data and notes

of the non-participant observations were also coded in the same way. However, in all cases, memos were used to record the "ideas about the data, definitions of codes and their properties and dimensions" (Pope et al., 2006). This initial *open coding* produced a long list of codes which was then grouped by gathering together those that appear to relate to each other (Green & Thorogood, 2004).

In the second stage of data analysis, *axial coding* was used to examine the relationship among the core themes and various underlying issues. At this stage, it was examined how the description of the different themes varied based on the participant's socio-economic and educational position. For example, it was examined whether the identity construction varied in the context of the interviewee's education, sexual desire/orientation, physical appearance (whether looking manly or feminine), duration of attachment with the agency, etc. How the core concepts of this research were related to each other was also examined at this stage. For example, it was examined whether constructions of 'identity' was related to the definitions of 'community' which was in turn related to the participation of 'community development' programmes and 'decision-making' process. This process of identifying relationship among different themes and core concepts of this research was guided by the *constant comparison method* (Glaser & Strauss, 1967) which was ultimately guided by the existing theories of this research.

The data analysis process of this research adopted some techniques of grounded theory developed by Glaser and Strauss (1967). However, this research did not follow the 'ideal' type of grounded theory as it did not use the inductive mode of theory development where research starts from the specific observations to the generalization of those observations which lead to the development of theory. This research started with the specific observations, but these observations were guided by the existing theories. On the other hand, though this research used a limited scale iterative process of data collection and analysis, but it did not reach to the optimal level of saturation of sampling because of the heterogeneity of the population and timeframe (Green & Thorogood, 2004; Mason, 2010; Ritchie, Lewis & Elam, 2003). In this sense, it can be said that this research adopted a 'modified grounded theory' to analyze the data (Pope et al., 2006). Nvivo (version 8), a computer aided qualitative data analysis software was used to analyze the data of this research.

3.9 Ethical Issues

Ethical clearance for this research has been obtained from both the Bangladesh Medical Research Council (BMRC) and the London School of Hygiene & Tropical Medicine ethics committee before going to fieldwork. A verbal informed consent, which was digitally recorded, was taken from all the participants of this research (Appendix 2). The respondents were aware that they have the right to withdraw at any time without prejudice and for any reason. No data was collected which can identify the respondents personally. Attempt has been taken to keep anonymous the occupational identification of the staff of the agency. Raw data is only accessible by the researcher.

Chapter 4: Origin and Development of the MSHS

4.0 Introduction

This chapter will provide a description on the history of the origin and development of this agency. The chapter has attempted to answer the following questions: how the agency was originated: who played the dominant role in establishing the agency; how the community people were involved in developing the agency; who and how people participate in decision making process? This chapter thus focused on the agency's origin and registration as an NGO, remit, funding, structure, staffing, service delivery model for the beneficiaries; and the process of participation and decision making.

4.1 Origin

The agency was established based on the recommendations of a study on male-to-male sexual behaviour in Dhaka, Bangladesh. This study was conducted by the XYZ International (a pseudonym) and the funding for doing this study was provided by the Bangladesh Country Office of the ABC Foundation (a pseudonym). ABC Foundation is a New York based independent, non-profit grant-making organization which has a mission to strengthen democratic values, reduce poverty and injustice, promote international cooperation and advance human achievement. XYZ International is a London based international non-government organization and its fundamental objective is *"to empower low-income MSM collectivities, groups and networks through technical, financial and institutional support to develop and deliver self-help sexual health programmes addressing their needs"* (stated in its web site. Reference has been omitted to keep the agency anonymous).

Two key themes regarding the origin of this agency were emerged from the interview and documentary data analysis of this research: the agency was established by the international expert; and the agency was established by the local people who were involved in male-to-male sexual behaviour. The findings emerged that Alex of XYZ International, who is an Indian born British citizen gay man, played the catalytic role in forming this agency. Alex told me how the agency was originated in his interview with me.

> *Bellal: Can you tell me about how the agency was originated?*
>
> *Alex: Well, I started the agency. Back in 1996, ABC Foundation Bangladesh approached me to do an assessment on male-to- male sex and HIV in Bangladesh. And I agreed. That's the beginning.*

It was not a recurring theme that the agency was established by the international experts. But the involvement of two international agencies indicates that there was significant interest among the international agencies to carry out the research on male-to-male sexuality in Bangladesh. The recurring theme was that the agency was established by the international interest with local support. At the beginning in his interview, Alex reported that he established the agency. But it was later explored that he did not initiate the process. Even at the beginning, ABC Foundation (ABCF) did not ask him to do the assessment study on male-to-male sex. ABCF received a research proposal on male-to-male sexual behaviour in Dhaka and they sent the proposal to him for review as he had expertise on this issue. Alex said:

> *Originally, it was two gay focused guys from Bangladesh who wanted to do the study on male-to-male sex and HIV in Bangladesh. ABCF sent their proposal to me to look at. ABCF sent the proposal to me as I had done similar work experience in Calcutta and New Delhi. I did critique on the proposal and I said this is not going to work.*

Alex's narration reflects the involvement of local gay people. His view also reflects that the original proposal was out of context because it was gay focused. The original proposal aimed to carry out their study among the upper-middle class educated people. Alex believed that only such men cannot be representative of males having sex with males in Bangladesh. In his word: "*they were very gay focused and my argument at that time was for a country like Bangladesh majority of male-to-male sex will not be framed within a gay dynamic*". He continued describing the meaning of gay focused:

> *Gay focused means that they were class-divided, belongs to upper-middle class and lived in the northern part of Dhaka where only the upper-class people lived in. They do not really cruise much for their sexual partner. They have parties and they have sexual networks through these parties.*

Alex provided a critical review on the original proposal based on his previous work experience on male-to-male sexuality in Kolkata and New Delhi, India. He assumed that male-to-male sexual practice in Bangladesh will also be diverse like India where most of the people involved in this practice would not identify themselves as gay. Thus, he argued that using gay framework would not produce any fruitful outcome. He then came with an alternate research proposal to ABCF for carrying out a research on male-to-male sexuality in Bangladesh which will embrace MSM in a broadest sense. His idea of MSM included gay

men but it was not a dominant category; rather he was more focused about those MSM who adopted identity based on 'gender roles' and 'normative masculinity'. In his interview with me, Alex mentioned that across the South Asia, identity among the MSM is mainly based on their gender roles. He said: *"identity was very much based on gender roles. It was not based on sexual orientation. It was mainly based on gender roles. The receptive partner had a very specific identity whereas the penetrating partner had no identity other than being a man."* In a sense, this idea of gender-based identity was latter used as the starting point for avoiding those gay-identified people from the activities of developing and managing funding for this agency.

The ABCF Bangladesh accepted Alex's proposal to carry out the research. He was granted US $75000 to carry out the research. At this stage, he was trying to involve the local people in carrying out the research as it was not possible for him to access the MSM network in Bangladesh without having any connection with them. Alex described how he met the local people.

> *Bellal: How did you meet the local MSM?*
>
> *Alex: I was trying to figure out how to contact them [male who have sex with male in Bangladesh]. I talked to my board members. One of my board members in London was a dancer and he knew a dancer from Bangladesh. Luckily, the Bangladeshi dancer was in London at that time to do some dance stuff. So, my board member introduced me to that dancer. The Bangladeshi dancer agreed that he will help me and invited me to visit Dhaka.*

This is how the involvement of local people started. An agreement was observed between the narration of Alex and the Bangladeshi dancer. Hillol, the Bangladeshi dancer who met with Alex at London, described the meeting with Alex in London:

> *Bellal: Can you please tell me about how did you meet with Alex?*
>
> *Hillol: In 1995, I went to visit my friends in London after completing the dance workshop in Austria. My dancer friend Abraham in London introduced me to Alex when I was visiting Abraham. I had a very brief meeting with Alex that time. Alex told me that he will visit Bangladesh to work with MSM. He told me that he'll contact me when he'll be in Dhaka.*

Alex came in Dhaka in the autumn of 1995 to meet with local people for carrying out the study. Hillol recounted the process about how Alex was provided access to the local MSM:

> *I got a phone call from Alex when he came in Dhaka. He was staying at a hotel in Dhaka. Then I met him. That time he shared his idea in detail. Alex told me that basically we [XYZ International] are going to work with MSM in Bangladesh. So, can you help me? I then shared Alex's idea with couple of my friends and they all agreed that we should help Alex.*

The Bangladeshi dancer worked as a key person to make a connection between Alex and the local MSM. This dancer had his own personal and social network of MSM and Alex was introduced to this network. Alex described about this network and how he went through this network:

> *There were social networks, sexual networks of MSM, across Dhaka and across Bangladesh. But they were just loose affiliation based on friendship; not based on identity. I held a party; a small social party and at that party we invited about forty people. All the attendants in this party were snow-balled through their networks of friendship. They all were feminized Kothi. I recruited a person from this network as a Project Manager (PM) to carry out the situation assessment on male-to-male sexuality and their vulnerability towards HIV and STI.*

Alex then unveiled his plan to these feminized males and sought their help in identifying and recruiting MSM for the interview. Alex's narration indicates that he used the local MSM as an aid to conduct the study, which is also supported by Hillol. But the PM who was recruited by Alex from the MSM network in Dhaka for carrying out the research had a different voice. I asked the PM (named as Sazzad) of the study whether there was any demand from these feminized males to carry out such research. He replied:

> *You see the population we are focusing for our intervention. Our target population is in low income sector, particularly those who are Kothi identified. It [the initiative for doing situation assessment] did not come from this population. It came from us what we are saying from a group of like-minded friends.*

The voice of Sazzad regarding the initiative for carrying out the initial research varied from other interviewee and documentary data sources. These interviews and the documentary data sources suggestedthat the initiative for carrying out the initial research on male-to-

male sexual behaviour came from Alex and the gay-identified people of Dhaka who belonged to middle and upper class and have little affiliation with the lower class MSM. This also suggest thatthe initial process did not start from inside the group of people who are now managing this agency. Thus, it may indicate that the agency was originated by using a top-down approach of community development which has been used in many other cntexts as well (Conyers, 1986; Laverack & Labonte, 2000; May et al., 1993; Rosato, 2015; Ross, 1955).

The description of interview and documentary data produced two themes regarding the process of Alex's involvement with the local MSM: avoiding gay people who initiated the process of conducting a study on male-to-male sexual behaviour; and token consultation of local people in terms of designing and implementing the study. Alex in his report mentioned that the participants of this social party were invited through three key informants who used their friendship and sexual networks. Alex selected 32 people for training workshop from the 40 people who attended the social party. According to the report, the distribution of sexual behaviour of these 32 people was as following: 10 Kothi; 9 Panthi; 8 Do Paratha; and 5 others. This distribution reflects that gay people have started to be subsided by Alex as no gay man was present in the meeting. On the other hand, it is interesting that in his interview with me, Alex categorized all the people who attended in the social party as 'feminized Kothi'. In the report, Alex defined the term Kothi, Panthi, Do Paratha, and others in the following way.

> *Kothi: This is the label that many males use who are anally penetrated as the preferred sexual act and had "effeminate" behavioural characteristics as a means of "picking up" their sexual partners who may not necessarily be "homosexuals" themselves. Panthi: The label used by Kothi to identify males who prefer to anally penetrate other males and whose behaviour could be deemed "masculine". Do Paratha: Another Kothi term meaning males who penetrate and penetrated. Others: Males who do not and are not anally penetrated but prefer non-penetrative sex.*

A six-day training workshop was conducted for these 32 people in November 1996. The training workshop was on two issues: sexualities, sexual behaviours and sexual health; and survey guidelines. The following issues were addressed in the four-day long training workshop on sexualities, sexual behaviours and sexual health: *STD/HIV/AIDS; sexualities, sexual behaviours, and identities; safer sex and males who have sex with males; sexual*

health promotion models amongst males who have sex with males; and local strategies for intervention. Another two days were dedicated for conducting workshop on survey guidelines. The local MSMs were not involved in designing the training workshop. Everything related to these training workshops and the situation assessment was designed and controlled by Alex. He said: "*I designed a study for doing the situational assessment. When I came to Bangladesh in October 1996, Hillol introduced me to couple of peoples. And I talked to them about what we need to do, i.e., the setting of the study and the process I wanted to use. It was agreed that they will help in identify and recruit people for the interview."* This information suggests the local MSM's participation was passive and thus it can be said that a token participation of the local people was ensured which is often practised in a top-down community development approach.

The language Alex used in his interview also indicates the lack of local people's participation in setting up the workshop and carrying out the research. He used 'I' and 'they/them' in his interview which reflect that Alex belongs to one group and the local people belong to other groups. Lack of local people's participation also reflected in the issue that Alex recruited two translators and interpreters to work with him as he was not able to conduct this workshop in the local language. These two translators and interpreters were the two-gay identified male who at first approach ABCF to do a research on male-to-male sex. It is interesting that although the gay men were tactically forced to disappear in terms of their involvement in conducting the workshop and situation assessment, but they were still needed as translators as Alex could not speak local language. It is paradoxical as well given that he was presenting the gay men as distant to MSM in Dhaka and presenting his own project as building community locally.

Fifteen people who had the best skills in networking and recruitment of respondents were selected from those 32 who participated in the training workshop. It has been reported earlier that Alex described all these 32 participants as feminized Kothi from whom 15 people were selected. The Kothi-labelled people contacted other Kothi and Panthi through their friendship network and clients. They followed the snow-ball technique to contact other Kothi and Panthi labelled people. The two gay identified males were also involved in either collecting data or collating available information on male to male sex in Dhaka city.

The study report says that a steering group was established, and a survey office was opened in the central Dhaka. Data were collected by using variety of techniques: one-to-one in-

depth interview; focus group discussion; questionnaire survey; anecdotal evidence; and sexual diary. Data were collected from different types of respondents: rickshaw drivers; hotel staff; street males; tea-shop boys; males in the park; truck drivers; male sex workers. The data collection process continued for about six months. Alex on behalf of XYZ International analysed the data and wrote a report for the ABC Foundation Bangladesh office. The report mentioned the identity of the respondents as following: Kothi (40.19%); Panthi (15.28%); Do Paratha (10.56%); Homosexual (4.72%); Gay (1.89%); and 27.36% did not use any label to identify themselves. However, only Kothi and Gay was a self-identity and others were imposed by others. The major findings of the situation assessment indicated the following issues:

> *"a high degree of risk taking behaviour among male who have sex with male; low levels of health care seeking behaviours; high levels of STD symptoms; polymorphous sexual behaviours among males; a socio-cultural framework that encouraged male to male sexual encounters; significant prevalence of male to male sex; low levels of knowledge and awareness of STDs and HIV/AIDS; high degree of risk for the spread of STD and HIV; and increased risks for young males and women partners of males who have sex with males."*

4.2 Registering the MSHS as an NGO and Sidestepping the Gay People

Alex in his situation assessment report mentioned that *"members of the survey team wished to develop a sexual health response to the issues raised by the surveys".* This suggests that there was a demand among the local MSM for developing an agency for them. This issue was explored among the people who were involved in carrying out the situation assessment. I talked with Sazzad about this issue. He was the Project Manager of the situation assessment and now working as one of the executive management staff.

> *Bellal: What did you think after getting the findings of this study?*
>
> *Sazzad: We [local MSM who supported and helped to carry out the study] sat on a meeting with XYZ International after getting the result. We discussed about what we can do something for this community. The outcome of that meeting was that we agreed to develop a proposal on a small-scale basis, to set up a small drop-in-centre at Dhaka and let see how it can function.*

Alex was aware about the MSM's vulnerability for STI and HIV from his previous work experience in India. However, he still needed to carry a situation assessment to support his

proposal toward donors for getting money to develop an agency for providing services for the MSM. He said:

> *For me assessment was a tool to persuade donors to get money. I already knew basically what the situation is. I personally did not need an assessment to determine the high risk and vulnerability [of MSM]. But people want data and they do not believe at all that there is a male-to-male sex.*

The key theme emerged from the interviews of the respondents that Alex influenced the local MSM's perception regarding their vulnerability towards STI and HIV. Hillol who played a catalytic role in establishing contact between Alex and local MSM clearly indicated that he was influenced by Alex regarding the MSM's vulnerability for STI and HIV. Hillol is now performing his responsibility as a board member of this agency. He said that *"Truly speaking at the beginning I did not realize the high vulnerability of this population. I realized this after involving with Alex."* However, Sazzad had a different opinion in this regard. He said that *"It [vulnerability of this population] was known but not documented. There was no study to document it. There were some anecdotal evidences only."* The interviews with different people suggest that some people were influenced by Alex regarding their HIV and STI vulnerability and this finding can be interpreted by using Lukes's third dimension of power as Alex tried to influence some of the the local MSM to accept that the fact they are vulnerable and encouraged them to take initiative to reduce this vulnerability.

It has been found that there was a preconceived idea to develop an agency for the MSM to provide sexual health services for them. This predetermined idea of establishing an agency for the MSM in Bangladesh has been reflected in the report of the situation assessment. The report says:

> *This was an action oriented risk and needs assessment which included the following objectives: (1) to develop strategic response to the sexual health needs of males who have sex males in Dhaka, Bangladesh, through the support and development of appropriate male sexual health projects addressing these needs; and (2) to facilitate males who have sex with males and their sexual partners to access appropriate sexual health information and services through the development of community-based HIV/AIDS agencies.*

The objectives of doing the situation assessment reflect that developing a response in terms of establishing an agency was predetermined at the onset of carrying out the situation assessment. The local MSM were perhaps not aware about this as they were neither involved in getting funding for this research nor preparing the report. It was the outsider expert Alex who performed all these activities. Alex was not explicit about his intention to develop an agency to the local MSM during the period when the situation assessment was carried out. But he strategically recommended the local MSM to consider the findings of the situation assessment to develop a response. This is reflected in his interview with me. Alex said:

> *…the decision to form the MSHS was not my decision. It was my suggestion and recommendation, but we had a big dialogue with about 150 Kothi people who were presented at the dissemination meeting of the findings of the situation assessment. There was a process of dialogue and engagement in all the way through with these Kothi people.*

The situation assessment report mentioned that *"the survey themselves acted in coalescing a range of individuals from a number of sexual networks building a sense of community framework"*. But this issue of coalescence among different groups perhaps worked with those people who did not identify a gay man. There were issues for conflict between gay men and non-gay men MSM. Thus, the gay men were rather started to be knocked down from the MSM network because of different strategic and opportunistic reasons. The situation assessment report also mentioned:

> *However, by this time several issues of concern and conflict between differing networks had emerged. A range of discussion was held at the Project office to attempt to resolve these arising conflicts and disputes. But what emerged from these meetings was a clear division between agendas, class, frameworks of identities and behaviour which were incompatible to the felt needs of what were two very divergent community-based agendas. …the two primary emergent sexual communities were that of the Kothi-identified and those who were gay-identified. Each network represented different focuses, different issues, and different approaches. It was strongly felt by all concerned that to a large extent within a Bangladesh context, and they could not be represented through one agency. This division can be represented as follows: (a) frameworks of emerging gay identities and those of the Kothi/Panthi frameworks showed clear separation of partner choice, nature and constructions of sexual behaviour, frequency of*

sexual partners, locations of sexual activities, methodologies of partner selection and "pick-up" in selected sites; (b) behaviourally and socially, those with emerging gay identities and those who sustained the Kothi/Panthi frameworks were significantly different, these differences including language, social behaviour, sexual behaviour, and sexual identities; (c) class divisions between those with emerging gay identities and those with Kothi/Panthi frameworks were clearly distinct; and (d) different agendas, goals and objectives were being expressed by the two emergent communities.

It has been mentioned in the report that these discussions finally led to a recommendation to the whole group that because of these differences, two different service agencies should be developed reflecting the different objectives and networks. This would enable the development of choice and personal empowerment as well as satisfy the expressed needs of the individuals concerned. Thus, two different agencies reflecting the different needs of these two communities were formed and registered in July 1997: the Males' Sexual Health Society (MSHS); and the Health and Social Development Foundation (HSDF). However, no data ares available to comment on how the decision of establishing these two agencies was taken, which is a limitation. Based on Alex's involvement in organizing and managing everything related to the establishment of these two agencies, one may claim that Alex used his intellectual power to influence the decision. However, up to this stage Alex served the interest of both the groups as the primary objectives of these two agencies reflected their felt needs though in the later period he patronized to the MSHS in securing the funding and functioning. This finding might be interpreted by the issue related to the different forms of power exercised in the practice of community development. The finding suggest that Alex used 'power-over' as a 'zero-sum' power over the local MSM which is supported by Lukes conceptualization of power (Lukes, 2005).

Alex in his report mentioned that *"the people with MSHS were primarily Kothi identified and MSHS intended to develop sexual health services and social support for those with a Kothi identity and their sexual partners"*. The report mentioned that the MSHS's primary objectives were to provide sexual health services and community building among the MSM. The report says: "(a) *to develop STD/HIV prevention programmes for males who have sex with males through outreach activities in a range of environments which will include condom and IEC materials distribution, peer education and support; (b) to provide sexual health services targeting male sex workers and their clients, as well as Hijra … (d) to provide a range*

of social support groups, awareness sessions, and a range of community-building activities; … (g) to work with the Bangladesh AIDS Prevention and Control Programme towards ensuring that issues of anal sex and associated STD/HIV risks are incorporated into all sexual health programmes; and (h) to work with other agencies towards developing a national and local approach to the sexual health needs of males who have sex with males in other parts of Bangladesh."

The agency envisioned focusing on the Kothi people. Alex had stressed the need for an agency to not merely be based on gay community and to engage with local identity, but he did not at this point over-emphasized Kothi above all else as the initial report did mention other identities. The report mentioned the identity of the respondents as following: Kothi (40.19%); Panthi (15.28%); Do Paratha (10.56%); Homosexual (4.72%); Gay (1.89%); and 27.36 percent did not use any label to identify themselves. The agency also needed to compromise MSM as 'males with stigmatized behaviour' publicly. It was privately/within the agency that developing Kothi community was stressed. Thus, it was paradoxical in this sense that it had intended to develop Kothi community but focused on non-gay MSM in a broader sense. The Kothi people were involved with an invisible network. The agency intended to make them visible. In this sense the agency is strategic in how it presents itself and what it means by 'community'.

On the other hand, it has been mentioned in the report that who were involved with HSDF was *"primarily gay-identified people and seek to provide community development, advocacy, and social and sexual health services for gay identified men and men who have sex with men with emergent gay identities"*. The following are the selected primary objectives of this agency which is concerned for community development and advocacy: "(a) *to develop a range of social support systems for gay men and those with emergent gay identities towards community-building; … (c) to advocate for appropriate changes in the law regarding male to male sexual behaviour; (d) to work with human rights organisations and advocate on behalf of men who have sex with men who have experience human rights abuse, harassment and violence; … and (g) to network locally, nationally and internationally in addressing issues affecting gay men and men who have sex with men".*

The primary objectives of these agencies indicate that they were concerned about community building though the MSHS was more focused on providing sexual health services

than HSDF. This also indicates the differences in terms of their felt needs. The felt needs of these two agencies were mainly influenced by the class and social position of the people involved with these agencies. Kothi described population are from the lower strata of the society and they have very little access to the health care services. On the other hand, gay identified population belongs to the middle and upper strata of the society and they can access and afford their health care services. Thus, they are concerned about their sexual and human rights issues. It may also have something to do with how the founders, particularly Alex perceived the state of political consciousness in each group. They might have thought the gay men were already more politicized so that their goal should be political campaigning whereas the Kothi identified and other people were less politicized, so the immediate task was community construction as a prelude to political consciousness raising. These findings might be interpreted that both the MSHS and HSDF tried to start their journey based on the felt needs of the respective group of peoples. This suggests that the people behind these two agencies and Alex followed the felt-needs of the community people to design the interventions needed for the betterment of the community people's lives. Though it has suggested earlier that the origin of the MSHS has followed kind of 'top-down' approach but it has also followed the principles of 'felt-needs' which is one of the principles of community development (Bhattacharyya, 1995; 2004).

It has been found thatAlex was strategic in terms of setting up the community building agenda. He put the STI and HIV prevention issues in the forefront at the beginning. My interview with Alex revealed that the MSHS started with two agenda; one is public, and the other is private. Only the public agenda has been mentioned in the report.

> *Bellal: What was the mission initially about forming this agency? Was it STI and HIV prevention or developing the community?*
>
> *Alex: Donors don't like that. Donors want to see a health investment. So, there was a public agenda and there was a private agenda. The private agenda was developing the community.*

These two agencies were then got registered with the appropriate authorities after settling down their scopes and objectives. These two agencies were also given training on institutional capacity building, programme design, development and management, financial management procedures and monitoring and evaluation by Alex. They developed proposal for funding and started seeking funding from different potential donors. The MSHS secured an initial funding for three years from the donor agency of a European country in 1997. It

was comparatively easier for the MSHS to manage funding as their initial focus was improving the sexual health of 'males with stigmatized behaviour' through distributing condom, providing STI treatment and information on sexual health and diseases. It was easier for the the MSHS to get funding than the HSDF since they were less overt about sexual identity. This is again ironic given the origins of the MSHS; the MSHS was formed as a result of Alex's emphasis on engaging with local identities but after that the MSHS emphasized HIV prevention.

Alex also started to sidestep the gay-identified people in terms of getting funding. The HSDF failed to manage any funding for their survival. They failed to manage any funding for them because of their focus. Their primary focus was advocacy work for appropriate changes in the law regarding male to male sexual behaviour and community building through social support mechanism. None of these two issues were in the donors' agenda at that time and not even in current time. But apart from these two issues, perhaps the HSDF failed to get the patronizations of Alex as he did not like their way of working. The felt needs of the gay-identified people were not in his priority list though he helped to form a separate agency for them. Alex was also simply making a strategic decision about what was most likely to get funding and most likely to have potential public health effectiveness. Alex in a sense separated and deprioritized the needs of the gay group. In Alex's word:

> *When I came here [Dhaka] to initiate the process of this study, I met these two guys and persuaded that the type of study they wanted to do is not a proper study. … When we got the data at hand it was clear that we need some sort of initiative focusing on gay identified men but the methodology to deliver that initiative will be very different. So, I have to set up their own organizations. But when I got some funding to set up an organization I prioritized the money to set up an organization for most vulnerable people which is feminized males.*

Alex and the people involved with the MSHS were reluctant to work with the HSDF because of their differences in terms of the methodology and their position in terms of the openness about their sexual behaviour. The people involved with the HSDF were more open about their sexual behaviour which was not matched with the MSHS. Parvez, who is at present working as one of the top management staff of the MSHS, said in this regard:

> *Gay group was also involved with the MSM at the beginning. However, the gay group was different. They were moving very fast. They were very open. They were bringing their sexual partners in the research study office. They were trying to do*

some kind of behaviour within this office which was not acceptable to others. Some people were complaining about them. In such a situation, they were tactfully made separate from the MSM group.

The above discussions suggest that Alex, the external founder, was the key person in designing the situation assessment, prioritizing objectives for these two agencies and securing funding for the MSHS. Alex also strategically forced the local gay men to knock down from the MSM network. Having said this, the following chapter will focus on the remit, funding, structure and activities of this agency.

4.3 Current Remit, Funding, Structure and Service Delivery Model

4.3.1 Remit

One of the key themes emerged in terms of the remit of this agency is that it had two identities: one is public, and the other is private. The agency is very strategic in using the type of identity. The agency publicly focused on either MSM or 'males with stigmatized behaviour' and privately focused on Kothi people. The agency is working with MSM but until recently they did not use the term MSM openly; they were rather using the phrase 'males with stigmatized behaviour'. I asked Sazzad about the rationale of using this strategic phrase. Sazzad is one of the executive management level staff who is involved with this agency from the beginning. He also worked as a project manager for carrying out the situation assessment study which was led by Alex. He said:

We did not want to use the term MSM in a straightforward way. Because it was not the right approach for that time. Now we can use the term MSM as the situation has improved. Say for example, we applied for the registration in NGO Affairs Bureau and Department of Social Welfare. But people in these places were not sensitized about this population.

This strategic approach helped them to get registered as an NGO. This strategic position is reflected in their public documents. In their vision, which they used to get registered and made public, they reflected that they are working for the improvement of sexual health of the 'males with stigmatised behaviour'. Their vision at the beginning was:

MSHS was developed to ensure that all males in Bangladesh, but in particular those from low-income groups with stigmatized behaviours, have knowledge and awareness of their own sexual health needs and can access appropriate low-cost sexual health services of their own choice.

However, after working almost a decade, in 2006, they revisited their vision and widened it. Now they have focused on the health care and human rights issues irrespective of gender and sexuality. This revisited version of vision is even more strategic as this time the agency is not talking about males; rather than they are talking about irrespective of gender and sexuality which includes males, females, transgenders and many more categories. Their current vision is:

> *MSHS envisions a society in Bangladesh where every person irrespective of their gender and sexuality is able to access quality health care services and support their human rights.*

This revisiting of vision was perhaps becoming possible to materialize due to some factors, such as their visibility in the HIV prevention programmes, donor's involvement in funding their HIV prevention programmes, policy planners and different stakeholders' awareness about the existence of MSM, and government's investment on this population for their HIV prevention. But this revisited vision is rhetoric and to some extent even contradictory as they are still focusing 'MSM' or 'socially excluded males' in their mission.

However, the current vision has widened the focus by including human rights issue. The interview with Sazzad reflected that the people involved with this agency took the lead to include the human rights agenda. One of the themes emerged from the analysis of this revisiting process was that whether the participation was generalized or specific. Sazzad stressed on the generalized participation and he did not recognise the donor's role in this regard.

> *Bellal: Was there any influence of donors in the inclusion of human rights aspects in the vision and mission?*
>
> *Sazzad: Donors had no influence. It was completely identified by the organization. Because the first place we felt why should we focus rights? Because we are sending this population in the field for condom promotion and distribution, but they are being harassed every moment. So, we thought rights issue considering the harassment aspect and we thought that sexual health service and rights should go parallel. One will not work in the absence of other.*

Though this executive management staff did not recognise the donor's role but perhaps their role cannot be ignored as they were also part of this revisiting process. The agency

conducted consultation meetings as part of this revisiting where donors were also the participant. He said about the process how they conducted the consultation.

> *Bellal: Can you tell me about this revisiting was initiated?*
>
> *Sazzad: Later in 2006 when we were doing our strategic planning for 5 years, we invited community participants and different stakeholders. We discussed in the consultative process whether we can think a broader way in our activities rather than only HIV/AIDS. We discussed whether we can think about sexual health and rights issue. So, we changed this vision and mission in back in 2006 when we did 5 years strategic plan.*
>
> *Bellal: Who were the participants in those consultation meetings?*
>
> *Sazzad: There were different types of participants. There were stakeholders, there were community participants, primary stakeholders, secondary stakeholders, and even donors were there. There were series of consultation meetings. It was group participants, such as community people was in a separate consultation meeting, donors were in a separate consultation meeting. Then we synthesize the reports of the individual consultation meetings. Then we did a combined consultation meeting with the participation of different population groups where we adopted this change.*

However, Sazzad's opinion regarding the generalized participation in the consultation process was not supported by the grass-roots level beneficiaries. None of my beneficiary interviewers was aware about this kind of consultation process. On the other hand, some of the support staff who were involved with this agency during the consultation period were aware about this process though they have a different voice. One of the support staff named Kabir who was working as a Programme Assistant in of the field offices described his experience. He said:

> *I was selected to attend the consultation meeting. The moderator of the meeting asked us about the problems we faced in the cruising venues or in our everyday life. All the participants told the problems we face. He noted down these problems and then he described what we should do to reduce these problems. One of the problems we faced in the cruising venue as well as our daily life was harassment by law enforcing agency people and local hoodlums. Then the moderator proposed that we should be trained on human rights issues.*

On the other hand, informal discussion with some of the top and middle management staff revealed that the agency hired a consultant to prepare the strategic document. This consultant then organized different consultation meeting with different group of stakeholders of this agency which was supported and managed by the agency. He then compiled the consultation reports and prepared the draft strategic document on which the executive and top-level management staff and Alex provided their feedback. The interview with the different top and middle management staff suggested that the process adopted to revisit the mission and vision was rather 'top-down' instead of 'bottom-up'.

On the basis of these consultation meetings, the agency also changed their mission. The initial mission of this agency was "*to develop appropriate reproductive and sexual health promotion and education services with provision for low cost STI management programmes for males with stigmatized behaviour in Bangladesh".* After the consultation meetings, they changed their mission and extended to support human rights and alternate livelihoods. Their current mission is to "*work towards the wellbeing of stigmatized and socially excluded males and their partners, by providing sexual health services and supporting human rights and alternative livelihoods"*. However, in their mission they are still referring to the stigmatized and socially excluded people though they have incorporated more community development-oriented issue.

4.3.2 Funding

The agency started their journey with the funding from the NORAD in 1997. There were two phases of the NORAD funding. First phase was from 1997 to 2000. Second phase was from 2001 to 2003. The NORAD reduced their funding support in the second phase. The Family Health International (FHI) through the funding from the United States Agency for International Development (USAID) began to support the agency from 2000 which continued until 2014. The Royal Netherlands Embassy (RNE), Dhaka started their support from 2006 and continued until the end of August 2009. The RNE was supposed to support them for longer time but because of the global recession they have cut their programme. The agency has started to receive funding from the Government of Bangladesh (GoB) since May 2007 although the GoB's HIV related targeted intervention (HATI) programme for different high-risk group is in operation since 2003 (GoB, 2010). One of the executive management staff Sazzad told me that *"I think the inclusion in the GoB funding has been made possible because of the pressure from the donors who are funding in the GoB's HIV prevention programmes".* This HATI program ended in June 2009 and then new programme HIV/AIDS Intervention

Services (HAIS) was introduced in December 2009 which was ended in 2011. The HAIS program was supported by the World Bank financed Health, Nutrition and Population Sector Programme (HNPSP). The third Health, Population and Nutrition Sector Development (HPNSDP) supported HIV/AIDS Prevention Services (HAPS) program run for the period of 2011 to 2016. The GoB is continuing this HAPS program under the fourth HPNSDP which will be ended by 2022. The agency has received funding from GFATM RCC round which run between December 2009 to December 2015. The agency has also received from the GFATM new funding model (NFM) for HIV prevention for key populations. The first phase of this NFM was introduced in December 2015 and ended in November 2017. The second phase of the NFM has started in December 2017 and will continue until November 2020. The agency has also received funding from the GFATM Multi-Country South Asia Regional Program between 2013 to 2016. The agency had also received or is receiving small scale funding from various organizations including World Bank, UNICEF, UNFPA, UNAIDS, Manusher Jonno Foundation (a Bangladesh based foundation which provide funding for human rights issues and fully supported by DFID), Elton John Foundation, UK.

The MSHS is completely dependent on the donors for funding as it does not have own funding. Thus, donors may play important role in enacting the community development initiative of the MSHS. To substantiate this argument, data were collected with regards to the process of developing the programme indicators which the donors are funding. In a simpler way, it was explored who control the power in a donor-MSHS context in terms of defining the programme indicator. In this regard, two themes emerged: power is hold by the MSHS; and power is hold by the donors.

The MSHS is mainly receiving fund in a competitive way where they are applying for fund through open bidding in response to the funder's advertisement. This practice is very common for getting money; most of the donors are giving money in this way. I interviewed one of the UN agency representatives in this regard.

> *Bellal: How the MSHS was selected for funding by your agency?*
>
> *Enam: It was an open bidding. We advertised the funding opportunity in the newspapers according to our procurement system. MSHS applied in response to that advertisement and it was short listed. Then we selected them based on the experience to work with this sort of specific group [MSM].*

It may seem that in the event of open bidding process, the programme indicator is decided by the MSHS that means power is hold by the MSHS. But reality is different. In most of the cases, donors provide the broad outline which mentions what programme indicator they can fund. In this case, the MSHS as an implementing agency often does not have freedom in terms of what intervention they will implement. I asked Enam about how the programme indicator is being decided.

> *Bellal: Who decides the programme indicators? Does your agency mention the programme indicator in the newspaper advertisement or the implementing agency get the scope to negotiate with you regarding programme indicator?*
> *Enam: No. We have a work plan. We have a mandate. We decide the output indicator based on these mandate and work plan.*

This is a common practice in the existing development field governance system that donors determine the programme indicators. However, there are some donor agencies who give power to the implementing agency to decide the programme indicator. For example, I interviewed Nafisa who confirmed me that her agency is following the open bidding process but giving the power to the implementing agency for deciding the programme indicator.

> *Bellal: Who is deciding the programme indicators when your agency is funding to the MSHS?*
> *Nafisa: Implementing agencies submit the proposal based on their own idea. We see whether their proposal is feasible or not. We see whether their proposal is following the rights-based approach or not. If we see that their output indicator is not feasible, then we negotiate with them.*

In opposition to the open bidding process, there are some donors who are coming to the MSH with their money. In this way, the MSHS does not have any power at all in deciding the programme indicator. I talked with the FHI representative to explore how they are deciding the programme indicator when they are funding the MSHS.

> *Bellal: How is your agency giving grants to implementing agencies, particularly MSHS? Did they apply to your agency?*
> *Tahmid: No. We follow a different procedure. We assess the organizations who are working for the prevention of HIV/AIDS. We fund them according to our assessment result.*
> *Bellal: In that case who is starting the initiative? MSHS or your agency?*

Tahmid: Basically, we took the initiative. We do not call any proposal from the implementing agencies. We find out the potential agencies who are working in the field. We assess them and if they qualify then we give them fund.

Bellal: How are they submitting the proposal then?

Tahmid: We are a bit different in this regard. Our structure is different. Implementing agencies do not need to submit any proposal at all. We give them the basic structure and then we work together. Implementing agencies can give their input. They can negotiate with us. But we guided this negotiation by our mandate.

The FHI Bangladesh country programme evaluation report also viewed in the same way as Tahmid. The report said: "*FHI hoped that local partners could develop their own proposals, but over time it became apparent that most groups lacked the capacity to do so. To resolve this challenge, the country office team worked closely with partners to determine which activities would go into the proposals and to help these organizations finalize their programme strategies, activities, work plans, and budgets."* The implication of this type of funding procedure is clear. The MSHS cannot negotiate with the donors because of two reasons: the donor agency is guided by their mandate which often do not match with the MSHS's private agenda; and the MSHS is financially dependent on the donors, which is making the MSHS less powerful in decision making about what kind of programmes they should adopt for their HIV prevention. Thus, the kind of activities for MSM implemented by the MSHS is often determined by the donors. This is also reflected in the management's views. For example, Parvez told me that instead of funding for community development programmes, the donors are cutting funding from this community development related activities. He said: "*We develop the project proposal for HIV prevention for this population through incorporating empowerment related activities. But the donor agencies most of the times asked to drop these activities in the name of budget cut. Why? Because you will not get any direct output from these activities on a short-term period. You have to wait for long time to get the output of this agency."* However, the power dynamics with regards to funding around this agency is not that simple. The donors have the power to decide what is on the agenda for funding. But the agency senior management have the power to seek different funding from different agencies in order to build an array of work. And the agency managers also have the power to subvert the funding streams a little. For example, they have the power to ensure that the provision of sexual health services also plays a CD role. The agency managers have the power to set up social spaces even if this is not a funder priority. The agency can side step the funders' dominant discourse of measurable work to address the

proximal only drivers of HIV risk. This dynmics of power process thus can be interpreted by the Foucaualtdian position of power which suggest that power is not concentrated to only one source; rather power is contrated on everywhere.

4.3.3 Staffing and Structure

Over the past 12 years the agency has grown up from two staff and one drop-in-centre in Dhaka in 1997 to over 600 staff in 36 field offices in 22 districts and 31 partner CBOs across the country in 2017. The MSHS's current organizational structure is divided into five hierarchical stages which has been presented earlier in figure 3.1. It has grown very rapidly in terms of the staff volume. One key theme emerged from the data that at the beginning this agency was developed by the Kothi-identified people with the support from the external expert Alex. There was no disagreement among the different sources of data regarding this theme. Pavez, who is working as one of the top management level staff of this agency, informed me that at the beginning only Kothi-labelled MSM were worked with the agency. This view is also supported by the existing literature on the origin of this agency. A poster presented by one of the executive management staff of this agency in the XV International AIDS Conference mentioned that a small group of Kothi-identified MSM established this agency. Sazzad, another executive management level staff also echoed the same voice. Alex in his situation assessment report also explicitly mentioned that *"the people with the MSHS were primarily Kothi identified".* However, the agency started to recruit non-Kothi or non-MSM staff since 2000. One common theme emerged in this regard that donors played the significant role in recruiting non-Kothi or even non-MSM staff. The agency started to expand massively in 2000 with the funding from FHI. The obvious reason for recruiting non-Kothi people was shortage of skill among the Kothi identified people. I discussed this issue with Hillol, who is representing the executive committee of this agency. He sheds the light on this issue.

> *Bellal: Can you please tell me the rationale for recruiting non-Kothi people as an employee of this agency?*
>
> *Hillol: The first reason is that we don't have enough skill people. There is a lack of skilled people in the community. We have to wait for long time to get skilled people in the community. Secondly, class problem. There are some people who are skilled, but they are not exposing them because of the class problem.*

Hillol recognized the scarcity of the skill people in the community but he did not mention anything about the donor's pressure for recruiting non-Kothi staff. On the other hand, by

'community', he indicated the Kothi identified people. He explained that Kothi identified people are being dropped out early from the education because of the existing socio-cultural system. By 'class problem', he indicated towards the gay people who belong to upper class. These upper-class people are very reluctant to engage in any kind of social interaction with the Kothi identified people as they mostly belong to lower class. Sazzad agreed to Hillol that there is shortage of skilled people in the Kothi community, but he believed that the agency forced to recruit non-Kothi people to meet the donor's requirement. He said:

> *Bellal: Can you please tell me reason of recruiting non-Kothi people?*
>
> *Sazzad: It started because of donor's need. Because there is some technical position, say for example, monitoring and evaluation, we did not get skill man-power from our community people for this position. Therefore, we have been forced to recruit non-community people to work with us to provide appropriate report to the donors. Donor is not directly asking us to recruit people from non-community, but they are asking people with certain qualities which is absent in our community. We are recruiting the non-community people because there is a shortage of skilled man-power in our community…Expansion of programme was also responsible for this recruitment process.*

This finding may suggest that Lukes (2005) first dimension of power has been used to some extent as Sazzad has mentioned that the MSHS has forced to recruit non-Kothi identified people as a pressure from the donor. However, this might not be the entire case as the MSHS was also wanted to expand their programme and they realized that their community is having lack of expert population. In this context, it is worthwhile to explore the meaning of community at this stage as both Hillol and Sazzad has focused on the community issue while talking about the recruitment of non-Kothi/non-MSM as a staff of this agency. A detail discussion on the community issue will be provided in the next chapter. However, there is a difference between Hillol and Sazzad in terms of the definition of community. Hillol included only Kothi identified people in defining community. But Sazzad included any person who is practicing male-to-male sex in defining community. My discussion with Sazzad in this regard is following:

> *Bellal: In that case how do you define community?*
>
> *Sazzad: Whoever is MSM is belong to this community. It's not only Kothi. I have told in my advertisement that those who are MSM, they will get priority.*

4.3.4 Service Delivery Model Used by the MSHS

It has been found that initially the agency adopted a framework which had the following three components: field services; centre-based services; and health services. However, over the period they have added new components in their service delivery framework. The agency at present is using the following health promotion model for its beneficiaries (figure 4.1).

Figure-4.1: MSHS's Male Sexual Health Promotion Project Model[8]

Field Services • Outreach and friendship building • Community building and mobilization • Education and awareness • Information and advice • Referrals • Condoms and lubricant distribution	**Centre Based Services** • Social group meeting • Skill building vocational class • Drop-in-service • Advice and information • Counselling • Condom and lubricant distribution • Community build up & research for community
Advocacy, Research and Communication Technical Support Service	
Health Services • STI and general health treatment • HIV testing and counselling • Psychosexual counselling	**Capacity building** • Vocational training and skills building • Support on alternative livelihood

However, documentary and interview data regarding how this service delivery model was developed by this agency emerged a key theme that it was developed either by the local MSM or the international expert from the XYZ International. Interview with Alex and documentary data from various agencies including the MSHS, show that the service delivery model which is in use by the MSHS was developed by the XYZ International. However, interview of the people from the MSHS who are involved with this agency since the beginning of this agency produced a mixed result: some suggested that the model was developed by the XYZ International and some suggested that it was developed by the MSHS but there was influence from the XYZ International.

The agency produced a report in 2000 to reflect its experience of first three years mentioned that the agency *"relies on a model developed by the XYZ Foundation, which is also being replicated in India, Nepal and Pakistan"*. Another evaluation report prepared by FHI

[8] Reference has been omitted to keep the agency anonymous

International also reported that "*the MSHS adapted the XYZ International's sexual health promotion model*". In 2002, DFID Resource Centre for Sexual and Reproductive Health carried out an independent review on the institutions working with MSM in Asia and the work of XYZ International. This report also supported the issue that the MSHS adopted the service delivery model from the XYZ International. The report says, *"Over the years, a model has evolved in response to specific issues and needs identified through social and situational assessments conducted among MSM networks in several cities in South Asia and is now being* ***replicated*** *across Bangladesh, different Indian states, Nepal and in Pakistan".*

My interview with Alex also implicitly indicates that the service delivery framework was adopted from the XYZ International. He consulted with the local MSM based on the findings of the situation assessment study. However, running through Alex's account of his relations with local MSM suggest that he influences their actions It is also indicating that he was influenced by the existing HIV prevention strategy for gay people in developing the service delivery for the MSHS. Alex mentioned in his interview:

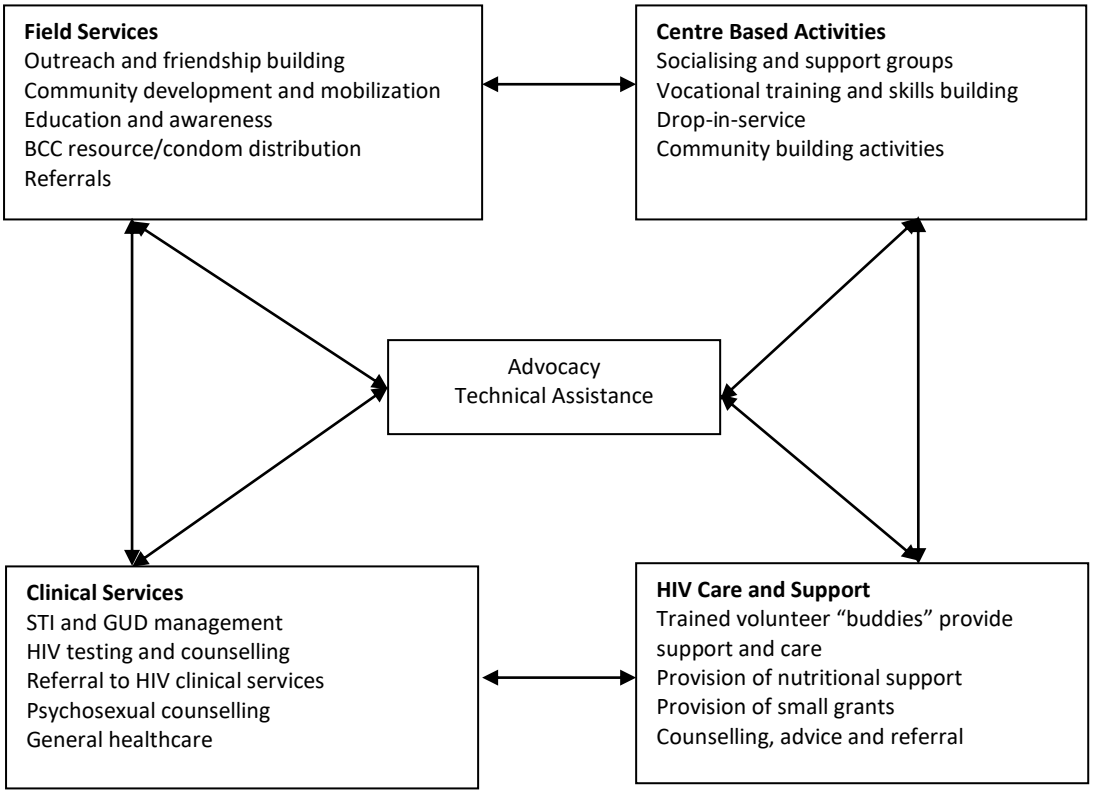
> *Out of that data I then designed an intervention. And the model I was using was based on what was successfully tested in Sans Francisco and New York. The model for the service delivery was based on the peer system of education. Peer support, peer delivery service.*

Here, Alex referred that he used the Sans Francisco and New York model, but he did not mention that the MSHS adopted this framework from the XYZ International. But Hillol accepted that the model was adopted from the XYZ International. He said:

> *Bellal: Do you know whether the model was used anywhere before using in Dhaka?*
> *Hillol: Yes, he [Alex] used the model. He used the model in India. But it was not successful there like Dhaka.*

But it was not possible to explore whether MSHS adopted the XYZ International framework as it is or in a modified way. The following MSM community-based service model is available in the XYZ International's website, which is slightly different from the framework MSHS is currently using.

Figure-4.2- XYZ International's MSM community-based service model[9]



Another theme regarding the development of the service delivery model for this agency was that the local MSM developed it. Sazzad, an executive level management staff of this agency, did not accept that this agency adopted the service delivery model of the XYZ International. He rather emphasised that local MSM developed it based on the findings of the situation assessment report. He said:

> *We developed the framework based on the needs identified in the report of the situation assessment. For example, we designed the awareness development programme as we found that knowledge level was very low among this population. We developed the clinical service as it was very important to provide STI service to this population as they were suffering with anal problems whereas they couldn't go outside to see the health care workers. We develop the psychosocial counselling as very high level of suicidal tendency was existed among this population because of the discrimination they faced every day.*

[9] Reference has been omitted to keep the agency anonymous

Sazzad described the process about how they developed the model, and this reflects that they followed a participatory approach in doing so. Though Sazzad mentioned that the MSHS did not adopt the service delivery model from the XYZ International but he accepted the influence of the XYZ International in developing the model.

> *Bellal: Did MSHS itself develop the service delivery model at present using? Or MSHS adopted the service delivery model from the XYZ International?*
>
> *Sazzad: Actually, what XYZ did, they facilitated the process. The model was not developed by XYZ, it was developed by MSHS. But that time it was three-fold. Now, XYZ is not here but we have developed it five-fold.*
>
> *Bellal: Did XYZ use the model somewhere else before applying to MSHS?*
>
> *Sazzad: If you talk about XYZ's affiliation, then I'll say that MSHS was the first experiment of XYZ. XYZ started in 1996; MSHS also started in October 1996. So, XYZ and MSHS is same aged. So, MSHS was just an experiment of XYZ. There was a consultation process to develop the model and XYZ facilitated that process.*

This portion of interview with Sazzad is important as the beginning he said that the XYZ did not develop the model rather the MSHS developed the model. But in the second part he implicitly accepted that the MSHS adopted the model from the XYZ International as he said that *"MSHS was the first experiment of XYZ"*. At the same time, it is also evident that there was kind of consultation process with the involvement of local MSM based on the findings of the situation assessment. It is interesting that the agency strongly locates itself as developed bottom up from local communities and views but actually it is strongly internationalist as the working model of this agency is strongly influenced by CD in India, UK, US, etc. In this regard Alex's narrative reflect that he played very dominant role. Alex recounted how he played the role in developing this agency.

> *There was no pressure from the network [Kothi network] to form their own organization. But the decision to form MSHS was not my decision. It was my suggestion and recommendation, but we had a big dialogue with about 150 Kothi people who were presented at the dissemination meeting of the findings of the situation assessment. There was a process of dialogue and engagement in all the way through with these Kothi people. I presented the issue and asked them about what should we do? How should the shape take? What should we work? I told them what can work, what not work. I worked as an advisor.*

Alex's statement suggests that he used his intellectual power to decide the service delivery model of MSHS, but he had gone through the consultation process. Apparently, the decision was taken by the local MSM, but Alex shapes the decision through controlling the agenda. This finding can be interpreted by Lukes (2005) second dimension of power where decision making of the local MSM is being taken by controlling the agenda.

4.4 Process of Participation and Decision Making around the Agency

Across the agency, two views are existed in terms of decision-making process. Top-level management staff believe that decision is taken in a participatory way. On the other hand, grass-root level beneficiary, local and mid-level management staff share the idea that decision is not taken in a participatory way.

How the decision is taking on any aspect of running the agency or designing a new programme? I asked this question to Hillol, who is a Kothi-identified man, a board member of this agency, and played a vital role on the establishment of this agency. He replied:

> *The decision is made in participatory way. In designing a programme, we always do a field test. For example, we are developing a BCC leaflet for them. First of all, we think who the target population for this leaflet is. We think that whether this will be beneficial to them or not. If we think that it will be beneficial to them, then we present the leaflet to them. We want to see their opinion. How they are receiving this? Are they accepting it straight away or they asking for some modification? Then we incorporate their recommendation. We don't impose anything on them.*

The statement of Hillol demonstrate the participative nature of the agency, but actually illustrates its top-down nature and their consideration of beneficiaries not as fellow community members but as an 'other': e.g. in use of terms like "target population", "them". The executive management staff of this agency also possess the voice of Hillol in terms of decision making. However, my observation resulted that the reality is different. I am not aware about any such *'field testing'* during my data collection period. On the other hand, as the top-level management people are from the Kothi community, so they think that they know the needs and demands of the Kothi-identified people. As a result, the top-level management people do not feel to discuss various issues with the grass-roots level beneficiaries. They ensure the beneficiaries token participation. My observation resulted that at least two occasions, the executive management staff Sazzad indicated that the population they are working with is not capable to decide the organizational issues. So, they

are making decisions and asking the grass-roots people to implement it. In his view, this is community participatory as they are taking the decision and they belong to Kothi community.

Parvez who is one of the top management staff interviewed by me shared similar kind of aspect of participation but in a different way. He told me:

> *Whenever we want to design a programme, we give the basic programme idea to the Programme Officer of each field office. We asked them to get idea around this programme from the beneficiary level. We collect ideas from all the field offices and then synthesize and finalize the programme.*

However, the grass-root level management staff and beneficiaries have reverse opinion in the context of decision making. They think that decision making is not at all participatory rather decision is taken by the top-level management people. Milton who is basically a counsellor working at the field office level was saying:

> *Decision making is not at all participatory. Decision is taken by the top-level management. There could be two reasons for this. Firstly, top level management may be thinking that involving the grass-root level beneficiaries in decision making is not a right approach; it's not good. Secondly, top-level management may be thinking that if we involve them in decision making process then they will be empowered perhaps which top-level management do not want.*

Alex's voice is supporting the opinion of the grass-root level management staffs and beneficiaries. He was saying:

> *There is no role of grass-root level people in the decision-making process. Decision making is very top-down; not bottom-up. In the long term this is not gona help to evolve the community. It will just be a condom delivery point.*

The views regarding the decision-making process varies among the top, senior and middle level management and support staff. The top-level management think that the decision-making process is participatory. However, verbatim quotation from the top-level management does not reflect that the decision making is participatory. Their narrative reflects that decision-making is kind of 'token' participatory. On the other hand, senior and middle management and support staff have frustration regarding the decision making. The

grass-roots level beneficiaries are happy with the way it is running. They are coming to the agency as they are getting certain benefits such as STI treatment, condoms and lubricants, and some social gathering opportunities. Sometimes they are not happy, but they do not have better options.

My observation, informal chat and in-depth interview reveal that education, authority and belongingness to a particular community have become important issues in the context of decision making. The grass-root level beneficiaries are neither educated nor they have access to financial resources nor power. So, they don't have any role in decision making particularly on programme designing and organizational management. Support staff like Site Bandhu considered themselves as the backbone of this agency. One of SB was saying: *"We should be treated in a better way as we are the backbone of this organization. If we are not going to the cruising venues to recruit our beneficiaries, then how the doctor will treat them and how our bosses will report to the donors that they have contacted with such and such numbers of MSM for HIV prevention?"* They want to ensure their participation in the organizational management. They think that they are the backbone of this agency, but they are the least paid. They believe that this is happening as they are not educated, and they cannot speak to the donors. This frustration is affecting the outcome of the programme intervention. Many of the SBs reported that now they are not working properly for community building. They are not doing any 'friendship' building activities in the cruising venues. They are just giving the beneficiaries information about this agency and talking about messages for HIV prevention and safer sex.

The senior and middle management level staff have got frustration because they don't have participation in decision making as well. For them belongingness to a particular community is an issue for not having role in decision making. Sexual identity of the staff in these categories is heterosexual. On the other hand, the top-level management people are Kothi-identified. So, there is a conflict among them. Lack of trust is observed among them. Even sometimes they don't feel comfort to work together. As the executive management staff Sazzad was saying: "*Honestly speaking, we (Kothi-identified) do not feet comfort to work with non-MSM staff. Rather we feel comfort to work with female staff. Understanding among us is not that level yet. There are some non-MSM staffs who are simply working for salary."* On the other hand, top and middle level management staff complain that decision is taken by the top-level management people. Even one of the non-MSM top-management

staff Parvez was describing how decision was taken bypassing him. He was describing: "*I can share a recent example. In one of our field offices two Kothi-identified staff fought with each other. The reason of fighting is that they both love the same person. This personal issue came to the office level and they fought each other. Initially these two staff share this issue with the Manager (Administration) who is a Kothi-identified man. He went to the field office and tried to solve it by applying the community feelings. However, it did not work. The situation became more volatile. As a result, executive director made a 3 members committee where I, manager (administration) and executive director were included. But I did not get chance to involve in the investigation process. As a programme head, I found the job termination letter of one of the staffs involved. Later I explored that manager (administration) investigated the issue and the executive director signed the termination letter. I was completely in the dark regarding the procedures taken to terminate that staff. This is how decision is taken jointly!!!"* I talked with the executive director to verify his position regarding this. He said: *There are some problems to involve non-MSM people. They cannot realize the needs of the MSM population. Perhaps there was a problem in one of the field offices where the incident occurred. They (Kothi-identified people) felt that they should talk to me. They did not feel comfort to talk to their line manager. So, ultimately, I had to interfere.*

It has been found that the Kothi-identified people are participating more in various programme activities rather than Panthi-labelled men. Because of the donors funding criteria Panthi people are not allowed to come to the some of the field offices. However, donors do not bother about the terminology like 'Kothi', 'Panthi'. They are using epidemiologic term 'male sex worker/prostitute' and 'partner of male sex worker'. And the donors funding criteria emphasise that focused should be given to the 'male sex worker/prostitute'. Some field offices provide service only to Kothi-identified male; some field offices provide service to both. Panthi labelled people can get STI treatment, and free condom and lubricant. They can also get access to social group meetings and DIC services. Practically Panthi labelled people do not involve any public activities. They are mainly participating in house activities, i.e. social group meetings. They do not want to open up because of the stigma attached. At the same time, the agency is not interested in involving the Panthi-labelled people in the agency's various activities. I had a chance to attend a two-day long consultation meeting during my fieldwork. About hundred participants were there. But none of them was a Panthi-labelled MSM. The agency invited only Kothi and Hijra identified people.

4.5 Conclusion

The findings of this chapter indicate that the agency was emerged from the activism outside of Bangladesh. The process was initiated by an expert from an international voluntary sector organization. The expert took the key role in training up the local MSM for developing this agency. Thus, the local MSM were ideologically and technically influenced by this expert. The expert created the local MSM aware about their risk and vulnerability towards HIV. The expert used the indigenous identities as a resource in getting funded this agency through bypassing the gay community. The expert used his identity and experience to manage funding for this agency. The agency was initially funded by an international agency; it was not financially supported by the Government of Bangladesh for about a decade. The agency was initially started with the mission to provide reproductive and sexual health services for the 'males with stigmatized behaviours' though community development was their private agenda.

Chapter 5: Definition of and Interventions for Community Development

5.0 Introduction

Based on the discussions provided in chapter four on models of service delivery used by the MSHS and who and how the model was developed, this chapter will provide findings on how the agency has constructed the notion of community development. The chapter will also provide a thick description on what sorts of interventions the agency is being implemented as part of their community development programme and what the agency wants to achieve through implementing these interventions for community development.

5.1 Definition of Community Development around the Agency

It has been discussed in chapter four (4.2) that the agency started with two agenda: public agenda and private agenda. The public agenda was STI/HIV prevention among the males who have sex with males. On the other hand, private agenda was to develop a community of Kothi-identified people. But initially the agency did not talk about the community development issues of a Kothi-identified people because of strategic reasons and lack of social acceptability, stigma, and legal restrictions against this population. Rather the agency concentrated on the public agenda. The agency has included community development as a component in its service delivery model from the beginning. But the agency does not have any official definition of community development. The agency does not have any piece of written document on the definition of community development or what is meant by community development. However, the interview data produced a few themes regarding the definition of community development which are presented in this section.

5.1.1 'Building the Community' as Community Development

'Building the community' emerged as one of the themes regarding how the people around this agency define community development. Many interviewees expressed that the community should be built up at the first place for developing the community as community as such is not yet existed. I asked Alex about what he means by community development. He replied: "*to me community development is first to build the community, then you can develop the community and here there was no community in Bangladesh".* His idea of community building is centred around the visibility of MSM, their shared political interests and the existence of institutions as a platform for MSM like MSHS. Alex said: "*unlike the West, there was no sense of community among the males who have sex with males….So, I recognized that we have to actually build the community. There were social networks, sexual networks, across Dhaka and across Bangladesh. But they were just loose affiliation based on*

friendship; not based on identity. So, I brought the concept of community building; community development into the framework of sexual health service delivery."

Alex believes that community building takes some time and the agency is not yet community based. The agency is merely community led as not all the staff working with this agency are from the community for which the agency is working. He realized that building a community which has no existence is challenging. Thus, he recognised that there should be provision of some kind of services for the people which will help to gather the community people. His interview reflects that he perceived community development in a way to build the community at first phase and he mentioned 4/5 components of community development programmes. However, his view regarding the meaning of community development also has got the political nature of a community as he dreamt to develop the sense of solidarity among the MSM in publicly but Kothi in privately. Alex said:

> *A community development programme for MSM should include 4/5 elements. First element is run for physical health. That is not only STI and HIV; they are also for general health. Lot of these people are so poor that they can't go to the doctor. They need to have good health, I mean physical health. They need to have a good social health as well. So, the idea of a drop-in-centre, where they can come and socialize and meet and have some fun and bond together as a group, build up affiliation. A drop-in centre is not just the place to go the clinic. It's not just a place to hear about HIV, it's a place where they can feel comfortable and recognizes their own. They need advocacy because they have to change the laws to reduce the stigma and discrimination. There is the education component, which is around building up their knowledge in terms of literacy, in terms of other things like computer skills and whatever they want. There is an issue of economic vitality …So, these are the parts of the jigsaw puzzle. You can't just look only one element. You have to looks its totality. And the totality is saying to me or the vision that I have the totality is that in terms of building their sense of self-worth be needed a sense of community affiliation, a sense of self-discovery.*

It seems that Alex's idea about community development has also influenced the executive level management of this agency. For example, Sazzad, who is an executive management level staff of this agency, also viewed the same way in terms of the definition of community

development. He viewed that community should be formed by the feminized MSM whom he referred as Kothi for the purpose of community development.

Bellal: Can you please tell me specifically what kind of activities will develop or empower these feminized Kothi?

Sazzad: This population does not have a safe space. So first of all, they should be provided a safe space where they can come and gather, where they can share their feelings with their peer. Then slowly we need to work to make them understand because they all, most of them are from low-income sectors. So, we need to make them able to understand the importance of being united. Unity means why community empowerment is needed. In terms of their livelihood, in terms of their health, in terms of their basic human rights, to ensure the available basic human rights, and all those stuffs together.

Bellal: In that case what activities from the BSWS's service delivery model are directly playing a role to develop the community people?

Sazzad: I will say most of the activities but very importantly I will say we have changed the service delivery model of BSWS based on the community need. It was three-fold before, now it is five-fold. We are trying to address their need by using every single activity of the service delivery model. And among them very importantly what we are saying that their livelihood. Such as for their skill development we are giving them training from JUBO UNNOYON ACADEMY (Youth Development Academy). We are also giving them seed money. So that they can improve their livelihood.

Bellal: Any other activity?

Sazzad: We are providing them different training, gender training, human rights training to make them understand about what constitution says about them. As a human being what is his rights. We are proving them life-skill training. Numbers of trainings we are providing them.

Bellal: Anything else?

Sazzad: We are giving them space for social gather where they can share their joys and sorrows with their peers.

Bellal: Do you mean social group meeting or overall DIC environment?

Sazzad: No, it's social group meeting. There are many activities in DIC. We have recently developed a module what we are saying moving forward. We have made provision for different aspects of community development in the Moving forward,

say for example how to increase the literacy rate among those who can't read and write. So, if you see within this whole process from social group meeting to sexual health needs, basic health care service, human rights, all of these touchs the issue of empowerment for community development.

Bellal: Any other activities? What about networking and advocacy?

Sazzad: They are now working for themselves. We have formed District Level Lawyers Group (DLLG) and now they are using DLLG. Now they do not need to come to Dhaka. The problems they are facing at local level, dealing that problem with the DLLG members. This is also indirectly a community development process. If they are not empowered, they can't claim their rights.

Sazzad broadly argued that all the activities included in the service delivery model are helping to develop the community. However, specifically he focused on the following activities for the enactment of community development: making social space for feminized MSM through giving them access to the drop-in-centres; skill development training for their livelihood; training related to the psychological development such as gender training, human rights training, and life-skill training; social group meeting; advocacy; and networking.

Many beneficiaries of this agency feel that the agency is helping to develop the community through providing opportunity for creating bonding among them. The beneficiaries believe that the agency has given space to them for sharing with like-minded people. The agency is working as a platform for their social gathering. Arif, an 18 years old Kothi-identified man, told me how the agency is creating bonding among the beneficiaries. He said: *"I am coming to this office at least twice in a week when the social group meetings are running. I am meeting with new people like me every time, making friendships with them. Now I have contact with lots of people like me and we are sharing our pains and pleasures with each other. We are being in touch with each other. We can help other people like me if they are in need."* Similar views have been expressed by most of the Kothi-identified staff who came in contact with this agency as a beneficiary. For example, Matin shared his view how coming in contact with this agency has changed his life. Matin is now working as a Programme Assistant in one of the field offices in Dhaka but he was a mere beneficiary when he came in contact with this agency. He told me: *"Before coming to this agency I thought that I am alone in this world with this type of behaviour [male-to-male sex]. I couldn't share my feelings with anyone. But soon after coming here I found that there are so many people in*

this world like me. I have developed friendship with these like-minded people. Now I can share my life with them. These people are giving me the strength to lead my life."

Access to this agency is certainly providing a platform for developing the bonding among the beneficiaries as reflected above. However, few of the Kothi-identified and non-Kothi identified staff also viewed that this bonding is encouraging to adopt some kind of behaviour which is working as a negative community development. For example, Naim was telling me how the creation of bonding among the Kothi-identified people is working negatively for their development. It should be mentioned here that Naim is heterosexual man who is working as Programme Officer in one of the field offices. He said: *"I know some of the Kothi-identified people who are from the respected family. They did not know what Kothi is before coming to here. They didn't have any Kothi friend before. But now they have lots of Kothi friend. Some of these Kothi-identified people are empowering [he said in a negative tone] so quickly that they are revealing to their family that they are like girls and they will not get married. This is creating an embarrassing situation to his family and family then compelled to reject them for societal reason. After being rejected by the family, now they joined in the Kothi group. And these Kothi companions are then pushing them to the street for selling sex for their survival. Now you tell me what kind of community development this is?"* A Kothi-identified Site Buddy expressed kind of mixed opinion in this regard. This Site buddy informed that Kothi behaviour has increased among the beneficiaries after being in contact with the agency. But he recognized that this Kothi behaviour is not positively accepted by the mainstream society though this is good from psychological development of the Kothi.

> *Bellal: Are you telling me that the beneficiaries' social life has improved after coming to this agency?*
>
> *Sajid: No, not really. Their Kothi behaviour has increased. In one sense this is improved. But you know their family, their society do not accept this behaviour. Their society does not know that this is their rights. So, society is harassing them, throwing bad language towards them.*
>
> *Bellal: So, you are telling me that their Kothi behaviour has increased and this is causing social problem.*
>
> *Sajid: Yes, it's increasing.*
>
> *Bellal: Is it good or bad?*

Sajid: It's good for the Kothi. I'll say it's helping for their psychological development. They were Kothi before coming to here, but they could not express themselves. But now they can express.

5.1.2 'Inclusion of MSM in the Mainstream Society' as Community Development

'Inclusion of MSM in the mainstream society' was emerged as a theme in relation to the definition of community development. This inclusion agenda emerged as part of the agency's political aim for community development. Those people who described that inclusion of MSM in the mainstream society should be the aim for community development argued that the agency's current work is narrowly focused; it is not even focusing on general health service let alone their inclusion in the society. It is only focusing on STI/HIV prevention services. They think that it is not possible to develop the community only by providing the STI services. For example, Parvez recognized that the goal for community development should be the inclusion of MSM population into the mainstream society. In his words:

The ultimate focus should be their inclusion in the society. They should be recognized in the society. Their sexual behaviour is illegal. We are not demanding that government should allow the homosexual marriage; we are only demanding a safe environment for them so that they can freely move in the society; so that they do not feel stigmatized. They should have access to those services which are available for the mainstream population of the society.

This 'inclusion' agenda of MSM in the mainstream society was predominantly existed among the executive and top-level management staff of this agency. Sazzad who is another executive management level staff also echoed like Parvez, but he emphasised that community development should aim to achieve the dignity and social justice of MSM. My interview with Sazzad reflects:

Bellal: What is the goal for community development, specifically what do you want to achieve through community development?

Sazzad: In a single word what we want to achieve through community development is that they will live with dignity and social justice. We want to see that the population for whom we are working they will live with dignity and they will get the social justice.

However, some of the middle management staff disagreed with the top management's inclusion agenda as an approach for community development. These middle management staffs believe that at the first place the agency should focus on the capacity development of the community people who are already attached with this agency. These group of interviewees argued that the agency should create some 'role-model' by developing the capacity of the front-level MSM who are attached with this agency either as a beneficiary or front-level employee. These interviewees also believed that if community people get promoted in the recruitment of this agency, then they can motivate the grass-roots level beneficiaries for their development. In their view, a 'real' community development programmes should be included such kind of activities which will encourage and support the community people to join as an employee of this agency. This view is existed among the middle level management staffs of this agency who are either Kothi-identified or heterosexual. According to this view, there should be provisions to develop the skills of the community people in terms of literacy and computing so that they can join in the agency as an employee. Irfan who is working as a Programme Officer at one of the field offices in Dhaka supports this issue. He self-identified himself as a *do-paratha* as his sexual identity. It should be mentioned here that the word '*do-paratha*' is often synonymised with the western category 'bisexual' as a sexual identity. However, it has got specific meaning among the MSM. It is a label given to a male who is taking both active and passive position in a sexual relation between two males. Irfan said:

> *Community people should be given priority when a post is becoming vacant. There should be a provision like giving 10 marks extra for the community people in the recruitment process so that they get advantage than non-community people. Existing staff who are from the community should be trained so that they can take the higher-level position. Particularly those who are working as Site Bandhu or Programme Assistant should be given more training on English and computing skills so that they can take the higher-level positions*. *This is how the agency can develop the community.*

The issue of accommodating community people in the workforce of this agency as a way of developing the community has also been raised by Sazzad, who is an executive management level staff. However, in previous chapter it has been discussed that this issue is a rhetoric rather than reality. Heterosexual staff who are not considered as a community of focus of this agency have also argued that grass-roots level beneficiaries and front-level staffs should

be focused for developing the community. For example, Naim, a heterosexual Programme Officer working in one of the field offices in Dhaka, was sharing his view regarding the community development which was focused around the front-level staffs of this agency. He said:

> *If the agency really wants to focus on community development, then they should give benefit to the community people. But I do not think that the agency is really doing that. For example, think about provident fund (A kind of deposit scheme where each employee deposits a certain amount of money each month from his/her salary. The employees get back this money when they retired from job. In Bangladesh, the private sector employers are not generally providing this facility to their workers.). Those who are working in the Site Bandhu level are mostly from the community. Many of them are working for 7/8 years but they do not have any savings. Their salary structure is very poor. They would really feel empowered if the agency arranges provident fund for them. But in practice, the agency is arranging provident fund for those who are working above senior Programme Officer who are mostly non-community people. On the other hand, the agency never arranges something like picnic or retreat for its volunteers. These sorts of activities will develop ownership among the grass-root level beneficiaries which will develop the community.*

5.1.3 STI & HIV Prevention through Safer Sexual Behaviour as Community Development

STI and HIV prevention through creating a norm of safer sexual behaviour among the beneficiaries of this agency has been found as another notion regarding community development. This notion is predominantly hold by some donor agencies and these donors of this agency are funding for STI and HIV prevention through promoting safer sexual behaviours. Apparently, these donors talk about making safe space for the MSM but in practice they are focused on STI and HIV prevention. My interview with the representative of Family Health International reflects that FHI is supporting activities for making space for MSM, safer sex messages and STI and HIV prevention.

> *Bellal: What activities of MSHS are funded by your agency?*
> *Tahmid: Mainly what we are trying to make a space for MSM, their very own space which they will feel for themselves. The environment of that space should be friendly, they can share with themselves and they can discuss their problems. We are supporting the integrated health centre where community can come and share their problems and can get education, particularly HIV/AIDS-related education. Secondly,*

we are supporting the STI treatment and voluntary counselling and testing for HIV. Thirdly, we are providing means of behaviour change for safer sex such as condom and lubricant and training for behaviour change.

Apparently seems that FHI is emphasising on making space for the MSM. However, in practice they are more focused on STI and HIV prevention through safer sex which is measurable. This is reflected in the programme evaluation report published by the FHI. The programme evaluation report of the FHI reported what kind of strategies of the MSHS is supported by the FHI and what are the activities the MSHS is implementing to achieve these strategies. The report mentioned:

FHI support for MSHS focused on implementation of the following strategies:

- *Promotion of safer behaviours, particularly through peer education and condom and lubricant promotion*
- *Provision of STI management and care services*
- *Strengthening of advocacy, research and communication systems*
- *Capacity building of MSHS through skill development*

As part of the promoting safer behaviours strategy, MSHS conducted the following activities:

- *Outreach workers and peer educators contacted target groups through one-to one meetings and group discussions at cruising sites and drop-in-centres (DICs)*
- *Referrals to drop-in-centres that provide information, condoms and lubricants, counselling, skills development classes[10], social group meetings, STI clinics and telephone help lines*
- *Distribution of information, education and communication materials by outreach workers/peer educators*
- *Condom and lubricant distribution by outreach workers/peer educators, and by counsellors and doctors at the DICs*

To increase access to STI services, the implementing agency (IA) in this case MSHS:

- *Distributed referral cards to DICs by outreach workers/peer educators*
- *Provided twice-weekly clinics in the DICs that delivered STI services, including STI related counselling*

In order to strengthen advocacy, research and communication systems, IAs:

- *Developed advocacy strategies for HIV programs among MSM*
- *Conducted sensitization meetings with media representatives, local elites, law enforcement agencies, local administrators, journalists, students and activists*
- *Conducted and participated in research studies*
- *Held coordination meetings with staff from government and non-governmental organizations (NGOs), and participated together in World AIDS Day activities*

In order to build the capacity of MSHS through skill development:

- *FHI trained IA peer educators*

[10]Skills development classes are basically focused on skills on negotiation with their partners in terms of condom use and demonstration on condom use.

- *MSHS staff attended finance and administrative trainings, training of trainer, and training of facilitator trainings*

However, it has been found that there is a gap in terms of what the FHI is saying and what the FHI has been evaluated. In the evaluation report, they only defined and measured the promotion of safer behaviours and provision of STI management and care services. No advocacy or networking and capacity building outcomes were defined or measured for programme evaluation. This may indicate that their intervention programme did not focus on these aspects though they claimed that they worked on these issues as well. The evaluation report is also claiming that the programme FHI supported for the MSHS was successful in terms of increasing knowledge and risk perceptions for STI and HIV though the programme has got very narrow focuses on community development related activities. The logical framework used by FHI-supported MSM programme in Bangladesh also indicates that their focus is on providing information and means for safer sex behaviours.

5.1.4 Psychological Empowerment as Community Development

Psychological empowerment of the beneficiaries of this agency has also emerged as community development initiative by some donors. These donors are providing funding which is allowing the MSHS to implement activities for psychological empowerment of their beneficiaries as well as STI and HIV prevention. The UNFPA is one of the donors which fall in this category. Thus, I talked with Enam for interview who is working at the UNFPA Bangladesh country Office. Enam was selected to interview as he is looking after the MSHS programme on behalf of UNFPA. The UNFPA is funding the MSHS to provide sexual commodity such as condom and lubricant, life skill development and human rights training. I asked Enam to tell me about what type of activities of MSHS is supported by the UNFPA.

Bellal: Can you please tell me about the activities which are being supported by the UNFPA?

Enam: Our main mandate is to improve awareness on HIV/AIDS. We are giving them training on HIV/AIDS. We are giving them training on life skill development so that they can raise their voice, they can raise their own issues to the government and community level. We are trying to develop their safer sex negotiation skill. At the same time, we are giving them commodity such as condom and lubricant. But this is very superficial. Our main target is to develop their life skills so that they can be accepted on the society, they can go for safe sex negotiation and they can go for their human rights negotiation.

Bellal: Can you tell me exactly what are you doing for life-skill development?

Enam: There are many things. First of all, we are trying to aware them what rights they have as a human being, what is their reproductive rights. Then we are training them in such a way so that they can negotiate with their local level administration for their safety. Thirdly, we are trying to train them to avoid risky sexual behaviour as they are involved in sex selling. Many of them are not using condom. Sometimes their clients are telling that they will give more money instead of using condom. So, we are training them in such a way so that they can negotiate the risky sexual behaviour at any cost.

Bellal: You said that they are involved in sex selling and UNFPA is funding for increasing their life skill so that they can have safer sex. But do you think that it is possible to reduce their risky sexual behaviour without reducing their sexual partner?

Enam: Actually, we did not go into this approach. And we think that this is a policy issue. Those who are making law they are responsible for this. It is not our responsibility to reduce their sexual partner. We are trying to train them so that they can raise their issue to their government.

This long conversation with Enam reflects that UNFPA is trying to empower the beneficiaries of the MSHS psychologically. They accept that sex selling is increasing their vulnerability, but they are not taking any responsibility to reduce the sex partner; rather they are focused on how to negotiate with their clients in a risky situation. Enam viewed that life skill development and human rights issues should be focused in such a way which will contribute to the reduction of STI and HIV. In this context some dissatisfaction has been observed among the donors as the MSHS wants to focus on human rights agenda independently. Enam was continuing in this regard:

I have attended some of their [MSHS's] training programs. I have seen that they are focusing on human rights issues. I never disagreed that. I said OK fine. This is necessary. But your main focus HIV/AIDS has been diluted in this process. You are talking about only human rights. You are not talking about HIV/AIDS. It's not like that as you [MSHS's] are doing. Their concept was that it will come automatically. I said no. It will not come automatically. When you are talking about human rights, that is an issue of violence and if violence has reduced then your HIV prevention programme will run smoothly. I acknowledge that. But the question is that who is a transgender sex worker, he needs to know his rights related to HIV/AIDS as well. He

needs the commodity; he needs to learn negotiation skills that they will not do sex without condom if someone is giving more money to do so. So, we need human rights issue but that should be focused with HIV/AIDS.

Apparently the UNFPA is working for increasing the life-skill to encounter unsafe sex but their primary concern is HIV prevention. In his interview with me, Enam mentioned that: *"Please note that we are not against the MSM issue or even not favour of. We are in neutral point. You can ask me why we are supporting them. We are supporting only for the sake of HIV prevention in Bangladesh. That's all. We don't have any other aspect. We want to be free from HIV transmission among yourself [MSM] and not to contribute for transmission to other group."* I interviewed the representative from the Government of Bangladesh (GoB) whose opinion was also similar to the UNFPA representative. The GoB is funding this agency for their empowerment, but their work is highlighted for STI and HIV prevention. I talked with the representative from the National AIDS/STD Programme (NASP). The NASP is one of the arms of the Directorate General of Health Services under the Ministry of Health & Family Welfare and it is responsible for coordinating with all stakeholders and development partners involved in HIV/AIDS programme activities throughout the country.

Bellal: What is the objective of funding this agency?

Habib: We are funding for this agency to bring the MSM in the mainstream through empowering them. We have emphasised on the rights-based empowerment approach as this population is marginalised in the society. We are highlighting on the HIV/AIDS prevention but at the same time we think that empowerment is the main thing.

It may suggest from the narration of the UNFPA and GoB representatives that they are using the term 'empowerment' in a superficial way. Their primary concern is STI and HIV prevention, but they are reporting that they are also working for the empowerment of the MSM as the word empowerment has become a fad to development practitioners. This type of attitude of donors has been reflected in the voice of Alex who is the pioneer in establishing the MSHS. He said: "*Community development is not seen as an issue by donors and government. Primarily because they think MSM is bad. And the only reason they are investing on MSM is that they are scared that the virus [HIV] will transmit into the general community. If they know that the virus will be only within the MSM, they will let them [MSM] die. They will not invest. So, most investments in MSM and HIV are non-functional because*

they ignore critical element to reduce risk and vulnerabilities. In Bangladesh, like in India, they [donors and government] talk about community led initiatives but they don't give space to lead the initiative."

5.1.5 'Economic Development' as Community Development

In terms of defining community development, economic development has emerged as another theme from the interview of beneficiaries. This theme has mainly emerged from those beneficiaries who are educated, aware about their rights, engaged longer time with this agency and comparatively older in age. In their view, most of the Kothi-identified males are involved in selling sex for their survival. Thus, they can't negotiate with their clients for condom use. They believe that if the beneficiaries are economically empowered then they can negotiate for safer sex with their clients even they can reduce their number of commercial sex partners. David shared his idea about community development. He emphasized that community development should focus for the economic empowerment of the beneficiaries. He is a Kothi-identified man of 33 years old who has got a university degree. He narrated the meaning of community development in the following way:

> *The objective of this agency was to build-up the community. The objective of this agency was to change the life of the low-income and less educated MSM. But you can't change the life through condom and lubricant. You need to make space for employment for them. I am educated, financially solvent, have good family background, doing good job. But all are not like me. The MSHS need to empower them economically for their development.*

Many beneficiaries have considered education and alternate livelihood as a means of economic empowerment as this will help them to lead a healthy life through opening more avenues for income generation which will have an impact on their sex selling. Jasim, a Kothi-identified man told me the importance of education and alternative livelihood his opinion in this regard:

> *Jasim: STI treatment is ok. However, the agency has to look after us. They have to educate us. We are not educated. We can learn sewing if we are educated. We can run small shops if we get small money and get education. We will not involve in selling sex if we get this.*
>
> *Bellal: Is it possible to reduce the STI/HIV through condom promotion and STI treatment if you are not educated?*

Jasim: No, it is not possible.

Bellal: Why?

Jasim: You do not live with Kothi people; I live. I see them very closely. Most of the Kothi people do not use condom if they get more money. Apparently, you think that Kothi people are using the condoms what they are receiving from this agency. But practically not.

The agency is running various kinds of vocational training programmes for improving the livelihood of the Kothi people as part of the economic empowerment. It is considered as one of the important programmes for community development both by the management staff and the beneficiaries of this agency. Though donors are normally reluctant to adopt any programme for economic empowerment, but this is not the only one dimension. This issue was explored with Tahmid who is working in FHI. I asked Tahmid how he sees the effectiveness of the behaviour change programme without any input for reducing their social vulnerability. He said:

I can tell you my personal view which is different from the organizational view. According to organizational view, actually our work is funded by USAID. So, we have to fulfil the USAID's mandate and their mandate is to work for STI and HIV prevention. Actually, it is not possible for us to decide how to work in a country context; it is decided by headquarter. My personal opinion is that if you don't work on rights issue, then it will be a partial work. But what we do, we try to involve them with other donors who are working on rights issue.

Tahmid's narration indicates that integration of need based, and rights-based approach is essential for effective community development programme. But FHI cannot do this because of their funding mandate which is again controlled by the external factor. However, Tahmid also reported that they are doing centre-based activities which are ultimately supporting the mobilization of MSM community. He said: *"Now we are trying to enhance the centre-based activities. One of the main centre-based activities is their weekly gathering opportunity. They can share their views there. These sharing meetings provide them the opportunity for their psychological development. We are encouraging them to visit these sharing meetings regularly. What happened after attending these sharing meetings, they are becoming open to express about their problems. Now they are making their own platform through these sharing meetings to help each other."* So, Tahmid's narratives suggest that donors are not

merely the source of power; they are also objects of power. This finding can be interpreted by the Foucaultdian notion of power

5.1.6 Obscure Idea regarding Community Development

On the other hand, among the grass-root level beneficiaries, idea about community development is obscured. They often lack the idea about community development. In fact, they are not at all concern about what is the meaning of the community development. They do not have time to think about it. They are busy with their survival. This is reflected in the voice of David, who is a Kothi identified feminized male. David was involved with this agency since the beginning of this agency and later worked as Site Bandhu. The agency discontinued him from his job couple years before because of fund crisis. Unlike other Kothi, he is educated and got a University degree. He does not identify himself as gay but Kothi though he is actively involved with Boys only Bangladesh, an online yahoo group-based network which is mainly for gay identified people. He is attached with this network to find out sexual partners though he has wife at home. David said:

> *It is said that the targeted population of this agency is from low-income sector. They don't have time to think about MSHS. Because they are busy. They are working, they are selling sex, they are working as maid servant, they are working as cleaner in the offices. They don't have headache at all about MSHS. They come here on Friday afternoon because of the social gathering. They get some snacks and refreshments there. They see this as big thing because they don't have any other choice. They don't have any place for recreation. They are coming here for this. They are not aware about their rights.*

David's description has also been reflected in the voice of many grass-root levels beneficiaries regarding their idea about community development. My observation also supports David's narration which reflects the general ignorance about the idea of community development among the grass-root level beneficiaries. The beneficiaries of this agency are happy with the STI treatment, the social gathering facilities, access to condoms and lubricants. They did not have access to these kind facilities before the establishment of this agency. They are poor and not educated. They are deprived from the mainstream society since their childhood. They are not aware about their rights. So, they are happy with whatever they getting as they did not have access to these kinds of services before accessing this agency. However, despite the existence of general ignorance, three themes related to

the definition of community development have emerged from the analysis of interview data of the grass-root level beneficiaries. These themes are: protection of sexual health through providing STI treatment and prevention services as community development; creating bonding among them as community development; and educational and economic development as community development. A group of beneficiaries believe that the agency is working for the community development through providing STI treatment and prevention services which is helping them to protect themselves from different STIs. Tarek, a young 17 years old man, self-identifies himself as a Kothi described me why he considered STI treatment and prevention services as community development. He told me that the health services provided by this agency are very essential for him. I asked him why he thinks that health services are important for him. He said: *"The agency is giving us condoms and lubricants. They are teaching us how to do safer sex. They are also providing treatment for various STIs. If I didn't know about these services I could have been in problem. I could have gotten HIV, I could have Syphilis, I could have Gonorrhoea. But I am free from all of these because of the services of this agency. It is helping me a lot as I am safe now (*Tarek, a Kothi-identified man of 17 years old*)."* On the other hand, there are some beneficiaries who believe that STI treatment and prevention services of this agency is working as community development as before coming to this agency they mostly didn't have any access to sexual health services. For example, Jasim, a 35 years old Kothi-identified man told me why STI treatment services are important for him. He said: "I *could see the doctor here and get well. This one is very important to me. Because before coming to MSHS, I had sexual diseases, I had batlibila (Kothi language means problem in anal area). But I could not go to see any doctor easily. I felt very shy (*Jasim, a Kothi-identified man of 35 years old*)."*

However, some interviewee felt that the community needs are not fully recognized by the service delivery model used by this agency. For example, Parvez, who is a top-level management staff of this agency, shared his view regarding the needs of the community and the enactment of community development related programmes. In terms of the sexual identity, Parvez identifies himself as a straight man but many beneficiaries perceive that he is a Kothi. He described:

> *We need to develop the community according to their (community's) own needs. We have to see what they like. For example, community has got a very specific need for the arrangement of make-up room in the DIC. They want a room in the DIC for taking rest. Why? Because they are working (selling sex) over-night. In the morning they*

can't go home. They need to refresh themselves. But in our DIC, we don't have that option. As a result, they do not own the DIC. … What we are doing for them? We are giving them condom, lubricant, treatments for STI, awareness rising, and once or twice in a week sometimes for dancing and singing in the DIC level. That's it!!!

It is evident from the Parvez's statement that the issue for community development is not been prioritized either by the beneficiaries or the management of this agency. The top executives often claim that this is a 'community-led' agency. However, Parvez's statement indicates that rather it is a donor led agency. He also thinks that it is not possible to develop the community only by providing the STI services. He thinks that the agency's work is narrowly focused; it is not even focusing on general health service, let alone community development. It is only focusing on STI/HIV prevention services. Parvez's narration is also supported by Razzak, who is working with this agency since the beginning of this agency. I asked him what the activities are this agency implementing as part of community development. He said: "*MSHS is not working that much for community development. MSHS is working in the health sector for community development. If you want to work on community development, then you have to find out the needs of the community through research. It's not possible to know without proper research. But the researches MSHS conducted so far is not for community development. MSHS is trying to provide alternative livelihood to some extent. This is part of community development, but I don't think that this is working properly unless you find out the real needs of the community through proper research. MSHS is working in health sector and human rights, that's it. MSHS has also limitations. MSHS is donor dependent and those donors who are working on health sectors don't want to work with community development issues. So, MSHS is not in a position to work on community development issues."* Thus, in terms of power, the agency themselves are an object of power as well as a source of power. Perhaps the power of the funders to determine what the agency does can be seen through a more conventional Lukesian lens. The funders dictate what is on the agenda. The agency doesn't even try to do more comprehensive CD because it knows it won't get funded. This is the second dimension of power of Lukes and it does seem to be a 'zero-sum' game.

5.2 Interventions Impelemented for Community Development around the Agency

Based on the above difinitions of community development around this agency, this section will provide a description on those interventions that are considered as community development by the different stakeholders of this. However, the aim of this PhD research is

to report those CD activities of the agency where the concept community is being defined and developed rather than only report those activities that are specifically deemed by the agency to be CD. Thus, the following activities have been selected for detail discussion as a community development initiative by this agency: networking and access to drop-in-services; social group meeting and sexual health education; vocational training; training for psychological development (gender training, human rights training, life-skill training); and advocacy.

5.2.1 Networking and Access to Drop-in-Services

5.2.1.1 Networking

It has been mentioned in the earlier section that a situation assessment study was conducted among the MSM to know their needs of sexual health. The findings of this study reported that no visible network was existed neither among the Kothi-identified male nor among their partners nor among the MSM. The only available network was based on the loose affiliation of friendship. Thus, the agency is carrying out the activities for networking from the very beginning of its origin. Networking is being considered as the building block for any activities implemented by this agency. Parvez, one of the top-level management staff who was interviewed by me told: *"…. after the situation assessment in 1997, we realized that we should do something for them. But how? We realized that we need to develop the network to do something for them. We picked some of them up for working through peer approach. Initially our work was limited to find out them…."* It is viewed that for providing any services to them (Kothi-identified male and their sexual partners) networking should be the first thing as they are scattered. Networking is mainly done by the people from within the network, more specifically by the Kothi-identified people. In each of the cruising sites, the agency has recruited one or two Site Bandhu (SB) who is mostly Kothi-identified male. Kothi-identified male have been recruited for networking as they have access to both other Kothi-identified men and their paid and unpaid sexual partners. Kothi-identified SBs are working in the cruising venues between 17:30 to 21:30 from Sunday to Thursday. The works of the SBs are monitored by the Programme Assistants both in the cruising venues and office. The programme Assistants are also mainly Kothi-identified male.

Alex, who came with the idea to establish this agency with the support from local community and now giving technical advice to run the agency[11], realized that networking

[11] On behalf of XYZ International, he is giving a range of technical assistance and training programmes on programme development and management, knowledge management, MSM leadership, capacity and skills-building, institutional support, advocacy and policy

should be the first point to start to do something for Kothi-identified people. He viewed that networking can serve two purposes. It can be used to collectivise this population as well as it can be used as a means to provide HIV prevention services among this population. He symbolized these two purposes in terms of private and public agenda. According to Alex, the agency wants to develop a strong network among the Kothi-identified male through friendship building based on the cruising sites, which will ultimately collectivise this population. Alex's voice reflects how he wants to use networking and how donors differed from that:

> *Alex: The design [for networking] was, we will identify the people who were using the sites [cruising venues]. We can train up, skilled up to become educators, to become outreach workers. What we call them Site Buddies. They know the site; they know everybody using the site. They become part of the organization. You skill them up, you pay them a salary, and you let them loose the network. They brought people to the safe space to the drop-in-centres.*
>
> *Bellal: Is it the peer-educator approach?*
>
> *Alex: Yah, I don't like the peer educator term. Site Buddies are more than the peer educator. They are Site Bandhu (Bandhu is a Bengali term for English word Buddy). They are involved in friendship building in networking. The education is the secondary thing. It's not a primary focus or should not be primary focus.*

Contrary to Alex's view regarding networking, donors are interested about the numbers. Donors want to see how many male prostititutes (MPs) and each of the SBs in everyday contacts their clients. This is conflicting with the agency's views. The agency calls the peer educators as Site Bandhu and wants to see them as friendship building relations with the Kothi-identified male and their clients. However, in practice SBs are overwhelmed by their workload. They do not have any time to build a friendship relation while they are working in the cruising sites. SBs are supposed to start their work at 5:30 PM and finish by 9:30PM. They are supposed to contact with at least 18 people within this time (10 MP and 8 clients of MP). That means they are getting on an average 13 minutes time for one person. The work pressure of the SBs is influencing the friendship building process, which is ultimately affecting the development of 'sense of belongingness' among the Kothi-identified male and their clients. Donors are not concern about this impact on friendship building process as

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development on social justice. He also sometimes attempts to leverage funds from different donor agencies to support the activities of this agency.

they want to use networking as a means to provide HIV prevention services. Thus, a difference in opinion is observed between donors and the founder of the MSHS in terms of the goal of networking and the roles and responsibilities of the SBs. Alex reported in this regard: "*That means the model we had evolved was in battle with the one donor want. There was a constant tension between what the donors expect, a language that donors use toward we want and the language that we use. So, donors did not understand the concept of Site Buddies. And this tension is still going on."*

Alex wants to use networking as a collectivising mechanism through friendship building. But in practice, the SBs are working as point of referral for the Kothi-identified male and their sexual partners to the service centre of this agency. The Site Buddies are referring the MSMs to drop-in-centres for STI treatment through networking. That means donors have influenced to goal of networking. This was reflected in the voice of Naim. I asked Naim about what the Site Buddies are exactly doing during their outreach period as he is monitoring the day-to-day activities implemented at the field-level. He replied:

> *SBs are working in the field according to the mandate of this agency. They are promoting condom, giving safer-sex messages, creating awareness about HIV/AIDS and other STIs, distributing BCC materials, giving them referral card and sending them to our office (DIC).*

Naim's view reflect that in practice the agency is using networking as a means to unite the MSM for providing the STI treatment and HIV prevention services. This view is supported by both the management and beneficiaries of this agency. Mizan, who is a Kothi-identified SB, echoed his voice in the tune of Naim. He was telling me what he does in the cruising sites:

> *Mizan: I start my outreach work every day from 5:30PM and stay in my field until 9:30PM. I provide counselling for those who are coming there during this time.*
>
> *Bellal: Who are coming there?*
>
> *Mizan: Kothi, MSM and MSW.*
>
> *Bellal: So, what counselling you provide?*
>
> *Mizan: I try to give them correct messages on different issues. For example, some believe that there is no risk of contracting HIV through anal sex. Some believe that HIV is transmitted through sex with a female, not with a male. I counsel them that anal sex is riskier than vaginal sex. I tell them to use condom whenever they are having sex with someone. I distribute condom and lubricant whoever needed among*

them. I invite them to visit our DICs and tell them the DIC opening hour. I tell them about the services, which are available in our offices. I counsel them about the importance of VCT and request them to see our counsellor. I also discuss with them about their personal problems and human rights issues. I refer them to the DIC if I can't solve their problems."

Parvez, who is one of the top-level management staff, also viewed networking as a means to provide HIV prevention services among the Kothi-identified men and their paid and unpaid sexual partners. He said: "… *Initially our work was limited to find out them and then we introduced clinical services and condom and lubricant distribution for them."* The beneficiaries who are in touch with the agency from the beginning also share the same view. I had both formal interview and informal chatting with Matin for many times. He self-identifies himself as a Kothi. He is with this agency from the beginning. Initially he was a volunteer but now he is working as a Programme Assistant. I asked him about the role of networking. His voice also reflects that the agency is using networking as means to provide HIV prevention services. He said: *"So far I can remember, MSHS did not introduce the STI treatment from the beginning. Perhaps they continued the networking process for a year. I started to visit the DIC from this networking time. Many people like me came that time to develop the network. There was a social gathering among the Kothi. We could have fun together. We could share our desire. The staff of this agency discussed about HIV and AIDS. We loved to visit the DIC. STI treatment started a bit later."*

The interview with the management staff and beneficiaries regarding the role of networking reflect a shift in the activities of the site buddies. Site buddies are now playing the traditional role of peer educators though Alex did not like the term and he did not want to see them in a position of peer educators. Now a day site buddies are not much involved in developing friendship with the Kothi-identified male and their clients rather they are referring them to the DIC. This is because the site buddies are overwhelmed by the workload, which is created by the agency according to the donor's requirement.

It should be noted that in the cruising venues, SBs are working according to the mandate of the specific field office. It has been found that different donors have different citizenship criteria for their targeted population: some donors provide centre-based services including health services to only male prostitute and provide field services to both male prostitutes and their clients; and some donors provide all the services to both male prostitutes and their

clients. Thus, if the field office is receiving funding from such a donor who allows providing centre-based and health services only to the male prostitutes (MP[12]s), then the SBs will refer only the MPs to the DICs. However, SBs own notion about community and risk of HIV transmission influence the networking activities. For example, a Kothi-identified SB named Rajib was telling me: "*I know that they [Panthi] are different from us. But they are doing sex with us. So, for our safety, I sometimes refer them to the DIC for STI treatment though I am not supposed to send them."* My field-work experience also supports the description of Rajib as I interviewed a Panthi-labelled man Vikram from such a field-office which has no mandate to provide STI treatment for Panthi (clients of male prostitute). This finding gives evidence that the SBs working around this agency are resisting the power and authority of the top management and donors of this agency through providing services to those beneficiaries who are not supposed to get services. This can be interpreted by Foucault's 'non-zero sum' or dispersed power where everyone is playing their power and power is not concentrated on a specific peoson.

In terms of the process of carrying out networking among the MSM, three issues have emerged. These are: networking is accomplished at the neighbourhood level by the Kothi-identified male who are Volunteer of this agency (The agency calls the beneficiaries as Volunteer. The volunteers are not a paid employee like the Side Buddies. They visit the DIC just for fun, keeping contact with other people like them, receiving information on safer sex, and getting STI treatment.); networking is accomplished by the paid SBs either at the neighbourhood level or cruising venues; and networking is accomplished by multiple sources, such as combination of a referral by other agency or people who are not attached with this agency and Volunteer of this agency. The use of volunteers for networking shows the agency's priority over networking. The use of volunteers is not supported by the donors of this agency but still the agency is implementing this. This finding may again suggest that power around this agency is being practicesed as 'non-zero sum' as the agency has put extra effort for networking through volunteers which is not supported by the donors of this agency. That means the exercise of power around this agency can be interpreted by Foucault as well. A detail discussion on all these three channels and how these channels worked are given below.

[12] Donors do not use the terms like Kothi, Panthi. They use the term Male Prostitute (MP) and their clients. But the interviews of different people revealed that not all Kothi are MP and not all MPs are Kothi.

Matin was introduced with this agency by a Kothi-identified volunteer of this agency at the neighbourhood level. I asked Matin about how he got information about the agency. He reported to me that he got information about this agency from another Volunteer of this agency. Matin described: *"There was Kothi in my neighbourhood. He identified me as Kothi. I did never have chance to meet with Kothi except him. So, he started to make friendship with me. I did not mix with other people considering the fact that if people come to know about my behaviour they will behave me badly. Previously I thought that I was alone like this. But after coming closer to him, I realized that I am not alone. Then I also started to like him though I did not know the reason. May be both of us had a similar mentality. We shared a lot of things with each other. I trusted him a lot. He told me that there is an office for the people like us. He knew this agency. May be someone introduced him this agency earlier. So, he requested me several times to visit the office of this agency. But I was introvert type. I did not like to go outside a lot. He was requesting me continuously to visit the office. Then one day I came. After coming in the office, I found lots of other Kothi like me".*

Majority of the networking are perhaps accomplished by the paid Site Buddies who are mainly Kothi-identified male. The paid SBs are considered as the backbone for networking. They are working to liaison between the Kothi-identified people, their paid and unpaid sexual partners, and the agency. I interviewed an MSM named Daniel who just crossed his teen age. He is still an undergraduate student in a private university. He considered himself as an MSM. He thinks that he is not a 'pure' Kothi as he is not following all the behaviours of Kothi people, i.e. not talking fully like a female, not walking completely like a female, not dressing like a female, and even sometimes having sex with a female. Daniel was also started his life with this agency as a Volunteer but now he is working as SB. I asked him how he was involved with this agency. He described:

> *Daniel: ….It was in August 2007. I have just come in Dhaka for University Admission coaching. One evening I was sitting in the Farmgate Park. At around 8:30, a man came and asking me what is my name, what I am doing here and so on. I told him that I am studying in the nearby coaching centre and visiting here for relax. Then that man, whose name is X, told me that we have a health centre. If you feel interest to visit, then keep my mobile number and visit our office either Sunday or Tuesday.*
>
> *Bellal: Do you remember what X exactly told you as a reason for visiting the health centre?*

Daniel: X told me that they are providing HIV test, advice for safer sex, STI treatment by medical doctors and monthly check-up for STIs.
Bellal: Did he (X) ask you anything about your sexual practice?
Daniel: Oh yeah. And I told him that I had sex for 2/3 times in this Park."

The man who approached Daniel is a Kothi-identified male and working as a paid SB in one of the field offices of this agency. Daniel found many people like him who have a feminine behaviour and desire to have sex with men after visiting this agency's office. He also found that these feminized males are often identifying them as Kothi. This has started to influence him as well. As a result, now he has started to identify himself as Kothi because other people like him were also identifying them as Kothi and perhaps this is one of the dominant discourses working around the agency to embrace individuals into a Kothi community even if they don't conform to traditional Kothi identity.

Networking has also been accomplished in a combination of different channels. I talked with Akram who is now working as a Programme Assistant in one of the field offices in Dhaka. He is from an educated family and has access to internet. He prefers to use 'gay' instead of 'MSM' as an identity. He is feminine in his mind but tries to control his feminine behaviour in the public places as disclosure of the feminine behaviour will bring shame to his family. According to this feminine male, the meaning of 'feminine' is talking like a female, walking like a female, dressing like a female, and taking the passive role in sex. He likes to take the passive role in sexual act. His idea about the gay and MSM issue is blurred. He sometimes thinks that he is a passive MSM and sometimes thinks that gay is the right word to express his identity. He was referred to this agency by two sources: a psychiatrist and a Volunteer of this agency. Akram shared his experience with me: *"I became psychologically sick after separation with my first boyfriend. So, I went to see one of the renowned Psychiatrists. He counselled me for several times. Then he told me that I am unable to solve your problem. But I can show you two ways: First you can leave this thing [feeling towards another male], you will get married and be well. If you can't accept this way, then I'll show you another way. The second way is that there is an organization, which is working for the people like you. There you will get people like you who believe in same-sex."*

Akram told me that he was confused about joining that organization as he was scared about the disclosure of his sexual behaviour. The psychiatrist could not help him to bring out from

his anxiety through referring to this agency. At this point, Akram also met with a Volunteer of this agency who brought him to this agency. He continued: *"You know I was suffering from depression after the break-up with my boy-friend. I met Y that time. Y was a feminine man and living in my neighbourhood. He discovered my femininity. He found me like him and brought me to this agency office. He knew this agency before. He told me that I'll get lots of people like me and I'll be able to know lots of new things."*

Site Buddies, officially, are been paid for doing networking in a particular site. However, practically they are not limiting their networking only to his designated cruising sites. Naim told me how this is happening: *"One of my SB is living in the RAMPURA, but he is responsible for POSTOGOLA cruising site. This SB is not only networking in POSTOGOLA area, but he is also networking in the area where he is living. He has contact with some Kothi, MSM, and MSW who are living in his area. So, he is referring those Kothi, MSM and MSWs to our office [DICs]."*

5.2.1.2 Access to Drop-in-Centres and STI Treatment Services

It has been described earlier that the agency is considering networking as a means to HIV prevention. As a result, beneficiaries are being referred to the DICs after giving them information about this agency. SBs are supposed to refer a specific number of beneficiaries in a week. It has been found that referral to the agency office not only helping to provide STI treatment and HIV prevention services but also helping to mobilize the community as the agency can continue to its CD work even when some approaches to doing this e.g. SB are impeded by donor demands for measurable action focused on HIV prevention. I talked with Naim to explore the rational for referring the beneficiaries to DICs. He told me the rationale for referring them to the DICs.

> *Bellal: Why the beneficiaries are referred to the office?*
>
> *Naim: There are two objectives to refer the beneficiaries to the DIC. First, is to provide STI treatment. It's not possible to provide STI treatment in the field. They have to come to DIC to receive STI treatment as the doctor is coming to the DIC. The second objective is to mobilize the community. There are two days in every week when our beneficiaries gather here. This is called social gathering meeting (SGM). In the SGM, they discuss about HIV/AIDS, STI, condom promotion, human rights, etc. They also share their problems in this SGM.*

The agency is bringing the Kothi-identified male and their sexual partners in the drop-in-centres through networking. DICs are used mainly for three purposes: providing recreational service; providing STI treatment; and running social group meetings. Firstly, DIC is providing recreational services to the MSM under the banner of integrated health centre. In each of the field offices between 10AM to 1PM during weekdays is considered as DIC hour. During this period, the beneficiaries can play different games, read newspapers, watch Television, and exchange their sorrows and pains with each other. The beneficiaries are also entertained by biscuits and tea during this period. The DICs are providing safe socializing space to the beneficiaries. The role of DICs in community building has been explicitly mentioned in the report of the First Consultation Meeting for Male Reproductive and Sexual Health in Bangladesh (2001). The report said: *"This friendship and community building will require the existence of safe socializing spaces, where MSM can meet in mutual acceptance and support where the fear of harassment and violence does not exist, in order to facilitate the sharing of problems and issues and the development of consensus. These socializing spaces act as drop-in-centres where advice information and counselling as well as recreational facilities will need to be offered."*

The agency is trying to use the DICs as a socializing place for the MSM which may help to create a 'sense of ownership' among its beneficiaries. The agency has become able to create a 'sense of ownership' but to a limited scale as the numbers of beneficiaries visiting the DIC per day are relatively small in number than the number the agency has targeted. This can be illustrated by the attendance of beneficiaries at the drop-in-centres and STI clinics. The programme officers informed me that they have an instruction from the Head Office that per day on an average at least 20 beneficiaries have to attend the integrated health centres. But my observation is that on an average not more than five beneficiaries are attending every day. It has been observed that the local level management is manipulating this data by exaggerating the figure. The beneficiaries do not own the drop-in-centres as it does not fulfil their needs. The top-management is aware about this issue that DICs are not fulfilling the needs of the beneficiaries, but this issue is again controlled by the donors funding. In this regard, Parvez narrated his view. He said:

> *…one specific need of the community is that there should be a provision of make-up room at the drop-in-centres, there should be a provision of space where they can have some rest. They work in the cruising venues overnight. They can't go home early in the morning. They want that they will come in the drop-in-centres early in*

the morning, freshen up, take some rest and have a cup of tea. Then they will go home around 10/11AM. But I don't have that option in my drop-in-centres. We open our drop-in-centres at 9 AM. Then there are official activities to do. If I tell the community that time that you take rest. They don't feel comfort. We need to make the drop-in-centres environment friendly for the community. But donors mandate is that in every drop-in-centres, there will be a clinic room, a laboratory room, a training room, a reception, and a manager cum admin room. So, where is the space for community? …. If the community want to come here, they need the friendly environment. They have some needs. Drop-in-centres are not fulfilling those needs. So, why they will visit the drop-in-centres?

Secondly, the DICs are being used for providing STI treatment and HIV prevention services for the MSM. One-to-one counselling on different aspects of sexual health is provided here. Lack of 'ownership' among the beneficiaries has also reflected in terms of the attendance in STI clinic. Data gathered through participation in day-to-day activities of this agency suggest that many of the beneficiaries are coming to the STI clinic as they have been requested to attend by the site buddies of this agency. Many beneficiaries who attended the STI clinic responded my question *"why you are here today?"* by saying that *"my site buddy requested to come to see the doctor as I haven't visited the clinic in last couple of months"*. The site buddies are doing this as they need to refer a certain number of beneficiaries every month for the STI clinic. So, the site buddies are busy to fulfil their target. Observation data reveal that site buddies sometimes do very unethical and unhealthy practice to fulfil their target. For example, donors and the agency have a policy that each of the beneficiaries who have been registered to any of the drop-in-centres for receiving any service have to be followed by until the end of the project period. However, site buddies reported that it is not possible to maintain this policy because of practical reasons, such as one beneficiary may have moved from the area or site buddies can't trace that beneficiary as the beneficiaries are not registered by their home address. But the site buddies are maintaining this policy in paper and practice. It has been found in several occasions that site buddies are assigning the name and registration number of the lost beneficiaries to the new beneficiary. That means though the new beneficiary was never been with the agency before, but he is being treated as an old beneficiary.

Beneficiaries' lack of interest in terms of attending the STI clinic can be attributed by two factors: they do not own the agency as they do not get the services they needed; and they

have not prioritized the issue of STI clinic attendance over their daily survival strategy. This has been echoed by the top-management as well. In this regard, Parvez told me:

> *Our STI clinic service is narrowly focused. We do not have any provision for general health services which is a big demand among the beneficiaries. They often complain that what is my benefit to visit the clinic. You are not giving me any treatment for my stomach problem. I have got headache, pain in chest. But you do not have any treatment for these. I have to have problem either in my anal or penis area….They are right; I don't have these facilities for my beneficiaries. ….Secondly, it will not be effective to talk about STI treatment when you have no food in your stomach. Most of our beneficiaries are struggling to manage food for their survival. So, how they will manage the transport cost to come to the STI clinic?*

Thirdly, DICs are used for running social group meetings (SGMs) to empower the MSM. Sexual health education is conducted in the SGM sessions. SGM is very important in terms of community development among these activities. How the beneficiaries are using SGM to develop the community through creating 'sense of belongingness' and empowering them will be explored in the following section.

5.2.2 Social Group Meeting and Sexual Health Education

The agency is running the social group meetings from the beginning even before the official registration of this agency. Now the duration of social group meeting is normally for one and half (1.5) hour, which is roughly distributed as follows: 1 hour for information dissemination on various issues, which educate the MSM about their sexual health, and half an hour for the recreation of the volunteers. SGM has created a platform for the MSM to share their sorrows and joys and disseminate information for STI and HIV prevention through safer sex though tension has been observed between the donors and the agency staff in terms of the content and goal of the SGMs.

Donors want to use the SGM mainly as an information dissemination session. Parvez was telling me about this: *"…. Donors are not interested about this. They are saying that ok, you can keep SGM as your intervention, but you must have to give HIV messages in that meeting. This is the donors demand. But we need to talk the beneficiaries' other issues, such as, what is the problem they are facing in their family, society, etc."* A Programme Assistant is designated for conducting the SGM and writing down the minutes. I asked Akram, who is one of the Programme Assistants about the purpose of the SGM. His description also

supports Parvez's view about the donor's demand. He said: *"SGM is mainly for giving the information to our beneficiaries about the services we are providing. Which days doctors are sitting here, when the medicines are given, how to use the condom in a correct and consistence way, what is STI, what is AIDS, what is HIV, how are these transmitted, how can we prevent their transmission, what is ABC method? We provide this sort of information to our beneficiaries in the SGMs."*

A review of the summaries of the SGM for last one year was conducted to explore whether SGMs are supporting the donor's agenda or the agency's agenda. The review produced the following issues: basic information on HIV/AIDS; transmission and prevention of STI; correct and consistent use of condom; introduction to ABC approach; services provided by the agency; information on integrated health centre services; voluntary counselling and testing of HIV; gender and sexuality; long-term consequences of STIs; use of lubricants; human rights issues including section 54 and 377 of Bangladesh Penal Code and harassment and violence; negotiation for condom use; common myths about condom use etc. This list reflects the issues, which promote individualistic psychological empowerment for STI and HIV prevention. Arguably, it can be said that the agency has listed these issues to satisfy donors as donors use these written lists as an informal monitoring tool. For example, donor representatives sometimes come in the field offices and see the records of the SGM. However, my experience of participating more than 40 SGMs suggests that the summary list is factual. It has been observed that the beneficiaries have no role in setting the agenda for discussion in the SGMs. Apparently, the power relies on the Programme Assistants who are conducting the SGMs. I have found that the Programme Assistants are writing down the agenda of the SGMs at the display board in the meeting room before the meeting start. But the power of the Programme Assistants in agenda setting is also questionable as they conduct the SGMs based on the peer educator's manual developed by the donor agency. Thus, it can be argued that the decision on what agenda will be discussed in the SGMs is relied in the hand of the donors and as a result, donor's agenda have been prioritized. However, the agency can resist or evade donor power at certain points so that it can carry on doing CD, the donors do nonetheless have the power to compel the agency to do their bidding and this does limit the agency's capacity to do CD. This finding suggests that power around this agency is not only in the hands of donors but also rested on the agency to some extent and this can be interpreted by Foucault.

Though donors want to use the SGMs as information dissemination meeting for STI and HIV prevention, but the agency is trying to use it as a means of providing entertainment for MSM and as an instrument for developing solidarity among the MSM. This issue may be explained by Foucault's 'disciplinary power' where power is being exercised through organizing space, organizing activity and behaviour of the individual and group body, and creation of social norms. The agency has allocated half an hour time in each SGMs for the entertainment of its beneficiaries where norms regarding sexuality, sexual behaviour, and safer sex are created through the group discussions. Akram said in this regard: *"We also give some free time to them. They enjoy among themselves in this time. You know they cannot enjoy freely in their society because of their feminine and sexual behaviours. Here they can dance, sing, and so on. They can share their sorrows and joys."* Though the donors have their own agenda for the SGM, but the agency nonetheless still squeezes some CD into these SGM sessions. And even if the sessions are largely concentrated on sexual health matters it can still function as a form of CD by bringing individuals together. Beneficiaries also like to use the SGM as a platform for entertainment. They can play, they can dance, and they can meet their other friends. SGM creates a greater opportunity for the Kothi people for networking among themselves because 30 to 100 Kothi and their partners are attending in each of the SGMs. I had a discussion with Jasim about the reasons of his regular visiting the DICs. Jasim, who is a self-identified Kothi, told me:

Jasim: I visit the DIC for enjoyment.

Bellal: What kind of enjoyment?

Jasim: I can dance there, sing there. I can share my feeling with other Kothi.

Mizan, another Kothi-identified SB also expressed his feelings like Jasim. Additionally, he mentioned that he had learned many things about HIV/AIDS through attending SGMs. Mizan shared with me his experience of SGM when he was a volunteer of this agency. He said: *"I found many people like me in the SGM of this agency. I could share my sorrows and pains with them, which relieved my sufferings. They could share with me, they could understand me, they sympathised me. I liked the dance and music of SGM. So, I used to visit the SGM in a regular basis. I have learned many things from SGM. For example, I did not know about HIV/AIDS. I heard about this disease, but I did not know what this is and how it transmits. Now I know everything about HIV/AIDS and teach other Kothi and their sexual partners about this."*

Mizan's narration suggests that SGMs are also working as a platform for developing solidarity among the beneficiaries of this agency. Naim elaborated the role of SGMs in developing the solidarity particularly among the Kothi-identified men. He said: "*Those who are Kothi-identified are brought up with some sort of complexity. They are physically male, they got penis but mentally they are female. This creates complexity among them. Even most of them think that they are alone in this world with this situation. But when they come into this office, they get like-minded people. They can express their pains and sufferings to other men like them; they can share their views with others. For this reason, they visit this office regularly. They create a social network from here. I have seen people who are economically very poor and cannot afford the transport cost but still they are coming to the SGMs to meet with like-minded people. They are simply coming here for mental recreation."* This finding suggests that the agency aimed to create identity-based solidarity, which is one of the fundamental objectives of a community development programme (Bhattacharyya, 1995; 2004; Howard & Wheeler, 2015; Hustedde, 2009).

SGMs are mainly attended by the Kothi-identified male and their sexual partners. The findings of this study suggest that Kothi-identified people have three different types of sexual partners: one nightstand paid sex partner; regular paid sex partner; and regular non-paid sex partner. However, this is a general categorization. There could be other variations too. For example, a one-night stand customer can be unpaid. Many Kothi-identified reported to me that they do not take money from their sex partners if they see that the partner is 'handsome' in looking and they get 'real' sexual pleasure from that partner. Kothi-identified people label the first two types (one nightstand and regular paid sex partner) of sex partners as Panthi and the third type (regular non-paid sex partner) as Parikh. However, the Panthi people often do not identify themselves as Panthi though few Parikh may identify them as Parikh when they are living together with a Kothi-identified person for long time. Those who are living for long time with Kothi-identified people do not feel bad if the Kothi-identified people call them as Panthi or Parikh. However, they do not want to be called as Panthi or Parikh in the general society. For example, Nokib said, *"I like that if someone [Kothi] is calling me as Panthi. I do not feel bad if someone is calling me as Panthi. But I do not like that he [Kothi] will call me Panthi in front of others. I have told him [the Kothi with whom he is living] that you can introduce me/ call me as Panthi when you are in your office [DIC] but you cannot do this outside of this office."* However, Nokib does not see any difference between

Panthi and Parikh. It should be mentioned here that Kothi people only brings the regular paid sex partner and regular non-paid sex partner in the SGMs.

The attendance of Panthi people to the SGMs is mainly dependent on the donors. Funding for different field offices come from different donors. Some donors allow Panthi to attend the SGM; some do not. In this research data have been collected from three drop-in-centres. But only one drop-in-centre out of these three drop-in-centres allows the Panthi people to attend SGM. However, in the permitted drop-in-centres, only those Panthi or Parikhs are visiting to the SGMs who have either close contact or long-term relation with the Kothi-identified people. Panthi people are generally coming to the SGMs with Kothi-identified people. It has been found that approximately 35 percent participants of the SGMs are Panthi. Some of the Panthi people like the kind of entertainment performed by the Kothi-identified people, eg., singing and dancing. On the other hand, some of the Panthi people like the sexual health messages given in the SGMs. Vikram, who is a Panthi-labelled man, described that:

> *Vikram: Now days I am not coming to SGMs too much.*
> *Bellal: Why?*
> *Vikram: Because SGMs have lost its objectives.*
> *Bellal: What is the objective (s) of SGM?*
> *Vikram: Main objective is to disseminate some information on HIV/AIDS, discussion on safer sex, counselling, etc. But now a day they are mainly focusing on doing fun, naughty activities, singing, playing, dancing, etc.*

It can be said that Vikram's expectation from SGM is similar to how donors want to use SGM. But my personal observation and the summary of the topics discussed in the SGMs do not support the argument made by Vikram. Major proportion (one hour out of one and half hour) of the times of SGMs is mainly focused on discussing sexual health education because of the donor's recommendation. However, it is fact that the Kothi-identified people mainly want to use SGMs as a fun making space that will create solidarity among them. This finding on donors and the agency's position regarding SGM suggest acknowledging that the beneficiaries and the agency staff are resisting to some extent the donor demands that these SGM sessions are focused strictly on HIV prevention and not on broader CD. This finding can be interpreted by using Foucault's 'non-zero sum' power where power is not concerned to any single authority. Another interesting finding is that despite donor's restrictions on Panthi people's attendance on specific drop-in-centres, site buddies are

inviting and allowing them to attend the SGMs. For example, the above respondent named Vikram was recruited from the drop-in-centre which should not allow the attendance of Panthi people and the site buddies and counsellor of this drop-in-centre were aware about his sexual behaviour. This evidence suggests that the agency is resisting donor demands and that CD is much broader than the official discourse of Kothi community development.

Donors want to use SGMs as information dissemination meeting for STI and HIV prevention through creating awareness about safer sex among the MSM. But donors are not absolutely holding the power in this regard. The agency is also using SGMs as a means for collectivizing the Kothi-identified men through creating a sense of belongingness though these are not enough to develop the community. As a result, the agency has evolved its community development programmes over the time and introduced new programs for ensuring the community development. Providing vocational training among the Kothi-identified men is such a new programme for community development. The following section will explore the rationale for introducing vocational training and how this training programme is helping the community to develop.

5.2.3 Vocational Training

Vocational training for the beneficiaries of this agency has been introduced very recently. However, the agency has focused only Kothi-identified beneficiaries for vocational training. The agency is providing training on various vocational issues including boutique, beautification course, sewing, computer course, etc. Unlike other activities of this agency, there is no difference in terms of opinion regarding the goal of the vocational training. The only difference is that some use the term 'alternative livelihood' and some use 'livelihood' though all of them want to see vocational training as a means of economic empowerment.

Creation of alternative livelihood has emerged as the dominant goal of introducing vocational training. Many beneficiaries and management staff argued that most of the beneficiaries are dependent on selling sex for their livelihood which is pushing them towards the STI and HIV vulnerability through unsafe sex. Economic vulnerability of the Kothi-identified people is reflected in the voice of Naim, who is working as a Programme office in of the field offices in Dhaka. He said: *"Kothi people are poor. Their monthly income is very low. They are actually living below the poverty cycle. So, recently we have introduced some vocational training program which is being funded by Manusher Jonno Foundation. They are economically very vulnerable. So, we have started to do something for moving out of this*

economic vulnerability. If they can educate themselves, if they can earn more money from non-sex selling source, then they will be much more aware about their risk and vulnerabilities." He saw the goal of livelihood as creation of alternative livelihood. He continued about the objective of the introduction of vocational training: *"The objective of VT is to provide their [Kothi-identified people] livelihood. Most of them are involved in selling sex. They are not financially stable. Providing VT will give more opportunity for maintaining their livelihood those who are selling sex because of financial reason. They will go for an alternative livelihood, which will reduce the HIV vulnerability. Secondly, this shift of livelihood profession from sex selling to a socially acceptable profession will then help to raise his voice about the community."*

Naim's view indicates that by transforming the Kothi people's "sex selling profession" into a "socially acceptable profession", this agency is actually trying to change men's identities. The agency is trying to create opportunities for alternative livelihood. Does it mean that the agency is doing this to get men out of sex work as a way of reducing behavioural risk? I had a discussion with Parvez about the rational of introducing alternative livelihood programmes and its link with HIV prevention. Parvez is one of the top-level management staff. He said: "*Often we hear from them (Kothi) that they want to leave this profession (selling sex). Many of them do not like this profession but they do not have any alternative. At the same time some of them ask us that we are now young and attractive, so we are selling sex. But what we will do when we will be like 40 years old? Actually, this issue led us to think about this alternative livelihood programme. We are now providing them vocational training like computer training, sewing, boutique, beatification course and so on. But this does not mean that we are asking them to change their sexual behaviour or identity.* This vocational training programme of this agency is quite radical as a form of CD because it is trying to change the Kothi community from one based primarily on selling sex to one that is not. The agency aims to enable people to be less dependent on sex work but still engaging in it if they wish.

The beneficiaries of this agency also viewed in the same way. The think that if someone is economically well off and having sex with male is just for enjoyment, and then he can negotiate with his partner regarding safe sex. I asked Bappy, who is a Kothi-identified beneficiary of this agency, about how he sees vocational training.

> *Bellal: What is the goal of providing vocational training? Is it to empower them economically or to reduce the risk of HIV?*

Bappy: I think both of them. If you consider my case, I had sex, but I didn't sex for my livelihood. I used to have sex for my pleasure, so I could reject someone if I didn't like. But those who are selling sex for livelihood, they can't reject someone if they don't like. He will earn less money if he rejects a client. So, if beneficiaries have alternate livelihood, then they will do sex for their pleasure only and only then they can select their client by their own choice.

The beneficiaries, lower and mid-level management of this agency think that VT will provide opportunity for alternative livelihood. However, Sazzad, who is one of the executive level management staff of this agency, does not like the term 'alternative livelihood' though in every document of this agency they are talking about creating alternative livelihood. However, his view regarding the goal of vocational training is similar to others. He said:

Sazzad: I will not say alternative livelihood. I'll say livelihood. Because, we are not asking someone to leave this profession. We are not becoming judgemental. But we are keeping choice to the population and at the same time we are trying to build up their technical capacity. So far, we have trained up more than 100 people on block, boutique, handicrafts, poultry, fishing, computer skill and so on. It's up to them that how they will receive this training.

Bellal: Was there any demand among this population for the livelihood training?

Sazzad: No. We thought that we should do something like this. We have incorporated many things in our programme list over the period.

Bellal: What is the goal of this livelihood programme?

Sazzad: Goal? In coming years, I want to hear that that I want to see sort of case study that they are now self-dependent. For example, in Mymensing, we trained R on poultry farming. Now he is running a very nice poultry farm in Mymensing. It seems to me that now the time he is getting, even he is giving more time for the development of that poultry farm rather than concentrated to sex work. So, we actually want to see that side and I must not becoming judgemental on this issue. It's up to him. Because sexual need is the desire of people. Desire, you can't say 'no'. … I believe that if you can improve their livelihood, it will contribute their unprotected sexual act.

Sazzad's narration reflects that vocational training has been incorporated in the community development related initiatives in a top-down approach. The agency is running various kinds of vocational training programmes for improving the livelihood of the Kothi people.

However, these training programmes have limitations. Firstly, the agency has got funding to train very few people. Secondly, the agency is paying the training cost. However, the Kothi-identified people who will participate in these trainings need transport cost to receive the training. Sazzad told me about this this:

> *Sazzad: There is a huge demand for the livelihood programme among the beneficiaries. But they are not ready to contribute anything for receiving these trainings. You have to ensure that you are paying the travel cost to go to the training centre. Then they are interested to receive the training.*
>
> *Bellal: Are you in a position to fulfil that demand of the beneficiaries?*
>
> *Sazzad: To some extent it is possible but to some extent not. We do not have our own funding. We have to convince the donors. Some donors are not interested. They will pay only the training cost. Donors say why we will pay the transport cost as well?*
>
> *Bellal: How do you justify the provision of giving transport cost from the perspective of community ownership?*
>
> *Sazzad: You have to see their economic condition. They are suffering from STI. But they can't afford the transport cost to come to the clinic. I see from this perspective. They need the service, but they can't afford economically. So, it is very difficult to tag this issue with community ownership.*

It has been observed from the narrations of management staff and beneficiaries of this agency that economic empowerment comes as an outcome of VT. But a conflicting view is observed among the agency staff, beneficiaries, and Alex, the external founder of this agency, regarding economic empowerment. Alex believes that economic empowerment comes as a consequence of the empowerment of self. My discussion with Alex regarding this issue is following:

> *Bellal: You said that your private agenda was developing the community. Was it economic or social empowerment? Or something …?*
>
> *Alex: It's all. Ok how do you achieve economic empowerment? How do you achieve empowerment of self? It's basically empowerment of self. Economic and social empowerment comes as a consequence of that [empowerment of self]. If you feel worthy, if you have a sense of worth and a sense of self-esteem, then there are many significant deposits of economic empowerment. ……You have more control on your life. Building a sense of self-worth is the main thing. And the methodology to do that is creation of a sense of self respect of knowledge, skills. The most negative behaviour that Kothi experienced arises from the lack of self-worth. And a sense of*

that they are despise, they are sinful people and in a Muslim country that's very strong.

Alex believes that the current vocational training programme is trying to achieve economic empowerment of the Kothi-identified people without improving their self-esteem. In this regard, Alex's argument that the gender construction the Kothi-identified people adopt is creating the main problem. As he said: *"I understand their issue of economic vitality. But I am very worried about economic vitality because of the way Kothi people thinking. Like for doing a vocational training, a Kothi person will say, I want to be a hairdresser, I want to learn about beautification. I say why can't be a Kothi truck driver? Why they have to play this gender game?"* The finding suggest that the founder wants to use Kothi identity as a basis for community development but that he wants CD to lead to a transformation in Kothi identity. He basically wants to develop a non-gendered sexuality pretty much like a Western gay identity. Therefore, the fact that staff and beneficiaries are often deviating from the centrality of the Kothi identity is not a problem to the agency and in fact it is probably helping progress the ultimate aims of the agency.

There have been very few donors who are funding the MSHS for providing alternative livelihood training and human rights issues instead of STI treatment and HIV prevention. The Manusher Jonno Foundation is one of them, which is funding the MSHS only for providing alternative livelihood training, human rights and advocacy. In the project document of this donor, it is stated that the goal of their project for the MSHS is *"to improve the self-esteem of MSM especially MSW by mainstreaming their human rights thus enhancing social justice*". This is a local donor agency which is dependent on different international agencies for their funding. This donor is working fully from the rights perspective. They want to uphold the human rights of MSM and reduce their economic vulnerability through providing training on alternate life skills and advocacy. The representative of this agency told me about what types of activities they are supporting for BSWS.

Bellal: What types of activities are you supporting for MSHS's HIV prevention?

Nafisa: Let me clear one thing, we are not at all working for HIV prevention. Our partnership with MSHS is focused on those who are male having sex with male. Because of this behaviour they are deprived, oppressed and neglected. But they are citizen of this country as well as human being. So, our focus is to ensure their citizen rights irrespective of their sexual behaviour.

Bellal: Can you please tell me what the activities are your agency is supporting to achieve that focus?

Nafisa: Basically, we are creating human rights related awareness among them and providing life skill education. We are training them on how they will demand their rights, how they will negotiate. We are giving them messages, we are building their capacity. Capacity in that sense so that they can negotiate; that means if police is arresting them, they can ask police why they are arresting them. We have also seen that they economically vulnerable. They are pushed forward to poverty because of their economic vulnerability. Their poverty line is severe. So, we have another important focus which is providing them alternate life skill. If they have some vocational training and if we can link them up with other financial institutes, they can create scope for additional income or even substitute their income source. This is another important focus which we are supporting.

Thus, in conclusion it can be argued that there are not many differences among the different stakeholders of this agency in terms of the consequence of vocational training. However, Alex argued that to achieve the goal of vocational training, it is essential achieve their self-esteem, which is an indicator of psychological empowerment. It has been evidenced in the literature that community empowerment is being considered both as process or outcome of community development and individual empowerment is often considered as the beginning for community development (Christens, 2012; Israel et al., 1994; Kasmel, 2008; Wallerstein, 2002). In this regard, the agency is providing various training programmes to its beneficiaries for their psychological empowerment. The following section will focus on these training programmes which this agency considers as an advocacy programme for rights holder (beneficiaries) along with the advocacy activities for the duty bearers (different stakeholders of the society). The discussion will start with a focus on the goal/objective of advocacy programmes.

5.2.4 Advocacy

The agency did not start the advocacy programme at the beginning. It has emerged in response to the problems faced by the beneficiaries and the front-line workers (site buddies and programme assistants) in the cruising venues. They have been harassed and faced violence by different stakeholders of the mainstream society as male-to-male sex is stigmatized and religiously prohibited. As a result, the agency has shifted its objectives to tackle this violence and harassment. In the annual reports published by this agency stated

that one of the core objectives of the MSHS is *"to advocate and provide for an environment where the respect and dignity of all MSM and Hijra/TG, irrespective of their specific gender and/or sexual identity, or the lack thereof, is assured."* The advocacy programme was perhaps developed to achieve this objective. The agency has incorporated advocacy component in its service delivery model in February 2003.

The analysis of interview data reveals that goal of implementing advocacy programme is to reduce social and structural barriers including stigma and discriminatory attitude towards MSM through creating awareness among the different stakeholders of the society about the existence of MSM. The agency is advocating for the establishment of sexual health rights and basic human rights of MSM through the creation of a supportive social, policy and legal environment. Sazzad, who is one of the top-level management staff and working with this agency since the beginning, told me the reason behind introducing advocacy programme. He said:

> *"In terms of advocacy programme, if you ask me, still we are running the illegal programme in the country. We can't allow running this programme as per section 377 Penal Code of the country. So, advocacy programme was strongly needed to sensitize people in different place and level and stakeholders, policy makers, law enforcement agencies, police department, all those in and even the physicians. Because they are not taught in their study about the anal issues, STIs and all those. And more importantly our field workers, when they are going to field are not been able to run the field activities smoothly. Because they are frequently harassed by the local police and mastaan (hoodlum) and all those. So, we thought that a programme is required to sort of reduce stigmatization…"*

Sazzad's narration reflects that the ultimate goal of advocacy programme is to reduce the social and structural barriers related to MSM's overall health and human rights. In the community development programme, community members (MSM) take collective ownership of HIV prevention programmes to achieve the most effective HIV outcomes through addressing social and structural barriers (Beyrer et al., 2012; Kerrigan et al., 2015). Thus, considering the importance of advocacy work, the agency has created some positions for carrying out the advocacy activities. Each of the advocacy officers are responsible for carrying out advocacy related activities for a specific area. I talked with Atik, who is one of the advocacy officers working with this agency, about the advocacy programmes

implemented by this agency. I asked him about what the agency is trying to achieve through the advocacy programme. Atik said:

> *"We have seen that our beneficiaries are being harassed and faced violence while they are working in the cruising sites as well as in the mainstream society. They are mostly harassed by the local mastaan (hoodlum), and law enforcement agency. Even they are sometimes harassed by the local people as the local people lacks awareness about this community. Therefore, in the name of advocacy programme we are just trying to create awareness among these people about this group of population. We are trying to motivate them that we should ensure the rights of this population."*

Both Sazzad and Atik's narration reflect that the agency is trying to sensitize different stakeholders of the mainstream society about their beneficiaries which includes both feminized and masculine male. But analysis of donor data reflects that this is rather a short-term goal of their advocacy programme. In the long term, they agency wants to work for the decriminalization of male-to-male sex in Bangladesh. I talked with Nafisa about MSHS's long term goal regarding advocacy. Nafisa is working with a local donor agency named Manusher Jonno Foundation (MJF) and her agency is the only donor of MSHS which is funding from rights perspective. Her agency is funding the MSHS for providing vocational and human rights trainings to its beneficiaries, carrying out advocacy programmes to improve the lives of its beneficiaries. I asked Nafisa whether their funding to MSHS included any activity for revoking Section 377 of BPC which criminalizes male-to-male sex in Bangladesh. She said:

> *In the current phase of our funding, there is no direct plan to work on repealing section 377 of BPC. But when we design a programme we ask the stakeholders about their long-term long. We also asked the MSHS that in the long term what they want to achieve with regards to rights perspective. They reported us that as law is working as a barrier to work on any programmes related to MSM. So, in the long term they want to work on this issue. The agency is running awareness programme to bring the MSM issues in the public discourse as a means to achieve their long-term goal.*

Nafisa's narration indicates that the agency has a latent intention for political visibility as section 377 is keeping the MSM as a hidden population. This is also reflected in the agency's annual report that they want to work on the decriminalization of section 377. The report says: *"The demand to decriminalize Section 377 is an issue of social justice that everyone, irrespective of their gender or sexual orientation should be concerned about - because the struggle against control of sexuality is directly linked with our struggle for rights of sexual*

minorities, our vision of a just world, where people have the freedom to be different and yet be treated as equal. The MSHS aims to raise awareness about the violation of people's fundamental rights and specifically, the marginalization and criminalization of sexual minorities enabled by this law. The advocacy approach is very much inspired by the experiences of the movement in India. As Bangladesh embrace a different socio-cultural situation than India, the strategy for the movement against section 377 is mainly focused on coordinating a human rights-based approach." This excerpt of the annual report reflects that the agency has an intention to work for the decriminalization of male-to-male sex, but they are not highlighting on this agenda because of socio-religious and political factor of Bangladesh. In a sense the agency is trying to keep their agenda as hidden. The executive and top-level management believe that this is not the right time to talk about the decriminalization of male-to-male sex. The management is rather interested to carry out those types of activities which will sensitize the different stakeholders of the mainstream society and creating awareness about human rights among the different stakeholders including the beneficiaries of this agency. They believe that these activities will make space for repealing section 377. For example, Sazzad shared his view regarding the repeal of section 377. He said: *"I don't think that this is the appropriate time to work for repealing section 377. We need to reach different stakeholders to create awareness about the effect of this section. But how you will create awareness about this issue? No case filed under this section. So, I'll say that section 377 is not affecting the Kothi community too much. The things are affecting are BPC 54 (suspicious act), harassment. The main problem of Kothi community is violence and harassment. So, we need to work for reducing this violence and harassment. Repealing section 377 is not in our priority at this moment".* However, this view has been contradicted by the lower level management staffs who involved with this agency as a volunteer/beneficiary but now working as a staff of this agency. For example, Razzak, who is currently working as a counsellor in one of the field offices in Dhaka, but he is involved with this agency since the beginning of this agency. Razzak believes that the existing laws are a barrier of the community development and it should change for developing the community. His opinion fully contradicts with Sazzad's opinion. He said: "*In my opinion we need to organize the community people in the first place to develop the community. And existing laws are working as barriers to organize the community people. So, these laws should be changed. Because of the laws people are not coming out. And if people are not coming out, then they can't form a network. They can't make their own world*

without forming their network. They will remain hidden in their whole life. And you know hiddenness is the biggest barrier for providing services as well as developing the community."

The agency's hidden position is mostly supported by all the donors and other stakeholders though one donor representative told me that this hidden strategy is not healthy for achieving their long-term goal. Enam said: *"If you [MSM] stay hidden, then you have stay hidden for life long. You have to be either hidden or open; not something in between. If you want to open up, then you have to devise your strategy accordingly. If you want to stay hidden, then again you have to devise your strategy accordingly. You have to clear your position. It is very impractical when the agency is talking about advocacy while they are keeping them hidden. I have seen them that they are talking in the round-table discussion, but they are not coming forward because of the fear of penal code. They are talking about MSM, but they are putting transgender/hijra issue in the forefront. Sometimes I have seen that transgender/hijra representative is also not there. May be a famous singer of the country is there on behalf of the transgender, but that singer again does not have clear picture about the transgender/hijra issue. I think this is wastage of money. You have to make a perfect target that either I'll fight against the penal code or if my courage is not enough I should adopt the strategy of hiddenness."* The issue raised by Enam in his narration has also been observed during my fieldwork that the agency is bringing the Hijra issues at the forefront in their advocacy meetings rather than MSM or Kothi-identified people because of strategic reasons. It should be noted here that the MSHS is not providing any STI treatment and HIV prevention services to the Hijra. The Hijra community has got their own organizations for providing STI treatment and HIV prevention services to the Hijra people and the MSHS is either providing technical services or in some cases working in partnership with the Hijra organizations for getting funding from the donors.

The above discussions reflect that the agency is trying to keep their long-term goal as latent but implementing advocacy programmes in a strategic way to achieve their goal. I interviewed one of the advocacy officers of this agency to know what the activities are the agency is implementing as part of its advocacy programme.

> *Bellal: Can you please tell me about what kinds of activities are implemented as part of advocacy programme?*
>
> *Atik: We do sensitization meetings, we do workshop. We are conducting sensitization meeting and workshops with the local elected bodies, patrol police, journalist, law enforcement agency particularly the higher-level staff of the police. We do*

sensitization meeting with the members of the project facilitation team. We are also conducting two types of training (human rights and life-skill) for our beneficiaries as part of the advocacy programme.

I also talked with Nafisa of MJF regarding what type activities her agency is supporting for the MSHS. MJF is the only donor of its kind which is supporting the advocacy and livelihood training from the rights perspectives. Her description follows:

Bellal: Are you telling me that the advocacy programme supported by your agency is implementing activities for the MSM as well as other stakeholders?

Nafisa: Yes, but we don't categorize like the way you said. We say rights holder and duty bearers.

Bellal: Can you please define these categories?

Nafisa: Rights holders means the beneficiaries of this agency and the duty bearers means those stakeholders who are supposed to ensure the beneficiaries rights.

Bellal: So, what are the activities for the rights holders?

Nafisa: We are trying to create awareness among the rights holders and providing life-skill education as well. Because for example, I know the rights, but do I demand it? How do I claim, how do I negotiate? They need to know these. So, we are creating awareness as well as building up their capacity. Capacity in that sense that they can negotiate, if police arrest them so they can ask police which law, which section they are applying on them. This is how we are developing their capacity. We are also trying to reduce their economic vulnerability through providing them livelihood training…..

Bellal: What types of activities are for duty bearers?

Nafisa: For duty bearer, we have some orientation type of programmes. I mean some awareness building programmes for different stakeholders. We have some advocacy session with stakeholders which is a kind of interactive dialogue type with particular refer to the UN declarations on human rights and local laws which ensure the rights of rights holders. We have advocacy programme with health service institutions, education departments. But our main programme is with law-enforcing agency as studies show that MSMs are mostly oppressed by them. We have also supported the creation of a district level lawyers' group (DLLG) to provide legal support to the beneficiaries and create public opinion regarding section 377.

The above narration of Atik and Nafisa reflect that the MSHS is implementing human rights and life-skills trainings for its beneficiaries as part of their advocacy. The agency is also carrying out advocacy programmes among the different stakeholders to sensitize about the beneficiaries of this agency. Interview with different people around this agency revealed that the agency has targeted the following stakeholders for advocacy: local elected bodies; journalist; law enforcement agency (both top and bottom level staff of the police); lawyers; members of the agency's project facilitation team (PFT); health care workers, particularly doctors; and people concerned with education departments. But review of the recent annual reports indicate that the agency has given more emphasis on the following areas: district level lawyers group; mass media channels (both print and electronic) as a means to reduce the misconceptions about the MSM and *Hijra* populations; PFT which includes locally elected body; and law enforcing agency. A brief discussion on each of these agents as a duty bearer along with the human rights and life-skills trainings for its beneficiaries are presented below.

5.2.4.1 Human Rights and Life-Skills Trainings as Advocacy

Human rights and life-skills trainings are two major advocacy-related activities of this agency. These two activities are directly involved with the beneficiaries. The agency has designed these activities to empower its beneficiaries psychologically. Human rights trainings are to equip the beneficiaries about their rights and responsibilities being a living human being in the country and life-skills trainings are to motivate and teach the beneficiaries about different strategies which will help them to adopt safer sex and social life. The beneficiaries are taught about the basic human rights related laws in both informal (in social group meetings and counselling sessions) and formal settings. The analysis of interviews from the beneficiaries reflects that they have empowered psychologically through these trainings. Jasim, a Kothi-identified beneficiary, told me in this regard how the human rights related trainings have empowered him. He said: "*Now I have learnt how to protest illegal situations. Now I have strength. No one can harass me without any reasons. I know if someone hurt me then I can go to lawyer. I can ask them what my problem is. If police come to arrest me, I can ask them in which law they want to arrest me. If my neighbours come to harass and evict me from my home because of my sexual behaviour, I can argue with them and can go to lawyers.*"

On the other hand, life-skills trainings are mainly concerned with how to negotiate with clients regarding safer sex, skills to correct and consistent condom use, and how to control their feminine behaviour in the public spaces. Nafisa, the representative of the donor agency

which is supporting the implementation of this programme, described the underlying rational of this programme. She said: *"Many beneficiaries reported that the Kothi-identified beneficiaries have some attitude and behavioural problems which are making them vulnerable towards the social teasing. They told me that when they are walking in group, they consider them like female and do some physical movement which looks odd. Because of these behaviour and attitude, particularly young men tease us in the street. Not only these, when they walk in the street, they often push the men. Sometimes they touch men's sensitive body parts while walking in a group, which put those men in an awkward position. Thus, we have funded to initiate some programmes which will create awareness among them in this regard. The goal of this programme is to motivate and teach the beneficiaries so that they can express their desire without violating the norms of the society where they are living."* Thus, the agency is creating awareness among the beneficiaries of their attitude issues and teaching them how to control their feminine behaviour in the public spaces including their family and society.

Life-skills related trainings also targeted to develop the beneficiaries' negotiation capacity and condom use skills when the clients are reluctant to use condom. A Kothi-identified beneficiary Sayem told me how his knowledge on condom and condom use skills increased. He said: *"We have learnt in the SGMs that how to ensure the quality of the condoms. We need to check the expiry date of the condom, which we can do by reading the expiry date or pressing the condom packet if we can't read. If the condom is moving inside the pack, then we know that the date of the condom is not expired. They are also teaching us how to use the condom correctly by using the dildo. We know how to protect the condom from entering air. We also know how to trick the client if they don't want to condom."*

This discussion on human rights and life-skills trainings show that this is positively working to empower the beneficiaries psychologically. In this context, the following discussions have been focused on those types of advocacy activities which are designed for the various stakeholders other than the beneficiaries.

5.2.4.2 District Level Lawyers Group for Advocacy

The district level lawyers' group (DLLG) is considered as one of the significant programmes as part of its advocacy programme. There is a DLLG in each of the programme area of this agency. The creation of DLLG is considered as one of the best practices for HIV prevention by the Government of Bangladesh. Each DLLG has 10-15 young and energetic practicing lawyers

led by a coordinator. The DLLG members have been trained and sensitized by the agency though they are not paid any salary by the agency. The advocacy officers working with this agency keep close contact with the concerned DLLG members. The agency has reported in its annual report that *"the role of the DLLG members are three-fold: sensitizing local advocates, government officials and other stakeholders; providing legal support and protection for local MSM and Hijra communities; and raising a voice on behalf of the community members to advocate for policy reform."* I asked Sazzad how the DLLG is helping the local-level MSM. He said: "*DLLG members are now working with the local community. We have formed DLLG and the local community is now using it. Now they do not need to come to Dhaka. The problems they are facing at local level, dealing that problem with the DLLG members. This is also indirectly a community development process as they couldn't claim their rights if they were not empowered."*

5.2.4.3 Journalist Forum for Advocacy

The agency has formed Journalist Forums in all of its field areas with the funding support from MJF. The agency wants to use this forum to create awareness about the misconstructions and the vulnerability of the sexual minorities in Bangladesh. The agency has stated in its annual report that the main objectives behind forming Journalist Forum are to: *"sensitize and ignite the media professionals about sexual minorities issues; promote advocacy activities in order to foster a culture of human rights for sexual minorities so they are positively viewed by the general society; reduce the vulnerability of the socially excluded and stigmatized sexual minority populations from significant levels of harassment, violence and abuses, through positive changes in legal, judicial and social attitudes; and extend other support needed for implementing sexual minority programming at local level*."

The agency is providing orientation training for journalists of different electronic and prints media on various issues related to sexual minority, i.e., their existence, their rights, their risk and vulnerability towards STI and HIV. It has reported that the media forum has produced some positive initiative to work on sexual minority issue. The media forum is publishing positive write up in both local and national level media to promote health care services, encourage behaviour change and mobilize public opinion to strengthen the acceptance of sexual minorities in the society. The media forum is also addressing violence and harassment against sexual minorities with great importance in their published reports. The media forum helped the agency to successfully broadcast some talk shows in the prominent TV channels and organized some round-table discussions with the journalists of both electronic and print

media. The MSHS believe that the media forum can help the agency to improve the political, economic and social lives of the sexual minorities and secure wellbeing of this population in Bangladesh. But it is worthwhile to note here that in dealing with the members of the media forum, the agency is again using 'sexual minority' because of strategic reasons and emphasising Hijra instead of MSM.

5.2.4.4 Project Facilitation Team Meetings for Advocacy

The agency has formed a team in each of its intervention area which is known as the Project Facilitation Team (PFT). The PFT has formed to ensure the direct support of the locally influential members on the implementation of the project activities of this agency. The members of the PFT are mainly coming from the locally elected body, local political elites, and local civil society. Similar to media forum, the agency is providing orientation training to the PFT members who are then working on their own capacity to improve the situation of sexual minority. The agency has reported that the initiative enables the agency to strengthen their activities through the local power structure, which is ultimately helping to empower the beneficiaries. The advocacy programme has positive impact on the beneficiaries' life. Atik, the advocacy officer, told me how the PFT meetings are helping the implementation of programmes as well as lives of the beneficiaries. He said:

> *One of our beneficiaries went to a local bank to open a bank account. But the bank did not allow him to do this because of his feminized behaviour. This beneficiary reported this incident to the programme officer and programme officer then contacted with the local commissioner who participated the sensitization meeting earlier. This local commissioner then phoned the bank manager and requested him to open the bank account for this beneficiary. He did so as he was aware about the activities of this agency. Thus, the advocacy programme has a positive impact on our beneficiaries' lives.*

5.2.4.5 Law-Enforcing Agency for Advocacy

It has been discussed earlier that one of the objectives of introducing the advocacy programme was to reduce MSM's experience of violence and harassment by the law-enforcing agency (LEA). The following laws have been found as a source of serious human rights violations of the MSM: Section 290 and 377 of BPC; Section 54 of Bangladesh Code of Criminal Procedure; and Section 86 of Dhaka Metropolitan Police Ordinance 1976. The law-enforcing agencies particularly police have used these laws to intimidate same sex desiring people, particularly the MSM who are using the cruising venues. Thus, the agency has

targeted the members of the LEAs for sensitization. The agency has reported in its annual report that these sensitization meetings have the following objectives: *" (1) to gain a common understanding of the rights violations of sexual minorities; (2) to orient the LEA members on the Penal Code 377 and other discriminative laws, policies, law enforcement practices and the general human rights situation in Bangladesh; (3) to share the rights status of sexual minorities, marginalization and criminalization of sexual minorities as a consequence of Section 377, same sex desire, sexual diversity and sexual rights; and (4) to provide a platform for open dialogues and develop partnerships between networks of marginalized and criminalized communities, LEA members, local administration for strengthening the rights violation response."* The agency is carrying out orientation trainings, sensitization meetings and workshops for the members of the LEA. In these meetings, the agency is implementing the following activities: introducing the existence of MSM along with their needs, discussing the root causes of HIV among MSM, how violence and harassment are related to HIV transmission, and what are the social supports needed by the MSM to prevent HIV transmission. In terms of the effectiveness of this aspect of advocacy, middle-management and above level staff have got very positive attitude. They think that advocacy with law-enforcing agency has influenced the reduction of harassment and violence at grass-roots level. For example, Sazzad answered my question whether advocacy with law-enforcing agency members has any impact or not. He said:

> *Advocacy with law-enforcing agency members has huge impact at the beneficiary level. Harassment and violence have reduced a lot. If you compare the violence and harassment data of 1996 and 2008 or 2009, you will see that it has reduced a lot. Now you can openly talk about MSM issues at least among certain levels. This is because of this advocacy.*

On the other hand, the grass-roots level beneficiaries and bottom-level staff do not agree with the views expressed by the top-level management staff. The beneficiaries and lower level staff believe that the effect of advocacy with members of the law-enforcing agency is very meagre. The beneficiaries are still facing harassment and violence in their everyday life. They have identified two issues which are responsible for the non-effectiveness of this advocacy activity. First of all, the frequency of the sensitization meeting with the members of the LEA is very insufficient. This view of the grass-roots level beneficiaries is also supported by one of the senior advocacy officers of this agency. For example, Atik informed me that they are meeting with members of the LEA once or twice in a year for sensitizing

them. The beneficiaries and bottom level staffs believe that this is not enough. Secondly, the scope of the advocacy meeting with the members of the LEA is narrow. The agency is sensitizing very few members of the LEA. In this regard, Razzak said:

> *The agency should implement this advocacy activity in a large scale. For example, we are inviting 20 patrol police for sensitization meeting. These 20 police are becoming aware about the MSM. If someone is harassing my beneficiaries in front of any of these police members, then they will perhaps help them. But members of the LEA are getting transferred so frequently that most of the times beneficiaries are facing those police who are not sensitized about the MSM issues. So, the agency can introduce this type of sensitization meeting at the police academy training for police where all the police members are attending.*

Razzak's above narration reveals an important limitation of the on-going advocacy programme. However, it is quite difficult for the management of this agency to implement his proposal to include the issue of sensitization meeting in the training module of police academy. The management acknowledged that advocacy is relatively a new programme of this agency and at this stage it is not possible for them to expand the programme in such a way because of both financial and political reasons. In this regard, Sazzad argued that Ministry of Health and Family Welfare which looks after the country's HIV prevention programmes is funding the MSM HIV prevention activities due to donor pressure, but male-to-male sex is still illegal in the country which is preventing the implementation of the sensitization programmes for the high officials of the Ministry of Home Affairs which control the members of the LEA. He also argued that they agency has observed some 'avoiding tendency' among the high officials of these two ministries of the government and that is why the agency has to maintain a low profile for sustaining the agency.

5.3 Conclusion

The above descriptions on the meaning of community development around this agency indicate that there are diverse views regarding the development of the community which ranges from community building to inclusion of MSM in the mainstream society and STI treatment and prevention services to economic empowerment. The management and the external founder of this agency have focused their work on achieving visibility and social and political power for those who have been labelled as Kothi. However, the agency is strategic in achieving their target. In public the agency is working for STI treatment and HIV prevention for MSM but, in private the agency is attempting to develop a platform for the

Kothi-labelled people. The community development process of this agency is also mostly directive as it has been observed that the agency has from the outset been interested in various forms of CD which are continued to be top-down in nature. It has been also evidenced that this top-down agenda sometimes does not meet the beneficiaries felt needs in relation to HIV, i.e. the beneficiaries want to be empowered economically but the management is primarily focused on providing STI treatment and HIV prevention services for strategic reasons. Finally, it has been observed that though the community development process of this agency is top-down with some resentment at the bottom, it may be further undermined by the donor's increasing focus on measurable outputs, i.e., how many people have been reached over time, how many people have been provided condoms and lubricant, and how many people have been treated for their STI over time. The activities this agency is implementing for their targeted population is highly influenced by the donors though the agency and its beneficiaries hold control to some extent. However, through resisting the donor's agenda, the agency is implementing programmes which are supporting the agency's community development agenda.

Chapter 6: Community and Identity Construction around the Agency

6.0 Introduction

This agency was established to promote the sexual health of MSM. The agency's service delivery framework presented in the chapter four reflects that community development is central to this agency's work. The findings presented in chapter four show that the executive level management staff and the external founder of this agency considered community development as a private agenda of this agency due to strategic reasons. Though they considered community development as private agenda, but they have their own definition regarding community development which have been presented in chapter five. In these contexts, the present chapter will focus on two contested concepts of this thesis: how community and identity have been defined in and around this agency?

6.1 Construction of Community and Identity around the Agency

The agency is officially working for the MSM. This has documented everywhere including the reports and the website of this agency. The findings based on the interview of different respondents and the review of documents suggests that MSM is an umbrella term which includes different sub-groups with different sexual behaviour and sometimes with different identity. Thus, it is important to know the agency's views regarding who among these sub-groups form the community with whom. On the other hand, it has been also found from the data that the idea of community is being constructed based on sexual behaviour and sexual identity. The exploration identity or shared identity construction is also important as it can be used to measure the solidarity, which is one of the goals of community development. The data analysis emerged that there are at least three views across the agency regarding who forms the community and why they form the community. These are: Kothi as a community; MSM as a community; and Panthi as a community. On the other hand, the data analysis emerged that there are six views across the agency regarding identity construction: Kothi as an identity; Hijra as an identity; Third Gender as an identity; Male Prostitute or MSM as an identity; Male Homosexual as an identity; and Panthi as an identity. As the findings will suggest that the idea of community is being constructed based on sexual behaviour and sexual identity, the following sections will present the findings around community and identity construction in a synthesised way so that reader can understand their interconnectedness.

6.1.1 Kothi as a Community and Identity

The first view is that Kothi forms a community. This view exists among the external founder, Kothi identified beneficiaries, Kothi identified staff (management and front level), and non-

Kothi identified staff of this agency. For example, I asked Alex about his idea regarding who forms the community and what is the basis of that community. Alex is a gay-identified man devoted his life for the betterment of sexual health of MSM across the Asia-Pacific region. He has no attachment with this agency, at least officially. But in practice he has huge influence among the management staff and beneficiaries. In many cases his views are similar to management staff. He described:

> *Kothi forms the community; not MSM. I hate the term MSM. It (Kothi) is used under the rubric of MSM because that's the term donors like. Panthi do not form a community. Panthi is penetrating Kothi and penetrating partner in this culture does not form a community. They are just ordinary man. …Panthi is not an identity; it's a label. Kothi is an identity. So, I believe community should be formed based on self-identity. I believed Kothi is an identity. So, community is based on identity.*

There are different views regarding what is the basis of forming Kothi community. Identity is one of the important bases for forming a community as Alex mentioned in his account. The thesis has explored other components too that helps to form a community. For example, Naim, who is a non-Kothi and non-MSM staff, told me that the community should be based on some common sharing. He said:

> *Personally, I believe that community is a group of people who have some common sharing which will identify them as they belong to different group. There should be some common characteristics: may be language, may be culture, may be attitude, or may be place of residence.*

Naim continued how this agency is defining community and what the basis of that community is:

> *Honestly speaking, to MSHS, Kothi is a community; though it is said that MSM is a community. But we know that there are many sub-groups among the MSM in Bangladesh. One is Kothi-identified, and another is Panthi-identified. But no one identify himself as Panthi. Panthi is a group identified by the Kothi. So, they (Panthi) do not have a common culture. Only common thing is the practice: they penetrate. Apart from this they do not have any relation. Nothing is common to them on which we can base a community. The identity they (Panthi) have is imposed by Kothi. And Kothi? They have certain common things. For example, they all have feminized behaviour; they have a common network; they have a common*

language, which is called Ulti. They practice this language. So, in this sense we can call them a community. The MSHS is describing Kothi as a community.

Naim's perspective reflect that the MSHS has both public and private agenda in terms of forming or developing the community. MSM as a community is their public agenda but they give more emphasis on the private agenda which is to form Kothi as a community. In this regard Hillol's statement is important as he is representing the executive committee and he played a catalytic role in developing this agency. He said:

Kothi people are included in MSM. They are not out of MSM. Thus, we are talking about MSM. We are talking about MSM, but we are working for the Kothi as they are highly deprived. Kothi people are isolated. Thus, we think more about Kothi. We give them priority between MSM and Kothi.

Naim was emphasising on certain commonalities to form a community which includes identity, behaviour, culture and language. This view is very common among the mid-level management and the grass-root level beneficiaries. There are some beneficiaries who identify themselves as Kothi and they do not perceive that they and the Panthi-labelled people are same and thus they do not want to include Panthi people in forming the community. These Kothi-identified people believe that the Panthi people are different from them in terms of gender and sexual behaviour. The Kothi-identified people consider them as feminine and the Panthi people are masculine and accordingly in the sexual relation, the Kothi people consider that they take the passive role and they also consider that the Panthi people cannot take this passive role. This is how they differentiate between them and the Panthi people and form the idea of Kothi community.

It has been found that the basis of the community among the top-level management staff is different. For example, Parvez, who is one of the top-level management staff, defined the community based on the beneficiaries' visibility in the society. He thinks that Kothi people form the community because of they are visible, they are easy to reach, and they are marginalized. Parvez said:

Kothi forms a community because we can easily identify them, we can reach them easily, and they have a network what we can use to reach them. We need to form the Kothi community as they are socially marginalized, and they are excluded from the mainstream society. At present we need to focus on Kothi. After establishing

their community, in future if we see that it is possible to form a greater community by including other sub-groups like Panthi, we will think that later.

This is clear from this description that Parvez is focused on Kothi for strategic reasons – this category is the one that stands the best chance of forming the basis for a united community at this stage. But this would be only the first stage in a longer-term project to develop a broader community which either would be inclusive in embracing other categories or would seek to unify notions of identity. So, rather than Kothi and Panthi starting to form enduring relationships that transcend their identity labels being a threat to the authority of the agency founders it is probably actually in line with their long-term strategic goals. But it still represents an evasion of the power structure as it is currently presented.

Sazzad, an executive management staff of this agency, poses a different view regarding whether Kothi is behaviour or an identity or a label. He uses these terminologies in a fluid way though he believes that Kothi is a community. Sometimes he focused that Kothi is an identity, sometimes he focused that Kothi is behaviour, and sometimes he thinks that Kothi is a label given by the Hijra community which has been diffused in the general society. For example, he was saying that *"you cannot form a community with Panthi; you have to form a community with Kothi-identified people"*. Here he is using Kothi an identity. But in the other context, he used Kothi as a behaviour and label. He argued that *"Kothi is an identity or behaviour or label is depending on the context and education level of the Kothi."* He was saying in another context: *"Kothi is a behaviour; it's not an identity. It is our problem that we understand Kothi as an identity. Why Kothi are getting married if Kothi is an identity?"* He was giving an example of a Kothi identified people from this agency. His name is Amin. Amin was worked with this agency from the beginning up to 2004. Sazzad was saying, *"he (Amin) was too much feminine. But at the same time, he was interested to get married. He belongs to a sort of Kothi community, but he has got characteristics of bisexuality. So, it's controversial."* The account of Sazzad reflects that the idea of community is fluid and blurred and not fixed. Here he is emphasizing on the marriage issue because Kothi is a gender construction. Kothi people think that they are feminine. A feminine person cannot get married with a feminine person according to the norms of the Kothi community. This seems to suggest a discomfort on the part of the elites with accepting the category of Kothi as it really is rather than how they would like it to be. Perhaps he is questioning whether the strategy of building community around the Kothi category the right strategy is given that the

Kothi themselves are resisting being developed into the category that the elites want them to be.

The views that Kothi forms a community is even more dominant among the Kothi-identified beneficiaries and the front level staff of this agency. Jasim, like many other Kothi-identified beneficiaries, considered community is like living with kin brothers. He considers other Kothi as his kin brother. He also considers Kothi as girl though they are biologically male.

> *Bellal: You were talking about kin brothers. Can you please tell me who are your kin brothers?*
>
> *Jasim: To me they all are my kin brothers who have a sexual behaviour and lifestyle like girls.*
>
> *Bellal: Do they have any other name?*
>
> *Jasim: They call them Kothi. We call each other as Kothi.*

Nokib, who is another Kothi-identified beneficiary, also considers that community is like living with kin brothers. In addition to the attributes mentioned by Jasim to consider someone as kin brother, Nokib was saying that he can identify a kin brother by watching the way a feminized male is walking. In his version: *"If I see a feminized male is walking like swaying, I consider that he is Kothi and then I interact with him"*. Similarly, Kabir, a Kothi-identified front level staff was describing who forms a community. He was saying: *"Kothi forms the community and Kothi community includes those males who behaves like female. A male who likes a male; everything of a male."*

However, the term Kothi is used in a blurred and contested way by both the management staff and beneficiaries of this agency. It is often argued that essentially Kothi people are feminized and take the passive role in sexual relation. But the social construction of Kothi is different. I have encountered with many Kothi people during my field work who are not only bisexual but also taking both active and passive role in a male-to-male relation and at the same time they identify themselves as Kothi. For example, I have talked with Sohel who identify himself as Kothi. I have explored that though he is identifying him as a Kothi, but he is having sex with women and taking active role in male-to-male sexual relation. He has got a permanent sexual partner who is taking the active role with him. However, he is taking active role with other people. This is interesting because he was telling me that it is not reflected in his appearance that he is a Kothi and he is using this as an opportunity to take

the active role with others male. I have talked with another Kothi-identified man Arif who is a beneficiary of this agency. He has not had sex with women, but he desired to do so after getting married. He is enjoying both active and passive role in male-to-male sexual relation. Even he told me that most of the time he is taking active role. But both Sohel and Arif believe that they got a feminine soul; so, they are Kothi. These people are refusing to be legible – to fit into the categories than allow them to be described simply by those running by the agency. This suggests a resistant against the desire of many Kothi identified male and the agency in terms of its norm regarding the construction of community.

Kothi identity have been suggested as the dominant identity constructions around this agency. However, it has been explored that those who are using Kothi as an identity, they are using the identity fluid manner. The fluidity of Kothi identity has two dimensions: fluidity of Kothi identity in terms of using terminology; and fluidity of using Kothi identity in terms of contexts or location. It has been revealed in data that a person identify himself as Kothi but also use other terminology like Hijra (transgender), *Maiggya [a slang language used by the general people to label a Kothi]*, gay and bisexual to identify themselves. This has been themed as fluidity of Kothi identity in terms of using terminology. The discussion between me and Abrar, who is a site buddy and working in one the field offices, reflects the fluidity of using different terminology.

> *Bellal: How do you like to identify yourself?*
>
> Abrar*: When I live with my parents, my siblings in the society. There I am a man, straight man. I don't do any feminine behaviour in front of my wife, I am a straight man in front of her.*
>
> *Bellal: So, you control your femininity?*
>
> *Abrar: Yes, I control myself. But when I go out of my society, interact with other Kothi, then I am a Kothi, I am a Maiggya, I am a Hijra.*
>
> *Bellal: You said you are a Kothi, Maiggya, Hijra. Are they same?*
>
> *Abrar: Yes, they are same.*

Abrar uses three different terminology to identify himself. Though the official discourse on Kothi is that it is different from Hijra, but the accounts of individuals suggest that their constructions are more fluid and nuanced. On the other hand, there are people who also uses terminology strategically to identify themselves. The discussion between me and Mezbah reflects this:

Bellal: What do you consider yourself?

Mezbah*: Hijra, Kothi, both.*

Bellal: When do you consider Hijra?

Mezbah*: Most of the times.*

Bellal: Why?

Mezbah*: Because I have more Hijra friends, I live with them. I go to market with them and collect money from the shops. I get money. That helps me to maintain my livelihood.*

Bellal: Then why you consider Kothi as well?

Mezbah: I consider myself Kothi when I come here [drop-in-centre].

Bellal: Why?

Mezbah: I come here to get services. They don't give services to Hijra. So, I consider myself Kothi.

People also identify as Kothi to hide their sexual behaviour which is stigmatized in their community. *Double-Decker* is a terminology that is used by the Kothi people for a person who is taking both active and passive role, but this is highly stigmatized in the Kothi community. According to the norms of the Kothi community, a Kothi is female; so, she cannot have sex with other Kothi. In their words: *"a sister cannot sex with another sister"*. Thus, if a Kothi is performing both roles, they don't identify as *Double-Decker* due to the stigma attached with the concept among the Kothi identified people. They identify as Kothi. Some educated people who are actually a *Double-Decker* in their sexual behaviour, also identify themselves as bisexual and consider *Double-Decker* and bisexual as synonymous. The discussion between me and Hemant reflects this:

Bellal: What is your identity in terms of your sexuality?

Hemant*: I am a bisexual.*

Bellal: How you will describe that in your community language?

Hemant*: In community language, I am a homosexual, I am a Kothi.*

It has been explored that there are some people who believes in Kothi community, but they do not support the idea of being a Kothi or having or performing feminine behaviour. They are biologically less or non-feminine. For example, Irfan was describing his identity: *"How do I like to be identified? If I say, I actually believe in gay man. If I go in Western culture, I prefer male to male sex. I believe in Kothi culture, I support it. But I am not feminine. I have never*

tried to be feminine either. But I have the sexual behaviour of a Kothi. I take passive role sometimes. But I don't enjoy it like a Kothi."

The fluidity of using Kothi identity in terms of contexts or location narrates the issue that people identify themselves as Kothi but that is context or location specific; they do not identify as Kothi everywhere. This is the dominant group among the beneficiaries of this agency who identify themselves as Kothi consistently but mostly in their community context; not in their family and society. Very few of them are open in the family but not the society. It is an interesting issue that these people state that they are Kothi but then qualify it by stating how they are different from the traditional Kothi image. They are not simply doing as they are told and becoming a traditional Kothi, but they are accepting a sense of community identity even though they are amending what this actually consists of. The narratives of Kabir reflects this:

> *Bellal: Where do you identify yourself as Kothi?*
>
> Kabir*: I identify myself as Kothi in my community. But my family and people around me know that I am a bit feminine. They know that I like to dance and sing like a female. But they do not know that I have a sexual life, I prefer a male to sex with.*
>
> *Bellal: Your wife does not know that you have a boyfriend?*
>
> *Kabir: No, she does not know.*
>
> *Bellal: That means when you are community, you are a Kothi but at home you are a male?*
>
> *Kabir: Yes, a straight male.*

The narratives of Matin also reflects this:

> *Bellal: You told me earlier that you identify yourself as Kothi. Can you tell me where you identify as Kothi?*
>
> Matin*: In my community, without any hesitation.*
>
> *Bellal: How do you identify outside the community?*
>
> *Matin: Outside the community I am a man.*

This discussion indicates that perhaps Kothi was used as a discourse as a pragmatic starting point in the development of a community of homosexually active men. It can be also concluded that men identifying as Kothi are quite diverse in terms of their behaviour (married/not married) and identity (feminine/not feminine) and so are resistant to their community being built and regularised by top-down community development, and the MSHS managers are uncomfortable with this.

6.1.2 MSM as a Community and Identity

It has been explored earlier that the MSHS has both public and private agenda in terms of forming or developing the community. MSM as a community is their public agenda. This view is common among the different levels of staff of this agency. Some of these staff are educated and Kothi-identified and not feminized or less feminized in their appearance and behaviour and preferred to take passive role in the sexual relation. Their sexuality is not gendered. The participants who consider MSM as community wants to include Kothi, Panthi, and Gay people under MSM community. They consider sexual behaviour as the basis of forming a community. For example, I talked with Neaz, who is covertly identified as Kothi and top-level management staff and working with this agency since the beginning, in this regard. Neaz's views supports the views of many other Kothi-identified staff.

> *Bellal: Who do you consider as community?*
>
> *Neaz: We are talking about MSM; those who have MSM practice. I'll say MSM as community. That may be Kothi; that may be Panthi.*
>
> *Bellal: Do you see any difference between MSM and gay?*
>
> *Neaz: If I talk about gay, they are basically MSM. Gay are part of the larger MSM community. But in gay context, there is no such classification like Kothi and Panthi.*
>
> *Bellal: What issue do you consider forming a community when you are including both Kothi and Panthi in MSM community?*
>
> *Neaz: Mentality. In terms of mentality they are same. Why? A Kothi has a desire for male-to-male sex. A Panthi has a desire for male-to-male sex as well. So, they are same.*

A few of those who consider MSM as a community also synonymously consider this as a gay community. Akram, for example, who was a beneficiary of this agency and now working as a Program Assistant of this agency, consider himself as Kothi but he does not like the feminized behaviour of Kothi-identified men. Though he identifies himself as Kothi, but he thinks that internationally there is no word like Kothi. He believes that he is a gay. But he cannot identify him as gay as other people with same behaviour identify them as Kothi. He is mainly surrounded by the Kothi-identified men. So, he is kind of socially forced to accept this identity. He believes that *"people who are doing male-to-male sex belong to a community and we can call this community as MSM community or perhaps a gay community."* So, there are some nuance and small act of resistance or evasion of the dominant discourse regarding community.

Some of the management staff who do not identify themselves as Kothi also consider MSM as a community. For example, Irfan (he never identifies himself as Kothi, but his colleagues consider him as Kothi) was talking about his idea on community. He is an educated man and working as Programme Officer in one of the field offices of this agency. He is not feminized in his appearance and attitude but has desire to and takes passive role in sexual relation. He said:

> *Male who are having sex with other male should form a community. They can take active or passive role. MSM should be considered as community as they share same behaviour, they are linked with each other and they are vulnerable to HIV. Regarding common issues to form a community, we can think about women. All women belong to a community but there are different types of women. Accordingly, MSM is a community and there is diversity within this community. We shall get several categories within this community if we wish to do so. For example, Kothi, Panthi, Parikh, etc. There are different categories within the Kothi as well. Such as commercial Kothi that means who receive money from their clients, civil Kothi that means who give money to their clients, some practice anal sex, some practice oral sex, some are cross-dressers. So, we should not go to such details to form a community. Simply we should call it an MSM community.*

His narrative is interesting. He is perhaps dissenting from the official view that Kothi community is the focus and that MSM is not an identity; but he may also be revealing what is in fact the overall strategy of those leading the agency, that Kothi community building is just the first pragmatic step in a wider project to build a community of homosexually active men. He seems to be trying to transform MSM as an epidemiological category to also being an identity category–this has parallels with the 19th century psychiatric discourse of homosexuality being by those it objectified into a self-identity and basis for political community. Irfan's narratives suggest that men are asserting their own view in questioning the dominant discourse, but this is not necessarily undermining the power of the founders/seniors but rather it is helping to take forward the founders' ultimate goals. Thus, this finding can be interpreted by Foucault's 'non-zero sum' power.

The assertion that MSM is a community is being reflected in the discussion with many management level staff. At the same time, they have also described the challenges of forming an MSM community. For example, Parvez (he never identifies himself as Kothi, but

his colleagues consider him as Kothi) described that: "*We want to consider MSM as a community where Kothi, Panthi, Parikh, everyone will belong. But that is not possible. We know that at this stage we need to form a community Kothi or Hijra (transgender) and this is urgent. Now the prime need for developing a community of Kothi people. Because the Kothi people are mostly vulnerable. They are excluded, and they are remaining backward. Thus, they need the intervention first. After developing the Kothi community we can move for including other groups. But now Kothi is visible not the Panthi or other categories."* It can be observed that both Pavez and Irfan consider that Kothi community building is just the first pragmatic step in a wider project to build a community of homosexually active men or MSM.

MSM has been considered as community for providing HIV prevention related interventions as well where vulnerability of both Kothi and Panthi have been emphasized. There are some front level staff around this agency who believe that Kothi people are becoming vulnerable to sexually transmitted diseases and HIV from the Panthi people and thus to protect these Kothi people from the STI/HIV related vulnerability both Kothi and Panthi people should be included in the MSM community. For example, Irfan was saying: *"HIV prevention issue is the most important aspect of forming MSM community. The people within MSM community are diversified. Here, Kothi, Panthi, Parikh, Double-Decker, all are included. They are different from each other. But they all are vulnerable in terms of STI and HIV. They are having sex with each other and thus they should get services for STI and HIV prevention. That is why we are working for MSM in a broader sense"*. Rajib, who is a Kothi-identified site buddy working in one of the field offices, was describing why both Kothi and Panthi should be included in the MSM community. He said: *"My Kothi friends are having sex with Panthi people. Panthi people are transmitting germs [indicating STI and HIV virus] to Kothi through sex. Thus, we need to create awareness among Panthi as well. For this we need to provide HIV prevention service to Panthi as well and we cannot give service without integration between Kothi and Panthi."*

It can be suggested that those people consider MSM as a community, don't consider that based on the fact that MSM is an identity. It has been found in the data that MSM is the preferred identity among those people who does not possess the feminine behaviour and take both active and passive sexual roles. For example, Daniel who is working as a site buddy in one of the field offices and does not possesses any feminine appearance, consider himself as an MSM as he is not a pure Kothi. In his narratives: "*I consider myself as an MSM, means*

involved in male-to-male sex. I am not a Kothi. I am not a pure Kothi as I penetrate sometimes and get penetrated other times." Similarly, Hemant is also identifying himself as MSM as he is also taking both roles. It should be mentioned here that earlier he also identified himself as bisexual and Kothi. The narratives of Hemant:

> *Bellal: You told me that sometimes you play active role and sometimes passive role. So, what is your identity in community language?*
>
> *Hemant: MSM. People used to ask me this question in the DIC. They asked me whether I am a Kothi or Panthi or Parikh. I told them I am an MSM. I am MSM because it covers both roles.*

On the other hand, there are some people who don't like the term Kothi, perform both roles and consider themselves either MSM or preferably gay. A site buddy of this agency, named Sakib, who is non-feminine in his appearance, is perhaps a typical case of this identity and his narratives reflects this issue:

> *Bellal: You told me that you don't like the term Kothi to identify yourself. Then how would you like to identify yourself?*
>
> *Sakib: I don't like the word Kothi. Someone may be extremely feminine but why should we call Kothi? Give him another name. Tell them MSW. We are calling MSM to straight male. Tell us MSW, tell us gay. But why Kothi? Kothi is behavioural. I don't like to use behavioural aspects to identify someone. I don't like the word Kothi.*
>
> *Bellal: So, how would you like to identify yourself?*
>
> *Sakib: I feel comfort to identify myself as gay.*
>
> *Bellal: What is the reason?*
>
> *Sakib: Because gay includes two needs. I can play active role, I can play passive role. I feel more comfort in gay.*

6.1.3 Panthi as a Community and Identity

Another less dominant or nuanced view regarding community is that Panthi should be included in the Kothi community after fulfilling certain condition. However, this view is only existed among the external founder and Kothi-identified front level staff. Panthi as a community holds the notion that Panthi people will be included in a community with Kothi when Panthi people become fully socialize about the Kothi community. For example, Alex supports this idea. He said:

> *At the beginning we thought that Kothi is an identity and accordingly they form a community. Panthi is not an identity; it's a label. However, after the work of this*

agency, this sub-group is taking their own identity. A new range of identity has emerged. There are people now who calling themselves as Panthi. They are recognizing their behaviour as same sex behaviour. As this new identity emerged, they become part of this broad network. Those people call themselves do-paratha as an identity term which in a western term like bisexual. Those people of saying of Panthi, they become part of that larger community.

This view is also existed among some of the Kothi-identified front level staff. Abrar, a Kothi-identified and working as a site buddy (Site Bandhu), supports this view. He said: *"Not all boys like us (Kothi) or not all boys having sex with us. Those boys who like us they can be included in our community."* He also thinks that "*Kothi and Panthi are different. But when Panthi people start to mix with Kothi people, then Panthi people start to share the culture of the Kothi community. Then we can include them with our community."* However, some Kothi-identified people suggests that Panthi as a community is still hypothetical in nature. This has been reflected in the narratives of Kothi-identified Hemant who is working as a Counsellor in one of the field offices.

Bellal: Do you consider Panthi as a community?

Hemant: Panthi can be a community; but Kothi should have a separate community.

Bellal: Do you think that a community can be formed with Panthi people?

Hemant: Until now, the situation is not suitable to form a Panthi community. But may be in future it will be possible to form a community.

Matin, who is also working as a Programme Assistant in of the field offices, supported the views of Hemant. He said: *"Panthi may be included in the community. But you know, I can share my feelings to other Gothia [ulti language of Kothi], but a Panthi cannot share his views with other Panthi. Panthi cannot tell another Panthi that he is having sex with a Kothi because that is shameful."* This may reflect the reality that the Panthi might rarely share their identity with other Panthi but some of them do take on a complex identity when they form enduring relationships with Kothi boyfriends and friends of their boyfriend. The same voice was echoed by Prasenjit, who is a Kothi-identified Programme Assistant working in one of the field offices. He said: *"As a Kothi, I'll say Panthi as a community. Because as a Kothi or Maiggya [a slang language used by the general people to label Kothi], I have a Parikh with whom I am doing sex. I have also mental attachment with him. We love each other. He understands everything of mine. I understand him. He uses me; he is accepting everything of*

mine. So, who is my Panthi and with whom I have sex relation, I'll include them in the community." This quote provides a great evidence that the community is not legible according to the simple categories used in the dominant discourse. However, those who support the idea that Panthi forms a community also believe that in a society like Bangladesh, it is very challenging to form a community for Panthi as it has been reflected in the narratives of Matin. The following reasons have been explored as a barrier to the formation of Panthi community: (1) Panthi like to enjoy sex with Kothi but they don't like the Kothi behaviour (narratives of Nripeti, a Kothi-identified site buddy); (2) Panthi people don't identify themselves as Panthi due to cultural and religious issues (narratives of Hemant, Kothi-identified Counsellor); (3) Panthi people are more hidden and in few occasions they interact with Kothi people outside their sexual relations (narratives of Hemant, Kothi-identified Counsellor); (4) Panthi do not identify their identity due to the attachment of social repression with this sexual label (narratives of Matin, a Kothi-identified Programme Assistant). Some of these reasons mentioned by the Kothi-identified people also supported in the narratives of the Panthi people. For example, I have a discussion with Mehedi who is a Panthi labelled beneficiary and having a steady relationship with a Kothi.

Bellal: Do you like to interact and roam around publicly with Kothi people?

Mehedi*: No.*

Bellal: Do not have any desire to do so?

Mehedi*: I don't have a desire. If I had a desire, then I could interact with many Kothi in my locality.*

Bellal: Do you think a Panthi can interact with a Kothi openly?

Mehedi*: No, society will not accept it.*

On the other hand, I had a discussion with Nirmal, who is Panthi labelled beneficiary of this agency, regarding how he sees the word Panthi. The discussion follows:

Bellal: What do you understand by Panthi?

Nirmal*: No answer (laughing).*

Bellal: How do you introduce yourself?

Nirmal*: I introduce myself as a man. The Kothi people call me Panthi.*

Bellal: How do you feel when they call you Panthi?

Nirmal*: Don't feel bad if it is here [in the drop-in-centre] but feel bad if they are calling in front of other people and outside this place.*

It has been also found that few front level staff working with this agency have become sensitized to the term Panthi and they have adopted the term within the DIC premise. Imrul is such a front level staff working with this agency and adopted the Panthi term within the DIC premise.

Bellal: How would you like to identify yourself?

Imrul: I am a Panthi.

Bellal: Is that only in the Kothi community or everywhere?

Imrul: Only here [DIC].

Bellal: That means when you are coming this office?

Imrul: Yes.

Bellal: How are you identifying in other places?

Imrul: I am a straight male.

The above description reflects that though Panthi as a community is considered by many Kothi-identified front level staff, but non-Kothi-identified staff and the Kothi-identified beneficiaries do not consider Panthi as a community. For example, Atik, who is one of the advocacy officers working with this agency, said why Panthi cannot be included in the community: "*How can you consider Panthi as community? You cannot bring any Panthi in an open-forum program. No Panthi will come in an open-forum and tell you that I am a Panthi."* The same views have been reflected by some Panthi people and also the Kothi-identified beneficiaries of this agency. However, there are some nuanced evidence which suggests that Panthi identity is not just a label given by Kothi to a behavior. There is more going on here as has been reflected in the quote from Nirmal. So, even though it may not be very many men and even though it may be context specific, there are individuals who self-identify as Panthi. This is important because it is in opposition to the dominant discourse that Panthi is not an identity.

In summary, it can be argued that there is anxiety and controversy what community means; some wish the agency to enforce a community based around exclusively homosexual behaviour and thus uncomfortable with the notion of married Kothi, while others seem to be trying to build a community from the categories of Kothi and Panthi albeit with only limited success so far. This has been reflected in the design of the community development programme and its targeted beneficiaries. In the voice of the executive management staff Sazzad: *"You cannot bring the Panthi people under the community development programme.*

They will never own the community. So, all our programme is designed for Kothi whether it is livelihood, rights-based approach or something else."

6.2 Fluidity of Identity: How They Feel?

The fluidity of using identity by a specific term within a specific contexts or location has been observed for every identity term. How they feel to do so? The data reflects that there exist mixed feelings; some of them feel good while others feel bad. For example, Rony who is working as site buddy in of the field offices, is enjoying this fluidity of identity. He is identifying as Kothi within the community level while as a straight male in outside the community. He responded my question how do you feel to identify yourself in two different contexts in two different ways? He said: *"No, I feel good. I feel like a Chameleon. I can identify with the good status people; I can also identify with those I am having sex. This is not happening among the common people. I feel good. I enjoy it."* A Kothi identified beneficiary of this agency named Plabon is also enjoying the fluidity of using identity.

> *Bellal: You identify yourself as Kothi in your community while straight male outside the community. How do you feel to do so?*
>
> *Plabon: I feel good. Because if I don't do Kothi behaviour then my Kothi friends will not value me. On the other hand, if I am doing Kothi behaviour then the general society will devalue me, they will not accept me. So, I adopt both identities.*

However, there are other people too who does not feel to adopt the fluidity of the identity. Kabir was explaining me why he feels bad to adopt two identities. I asked him if he suffers any identity crisis? He said: *"Of course. Since when I started to understand about me that I am a bit different, I feel bad. I have feminine attitude but due to the environment I cannot practice my feminine behaviour. So, I have to play double role. When I am in Kothi community, I am completely feminized. When I go to family, then I have to act. Complete acting. Acting like a male. But I am not a male. I am a Kothi in my soul and heart, but I have stay like a man. I have to stay strong, I have to make strong voice like male. These give me bad feeling.*" Tarek, a young Kothi identified beneficiary has got the same feelings. He described his feelings: *"Say I have started to go out with my family members. On the way if I see a Kothi friend, then I cannot interact with him because he is showing feminized behaviour. But I have shown my masculine attitude with my family people. So, my Kothi friend may feel that I am showing attitude to him. And sometimes I cannot show my Kothi behaviour even though it is necessary. Say I am walking in the street with my brother and I*

found a good-looking attracting boy. I need to flirt with him, but I cannot show my Kothi behaviour. I feel in these types of contexts."

6.3 Identity: Is It Given by This Agency or Community?

How the identity construction around this agency have been influenced by the agency and the community? The data explored in this thesis reflect that identity is being influenced both by the agency and the community people. However, it has been revealed in the data that community is predominantly shaping the Kothi identity while MSM, Panthi identity is being shaped by the HIV prevention programme of this agency. For example, Nripeti who is a site buddy in one of the field offices, was saying: *"This Kothi-Panthi identity is not given by the office [agency]. This is our own language. This language is only used by those people who are like us. I am a Kothi."* However, Hemant's narratives reflect that he has been imposed by the community people to identify as Kothi: *"In the beginning, I did not feel comfort identify myself as Kothi. Did not used that identity. But other Kothi people used to forced me. They used to call me a Kothi."* It has been also revealed that if someone with feminized behaviour does not identify as Kothi, he is treated badly by the community people. The other Kothi people think that he is a *Double-Decker*, which is highly stigmatized behaviour in the Kothi community. The narratives of Shakil, who is Kothi identified beneficiary of this agency, reflect this:

> *Bellal: How do you identify yourself?*
>
> *Shakil: Kothi.*
>
> *Bellal: Do you like to identify with any other word?*
>
> *Shakil: No, they don't like any other terms. They will do Kacchi [it's a Kothi language means bad] if I use other word.*
>
> *Bellal: Have you heard MSM, Panthi?*
>
> *Shakil: Yes, I have heard. MSM is male-to-male sex.*
>
> *Bellal: So, do you prefer MSM or Kothi.*
>
> *Shakil: I cannot say anything except Kothi when I am here.*

The narratives of Shakil represent that community is strongly shaping the adoption of Kothi identity. On the other hand, the agency's HIV prevention programme has similarly asserted to adopt MSM or MP as an identity. Ebad, who identify himself as Third Gender, narrated: *"MSM is a type used for HIV prevention. It is an identification number for HIV prevention programme. There is no human rights in MSM."* Similarly, Rony narrated how the agency has shaped the MP as an identity: *"The agency is calling us MP. The term MP is given by the*

agency and its donor. However, the beneficiaries who are coming to DIC, they identify themselves as Kothi. They rarely use MP."

6.4 Conclusion

The concept of identity construction around this agency is not simple as saying that the community shapes Kothi identity and the agency shapes MSM/MP identity. The dominant discourse of the agency is to build a community of MSM based around the Kothi identity. But by providing a vocabulary the agency almost inadvertently creates an opportunity for men to take on alternative or more nuanced identities. And then there is the simple fact that men simply ignore the dominant discourse and take on complex, fluid and often context-specific identities. They resist being made legible by the agency. But this is not resistance in the sense of overt resistance, it is largely evasion. And this small act of power on the part of individuals doesn't really come at the cost of a diminution of power on the part of the agency. Thus, Foucault can be used to interpret this finding as according to him power is best seen as something that swirls around and informs how both the agency and the individuals constitute themselves. It is hard to say that agency exerts power, and this results in beneficiaries being dominated.

Chapter 7: Discussion & Conclusions

7.1 Introduction

The chapter begins with a discussion of the findings presented in chapter four, five, and six. The discussion has been organized according to the research questions outlined in chapter three. The findings have been contrasted with the theoretical frameworks presented in chapter two. The chapter then moves on to discuss the limitations of this research which has been followed by implications for further research and policy. Finally, the chapter has ended with a brief presentation on the conclusions of this thesis.

7.2 Discussion

The overall research question of this research was how community and identity are constructed through community development for MSM in Bangladesh and how power has played its role in the contruction of these concepts. Globally, MSM is an epidemiologic term applied based on the sexual behaviours. Those labelled as MSM rarely use this term to define their sexual identity. Terms such as 'gay' and 'queer' are commonly used in Western countries to define sexual identity. In Bangladesh, many different linguistically constructed categories are used, some based on gender role, some on role within sexual behaviour. Some are self-labels while others are used by others. This variety of constructed categories complicates any process of community development, and thus researching how community and identity are constructed though community development is a complex and interesting task. The major findings are discussed below:

7.2.1 How are community and identity defined across the agency and among its beneficiaries?

The findings of this thesis show that there exist at least three different constructions regarding community and identity. These are: Kothi as a community and identity; MSM as a community and identity; and Panthi as a community and idenity. However, these three forms of community and identity are not objectively verifiable categories rather it is socially constructed. However, the findings suggest that the dominant discourse of the agency is to build a community of MSM based around the Kothi identity. But by providing a vocabulary the agency almost inadvertently creates an opportunity for male to take on alternative or more nuanced identities. In adopting a nuanced identity, people around this agency simply ignore the dominant discourse and take on complex, fluid and often context-specific identities. They resist being made legible by the agency. For example, the agency and the people from the Kothi community around this agency exterts that a person with feminized

behaviour should adopt a Kothi identity but there are people with feminized behaviour who resists to adopt a Kothi identity. On the other hand, there is dominant norms around the agency that Panthi people can not form a community as they are not visible. However, again there are Panthi people who are showing their visibility through attending DIC and resisting the dominant norms. But this is not resistance in the sense of overt resistance, it is largely evasion. This small act of power on the part of individuals doesn't really come at the cost of a diminution of power on the part of the agency. This exercise of power can be analyzed by using Foucault's framework of power where power is best seen as something that swirls around and informs how both the agency and the individuals constitute themselves. Thus, the power centred around the construction of identity is not a Lukesian 'zero-sum' power; rather it is a Foucaultdian 'non-zero-sum' power as it is hard to say that agency exerts power, and this results in beneficiaries being dominated with regards to the construction of community and identity.

The communitities that have been defined around this agency are based on gender, sexuality and sexual behaviour. At its inception, the founders of the agency regarded 'Kothi' identified male as the initial focus for any process of community development. Community development was to be focused on the Kothi identity which was defined in terms of feminized behaviour and passive performativity in anal sex. The term Kothi was used as a 'resource' to enable initial foundation and funding through bypassing the gay identified people. The Kothi community is organized around shared identity or sense of belongingness or interdependence. Thus, it can be argued that the agency is successful in terms of creating 'a sense of community' as part of the community development which is similar to the findings of studies conducted elsewhere (Busza, 2004; Jana et al., 2004; Kerrigan et al., 2008; Lippman et al., 2013; Mas de Xaxàs et al., 2008; Mgbako et al., 2008; Praxis, 2009).

The beneficiaries of this agency described how they had come to know and embrace the term "Kothi" and learn about other terminologies such as "Panthi" for male who are not feminized and who take the active role in sex usually but not exclusively in sex work, and "Do-Paratha" or "Double-Decker" for male who are also not feminized but who might take an active or passive role. These terms featured for example in conversations the beneficiaries had with site buddy or peer outreach workers or by those working at drop-in centres and training sessions. These site buddies encouraged male to embrace the Kothi

identity and to use Panthi to refer to partners. Where "Panthi" labelled male develop a long-term relationship with a "Kothi" identified man, they are deemed to be "Parikh" means husband. This finding suggest that the agency is very much successful in creating and sustaining different identity among the beneficiaries of this agency. The agency's process of creating identity can be explained by using Lukes third dimension of power where beneficiaries have been taught by the peer educators or site buddies based on the beneficiaries' sexual behaviour and perceived gender roles. It has been found that both the site buddies and the beneficiaries often use these terms in a more blurred and fluid way. Although some male did indeed "*realise*" that they were Kothi because of the activities implemented by this agency, this does not mean that this discourse was accepted *passively or uncritically*. Both the staff and beneficiaries instead engage creatively with the category of "Kothi" and resist the typical community norms regarding Kothi. Thus, this finding can be also explained by the Foucaultdian framework of power where power is considered both as an objective and source.

It has been found that some male, particularly those from less disadvantaged, more educated backgrounds, use the term "Kothi" alongside *other terms* such as "MSM" as self-identifications, or *reject* the term and use other terms including "gay". Some male identifies as Kothi in *some contexts* and not Kothi in others, *choosing* to be visible in some settings and invisible in others. Furthermore, there are some male who do not regard their social style or sexual behaviour as exactly fitting the conventional definitions of 'Kothi', but nonetheless choose to take on the Kothi identity on their own terms, taking on some but not all aspects conventionally ascribed to this identity. Indeed, the agency's founder Alex himself blurred his identity to others, sometimes defining himself as gay and sometimes as Kothi, and when the latter referring simply to his homosexual activity and sense of community with other Kothi male in explaining this.

Some male come to self-identify (rather than merely being identified by Kothi) as *Panthi* in the course of developing friendships with sexual partners and links with the agency. Some such male build stronger and stronger links with the Kothi community and participate in the activities of this agency, notably, in the social group meetings. Likewise, some Kothi-identified male encourage their Panthi- or straight-identified partners to engage with the agency. In this sense, the agency can be said to be developing not merely a Kothi community but perhaps a more inclusive yet variegated community of homosexually active men or MSM

community. The findings though suggest that this is a nuanced identity adopted by few people. There is also *conflict* about application of the term Kothi even within the workforce of this agency with some male not self-identifying as Kothi but being labelled by others as Kothi.

The notion of what it means to be Kothi is also contested and potentially in flux including among senior managers, some of whom question why a Kothi identity should imply feminization and regarding the agency's economic empowerment and training activities as having the potential to enable men to identify as Kothi whilst being engaged in 'masculine' occupations and behaviour. That means the people around this agency is not only engaged in the construction of community and identity, they are also reconstructing the community and identity. For example, in terms of providing vocational training, the external founder of this agency wanted to move the Kothi identified people to a non-feminized profession. On the other hand, the findings suggest that perhaps the agency was most focused on the aspects of identity and social capital development and thus they sometimes also wanted to build an MSM community. There was less emphasis on the aspects of community as ethos or politics at least the accounts of those other than founders and top managers reflect this. This finding can be interpreted by Weeks (1996) four elements of a sexual community (community as a focus of identity, community as ethos or repository of values, community as social capital, and community as politics).

Although senior managers have aimed to use the Kothi category as a basis for community development, and the agency appears to have had some success in promoting Kothi identity, this has resulted in some transformations and blurring of what this category means, at all levels within the agency. Just as the agency initially used the concept of "Kothi" more as a resource to initiate and fund its work than an a priori group from which community would develop, it may be that in practice the community which is developing is something broader and more fluid and variegated than a simple community of feminized, passive Kothi men. However, rather than the founders and senior managers of the agency being dominant in the social construction of the Kothi community, they were merely the initial players. They created the conditions for others to become engaged in blurring and re-shaping the construct or using it in a strategic way. The founders and senior managers unleashed a discourse on Kothi community, but others creatively reconstructed this or ignored it. Thus, it may suggest from this finding that the founders and senior managers of the agency wanted

to construct the idea regarding community through power as a thought control, which can be interpreted by Lukes's (2005) third dimension of power but the beneficiaries and some managers including the external founder also reconstructed the idea of community through adopting more nuanced category of community like Panthi or MSM as a community. These nuanced constructions of community can be interpreted by Foucaultdian framework of power.

This variety of categories and their contestation does not appear to have caused much overt conflict within the agency. A more serious threat might arise from the many beneficiaries who remain reluctant to be publicly visible as a sexual community. It may be that because there is no consensus as to exactly what community of identity the agency is moving towards, coupled with the challenges faced by the agency in devoting much resource to community development, sometimes it become hard to prove whether the agency had achieved the goal of a visible, assertive community. But on a critical note, it may be suggested that the agency have been quite successful in doing so as beneficiaries and staff too of this agency are not uncritically taking on a Kothi identity. The agency has inadvertently led to a diverse but nonetheless networked community which the founders might be pleased with, given that the Kothi was just a pragmatic starting point. The agency started with a mission Kothi community and identity development as it was possible to secure funding from donors for this community's public health safety. Similarly, although the donors have tried to render the agency's work more legible and tractable via a focus on measurable HIV prevention outputs, the agency has to some extent still been able to work towards CD by using different funders, by relocating some of the community building activities from cruising venues to drop in centres and by individuals just doing what they wanted to do.

Thus, it can be argued that community and identity has been constructed around the agency in a contested manner. Community and identity have been constructed around this agency in a reciprocal manner. That means sometimes the construction of community has been influenced by common social norms as identity or common sexual behaviour while identity construction has also been influenced by community which is based on same sexual behaviour. The agency had a vision regarding community and identity to construct and worked to achieve that through using different forms of power. Both Lukes (2005) and Foucault (1998; 1991) are helpful to understand this different form of power. The founders

and the top management have used 'power-over' or 'zero-sum' power to control the thought of the beneficiaries to adopt the notion of community and identity. This can be explained by Lukes (2005) three-dimensional view of power. On the other hand, Foucault's disciplinary power can also be used to explain how the beneficiaries have adopted the notion of community and identity. The agency has 'organized space', i. e. drop-in-centers and 'created social norms', i. e. a Kothi cannot play active role in sex relations. These can be explained Foucault's disciplinary power. The process has also given 'power to' the beneficiaries as they are not accepting community and identity uncritically. That means beneficiaries have gained 'power-from-within', which can be considered as they have empowered psychologically (Israel et al., 1994; Laverack, 2005; Rissel, 1994).

7.2.2 How CD is defined and what CD work does the agency undertake with what rationale?

The agency has considered 'building the community', 'inclusion of MSM in the mainstream society', and 'economic development of the community' as community development. It has been found that the community development programme of this agency has two goals: (1) political goals whereby the agency wants to create safer social spaces for and protect the civil rights of homosexually active male or MSM in the long term; and (2) sexual health goals whereby the agency aims to develop community among some groups of MSM in order to facilitate the sharing of safer sex messages and otherwise reduce males's vulnerability to STIs and HIV. To achieve these goals, the agency is being implementing activities like networking, social group meetings, sexual health services, training on vocational and human rights issues, and advocacy for sensitizing the general population as well as stakeholders about the existence of their beneficiaries. The CD goals of this agency are similar with those have been found in literature. For example, this agency wants to promote a better living of its beneficiaries through providing STI and HIV prevention and treatment services (Campbell et al., 2007; Nikkhah & Redzuan, 2009; United Nations, 1953). The agency also wants to create a Kothi, MSM or Panthi identity-based solidarity (Howard & Wheeler, 2015; Hustedde, 2009) and empower its beneficiaries (Baum, 2002; Campbell et al., 2007; Green et al., 2015; Kenny, 2016; Kenny et al., 2012; Labonte, 1994; McCabe & Davis, 2012; Nikkhah & Redzuan, 2009) through resisting the power of the managers and donors of this agency. The goals for the community development programme of this agency can also be structured by using Weeks' (1996) four elements of a sexual community. Weeks (1996) argued that a contemporary sexual community has the following four elements: community as a focus of identity; community as ethos or repository of values; community as social capital; and

community as politics. It will be reflected in the following discussions that the agency's founder focused on all of these elements into the agency's community development programme though some aspects were more prioritized than others.

Community development, along with the notion of a *Kothi* identity was key *resources* enabling the founding of this agency. The founders and early managers saw 'community development' not only as a means of reducing males's risk of HIV infection, but also as a means to legitimate and provide a social space for homosexually active male. That means the agency is working to create solidarity among homosexually active male, more specifically for Kothi people. The creation of solidarity has been referred as one of the goals of community development by Bhattacharyya (1995). Engaging in male-to-male sex is illegal, socially stigmatized and religiously prohibited. Thus, community development has been used strategically when it suits the organisation, and not used when it does not further the organisation's aims. Whereas initially, the term community development was much used partly because this was regarded as an effective method of HIV prevention but also because it enabled the founders of the agency to attain a dominant position, supplanting an earlier group of gay-identified male who were seeking donor funding to undertake HIV prevention.

However, the beneficiaries of this agency are arguing that over time, the term community development has come to be used less and less, apparently because donors are no longer interested in it, instead being interested in HIV prevention methods with more measurable outputs, such as outreach where the number of conversations with mmale, the distribution of condom and the number male referred back for STI testing and treatment can be quantified and reported. Similarly, Kothi was used strategically at the outset in order to *side-line the gay "competition*" but decreasingly thereafter, with terms such as "MSM" or "stigmatised males" used instead, since these were acceptable to donors and/or to government. The need to retain donor commitment may have altered not only the agency's *rhetoric* but also its *practices*. At all levels in the organisation, there was criticism that with the focus now on delivery and monitoring of outreach activity, there was less time and space for community to be developed. Perhaps this is the case in reality and the agency is avoiding using the term and instead are using the terms that the donors want to hear but they are still doing CD. For example, the donors now a day don't want to invest money for group meetings where topics other than sexual health and HIV prevention should be discussed. But still the agency is implementing social group meeting as an activity where sexual health and

HIV prevention issues are discussed along with the community building issue. That means agency is resisting the donor power through defying their instructions to some extent. Thus, this finding can be explained by using the Foucaultdian power structure.

A number of areas of the agency's work are regarded by managers and staff as still contributing to community development: networking; social group meetings; training on vocational and human rights issues; and advocacy for sensitizing the general population as well as stakeholders about the existence of this population. Managers and staff believe that running these activities are developing and empowering the Kothi community; psychologically (in terms of engendering self-esteem and pride), socially (in terms of broadening and transforming relationships between male), and economically (in terms of reducing males's dependency on sex work and within this risk-taking). All of these are believed to be means of reducing vulnerability to HIV. Psychological empowerment and improved self-esteem should help the beneficiaries to negotiate safer sex with their partners. Social empowerment should strengthen the diffusion of safer sex messages and increase males's commitment to protect themselves and other males. Economic empowerment should help beneficiaries develop other sources of income other than sex work so that they either cease to be engaged in this or are less likely to be pressured to engage in risk behaviour within sex work. These three forms of empowerment have been considered in the literature both as process (Baum, 2002; Campbell et al., 2007; Kabeer, 2005; Luttrell et al., 2009; Maton, 2008; Nikkhah & Redzuan, 2009; Rappaport, 1987; Wallerstein & Bernstein, 1988; Wallerstein, 2002) and outcome (Israel et al., 1994; Zimmerman, 2000) of community development. These activities are also regarded by managers as contributing towards the agency's broader political goals by creating a bottom-up process whereby homosexually active male move from being within a socially invisible, loose network of male engaging in the same-sex behaviour with only some self-defining as Kothi, towards being situated within a cohesive community where male embracing a positive 'Kothi' based identity and perceiving themselves as sharing quite legitimate concerns with other such male. Perhaps, the agency's CD programme has other goals too. The goal of CD seems to be producing is a community of male with diverse and fluid identities who nonetheless are to some extent linked and empowerd through the work of the agency. This diversity and fluidity have emerged through individuals and groups reacting against the agency's official discourse which suggest that power is being exercised as 'non-zero-sum' game as suggested by Foucaultdian framework of power.

Furthermore, the critiques referred to earlier regarding barriers to the agency's ability to give sufficient priority to community development work do not necessarily mean that the agency is failing to build a visible community of homosexually active male. It clearly has been successful in building *links* with government and encouraging *some* within government to support the notion of *civil liberties* for sexual minorities. It may be that these *elite level advocacy actions* are as if not more important than traditional community development for developing the *structural conditions within which a community can grow* – for example if it was successful in bringing the agency into the *network* of government, quasi-government and non-governmental organisations within Bangladesh and internationally, changing the way in which sex work and cruising are *policed* and re-positioning homosexually active male as a *visible, defined group with public health needs/entitlements* rather than merely as an invisible, unmentionable *category of behaviour*. That means the agency has helped the community to empower (Israel et al., 1994). This finding is also supported that an empowered community can influence decisions and changes in the larger social system. The agency is trying to challenge social injustice through social and political processes through changing power relations (Laverack & Wallerstein, 2001; Wallerstein, 2006; Woodall et al., 2010).

7.2.3 How does the definition of community and construction of identity influence different beneficiaries' participation in CD?

The agency is officially working for the improvement of the status of sexual health of MSM though as described above it has strategically focused rhetorically on a community of MSM based around the Kothi identity. Senior managers and front level staff did justify this priority in public health terms in that Kothi people are more vulnerable both biologically in being receptive partners in anal sex as well as epidemiologically and economically in terms of very often being sex workers with many partners and sometimes under pressure to take risks at clients' behest. However, as described above, there is also a rhetorical emphasis on the Kothi identity for strategic reasons, in that it was seen both as a feasible starting point for community development and an effective way to claim to HIV prevention funds, usurping a group of gay men initially laying claim to these funds.

This rhetorical emphasis is also largely reflected as described above in the agency's activities. Most of those in contact with site buddies or attending drop-in centres, social meetings and training identify as Kothi, with the caveats about the fluidity of this term set out above.

However, this does not necessarily imply that Kothi-identified beneficiaries dominate the work of the agency at least officially. But the beneficiaries do have a great deal of say though that is in covert way. This again suggest that power around this agency is being used as whirling and dispersed not just radiating out from a central point. A variety of factors explain why in fact beneficiaries have little say in official decisions and the agency is running in a very top-down manner. This finding supports the issue that community development can be implemented through top-down approach (Conyers, 1986; Grace, 1991; Nikkah & Redzuan, 2009; Rifkin, 1985). This top-down approach of this agency has two dimensions: (1) funders versus agency; and (2) management versus beneficiaries. It can be argued that the agency is running in a top-down approach when it comes to the area under discussion of funders versus agency as the agency is predominantly dictated by the funders; very little role is played by the agency in terms of decision making. This can be explained Lukes first dimension of power as the agency is acting according to the donors' whim as otherwise the agency will not get funding from the donors. On the other hand, the agency is also running in a top-down way when the focus is on the participation of management and beneficiaries in decision making. However, there is an ambiguity whether the 'management versus beneficiaries' can be said as truly top-down because top-down approach is defined where external agents such as government, local authority or experts control the development activity (Conyers, 1986; Nikkah & Redzuan, 2009; Rifkin, 1985). But in this case the management staff and beneficiaries belong to same community even though there are some class and status differences between the management staff and beneficiaries. The power structure between management and beneficiaries on the other hand can be explained by Foucaultdian structure of power as there is a plenty of room for evasion, resistance etc not via overt confrontation but by constant subversion or ignoring the decision-making process.

The study found that many Kothi-identified beneficiaries are showing their reluctantancy to participate in the community development related activities implemented by this agency as they are occupied with day to day survival in difficult circumstances and busy with their own livelihood. The agency founders and senior managers are quite explicit in not aiming to develop the community in the sense of ensuring beneficiaries' voices are heard in decision-making and instead portray their task as building a visible community of homosexually active male who share a sense of their vulnerability to HIV and a desire for civil rights in a top-down approach. The agency's many activities suggested that it has adopted a top-down approach of community development. Many big decisions are taken by the executive and

top-level management where other groups such as middle and lower level management and beneficiaries are being kept in the dark about those decisions. Some of these big decisions can be included move to delivering vocational training, increasing focus on deliverable and measurable activities, withdrawal of general health services, non-inclusion of general staff and beneficiaries into the executive committee despite their desire, etc. Grass-roots level beneficiaries often claim that their voices are not reaching to the donors of this agency as they cannot communicate to the donors directly. Lukes (2005) second dimension of power is relevant in analysing this aspect as either other groups are not represented in those forums where decisions are made, or other groups' issues do not get placed into the agenda of such forums.

There are also other areas where decision making is dictated by the executive and top management. The staff of this agency, particularly heterosexual senior managers and local level managers and frontline workers, complain that they lack of saying in big decisions. Local level managers and frontline workers are dictated by the top-level management about what to do. On the other hand, top level management do not trust the heterosexual senior managers and as a result they are also marginalized in decision making process. Additionally, top level management take the interventionist role with the heterosexual senior managers in terms of resolving local level (drop-in-centre) difficulties. These issues are relevant to Lukes (2005) first dimension of power where powerful people explicitly force someone to take a decision which they want.

The agency is often attempting to employ Lukes third dimension of power (Lukes, 2005) to make people do things when they are not even aware of this. For example, the agency is forcing its beneficiaries to take on Kothi identity and modify the Kothi identity while beneficiaries are not aware about this. However, this strategy of force is not always successful as some realised that the agency is top-down, and some reject the categories that are being imposed on them. This connects the findings of this thesis that Foucault (1991) is equally important to study participation of the beneficiaries of this agency. The beneficiaries can adopt their own identity, can defy the decisions given by the top-management or external founder or even the donors of this agency. That means power around this agency is not only exercised individually but also it is dispersed, which is Foucault's fourth dimension of power or disciplinary power (Foucault, 1991).

9.2.5 How the processes of CD are shaped by wider factors such as programmes in neighbouring countries and donor priorities etc.?

The findings of this thesis suggest that external forces have had a significant impact on the origin and development of this agency in two ways: the part played by an international voluntary sector organization in founding the agency; and the power of donors in determining the agency's work. Firstly, the initiave to develop this agency did not come from the Kothi-identified male of Bangladesh. The findings show that the origins of the agency lie in a research project on male-to-male sexual behaviour which was conducted by an international voluntary sector organization concerned with HIV prevention among male who have sex with male in South Asia. The agency's founder was chief executive of this agency. The agency's international founder though consulted the local MSM regarding the foundation of this agency, but it was in his mind to form such kind of agency based on his prior work experience in India with the similar kind of population. It can be then suggested that the international founder of this agency controlled the agenda of the consultation meeting with the local MSM. This finding can be interpreted by Lukes (2005) second dimension of power where decision making of the local MSM is being taken by controlling the agenda. The findings of this thesis also suggest that the international founder of this agency influenced the local MSM by providing the evidence that they are in risk of HIV and STI vulnerability. Thus, this finding can be also interpreted by using Lukes's third dimension of power as the international founder tried to influence some of the the local MSM to accept that the fact they are vulnerable and encouraged them to take initiative to reduce this vulnerability. The model this agency is using for their service delivery was shaped largely by the way in which the international voluntary organisation worked with MSM in other countries of South Asia, most notably in India and UK and USA. This reveals even more starkly the extent to which the emergence of this community development agency under this study is being influenced by international factors.

Secondly, the findings suggest that the agency has always been completely dependent on donors for funding be it international or national. Although donors were initially persuaded of the practical need to work with local rather than Western categories of homosexual identity, they have never been interested in the detail of this nor in ensuring the development of local communities of identity. Nonetheless the agency has been able to work with the donors' priorities in justifying its focus on Kothi identified male. Donors recognise the priority of work with male sex workers and therefore support work largely

focused on site buddy outreach in sites where these male sell sex. This enables the agency to justify its focus on male who do or will identify as Kothi. Donors therefore have huge influence over what work is conducted, explaining the rhetorical and real shift from community development to various forms of quantifiable HIV prevention interventions being given priority. From this point of view, it can be suggested that the donors of this agency are pushing the management staff to run the agency in a top-down approach though it is rendering some community development services (Grace, 1991; Rosato, 2015). This finding thus can be explained by Lukes's first dimension of power as the agency is highly influenced by the donors. However, management staff has been successful to some extent in terms of adopting a community development programme through resisting the donor's desire or decision. This finding can be explained by Foucaultdian structure of power as power is neither centralized over donor agency nor this community development agency.

7.3 Limitations of This Research

There are a number of limitations of this research. The agency had nine field offices when data was collected for this thesis. This case study research was conducted in the three field offices of this agency based in the Dhaka city, Bangladesh. The agency has another six field offices which are outside the Dhaka city. In the beginning, the community development programme was more focused on friendship building and networking. But after the intrusion of FHI as a donor, these activities have changed, and it has become more kind of condom distribution and STI treatment providing agency. That means the community development programme of this agency was in a different shape before 2000 and until this time the agency was limited to Dhaka only for implementing its activities. Thus, most of the beneficiaries of field offices in Dhaka have observed the changing pattern of community development programmes which has not been observed by the outside Dhaka field offices as all these field offices were the outcome of the expansion programme funded by the FHI. So, there might be differences in perception among the beneficiaries of field offices in Dhaka and outside Dhaka in terms of the community development programmes. On the other hand, despite the fact that many of the beneficiaries who are attached to the field offices in Dhaka are originally from the outside of Dhaka, the beneficiaries of the field offices in Dhaka are presumably in advantageous position in many aspects than the beneficiaries who are attached to the field offices of outside Dhaka. The network of Kothi people in Dhaka is quite older than outside Dhaka. Beneficiaries of the field offices in Dhaka have got more Kothi people as their role model which is less available in outside Dhaka field offices. So, it can be argued that these three field offices in Dhaka are not necessarily representative of other

field offices. Thus, the findings of this research may not be generalizable though these data provide insight of the situation of the community development programmes for HIV prevention among MSM in Bangladesh.

Interviewees in this research, particularly the beneficiaries of this agency, were selected purposively. This purposive selection was mostly based on my own observation about how the beneficiaries were involved in day-to-day activities at the drop-in-centres. Sometimes they were also selected based on the recommendations of the field office staff such as programme officers, programme assistants or site buddies. This purposive selection may have some potential bias on the collected data. Furthermore, data for this study came from only two sources: in-depth interview with the interviewees; and review of published annual reports, consultation papers, strategic papers, and evaluation reports of the selected donor of this agency. It was attempted to obtain some key documents like project completion reports, project evaluation reports, proposals submitted to the donors for funding, information on proposal development process, etc. These types of documents are considered highly 'classified' in the NGO sector in Bangladesh. As a result, despite having several attempts, I could not get access to these documents. On the other hand, it was planned that some focus group discussions will be included in this study as part of the data triangulation process. However, it was not possible to do so because of some pragmatic issues. Thus, it can be argued that lack of data triangulation is a limitation of this research.

There are also limitations which are related with the reliability and validity of the qualitative data collected. In terms of the reliability of the data, the length and depth of the interview varied among the different category of respondents. As it has been mentioned in the method section, data for this study has been collected from the following category of people: executive management; top management; senior management; middle management; support staff; and the beneficiaries of this agency. An obvious differentiation is existed among these categories in terms of education, income, social position, and sexual desire and orientation. Responses were varied between executive and top management versus middle management and support staff. Thus, this kind of response produced an uneven scenario.

Another limitation of this research which is perhaps related to the ecological validity of the qualitative data collected. Interview with the interviewee were conducted in the premises of

this agency. This could have an impact on the way they answered my questions although it was explained to them about how the confidentiality of the collected data will be maintained. Sometimes interviews were interrupted by the staff of the concerned field offices. And in some occasions, office staff tried to hear the discussion between me and the interviewee from outside the room. This created some cause of concern and as a result some interviewees were reluctant to speak about 'who' and 'how' the agenda of community development has been incorporated into the agency's HIV prevention programmes. They were also worried about the disclosure of the information and perhaps did not speak naturally.

Another potential source of limitation can be the use of tape recorder for collecting the interview data. Some individual does not prefer to record their interview in the audio-tape though audio-tape recording provide the most reliable interview data (Green & Throrogood, 2004). Some interviewee was scared about the audio-recording as some aspects in their interview was related to their sexual behaviour and orientation, and decision-making process in this agency. They might be worried about the issue of 'blackmailing' by using this audio-tape, despite given full assurance about the confidentiality of the collected data. Some interviewee asked me to stop the audio-tape before discussing something which they considered as 'sensitive'.

7.4 The Role of the Researcher: Reflexivity

Unlike researches based on the positivist approaches where the researcher is ideally invisible, researchers based on the constructionist approach have significant influence on data collection, analysis, and interpretation (Green & Thorogood, 2004). Thus, to make a note on this role of the researcher in qualitative research which is often termed as 'reflexivity' is an important issue for achieving the credibility of the research (Green & Thorogood, 2004; Mays & Pope, 2006). There are two types of reflexivity: personal reflexivity and epistemological reflexivity (Willig, 2008). According to Willig (2008: p. 10), personal reflexivity "involves reflecting upon the ways in which our own values, experiences, interests, beliefs, political commitments, wider aims in life and social identities have shaped the research. It also involves thinking about how the research may have affected and possibly changed us, as people and as researchers". On the other hand, Willig (2008: p. 10) noted "epistemological reflexivity requires us to engage with questions such as: How has the research question defined and limited what can be 'found?' How has the design of the study and the method of analysis 'constructed' the data and the findings? How could the research

question have been investigated differently? To what extent would this have given rise to a different understanding of the phenomenon under investigation? Thus, epistemological reflexivity encourages us to reflect upon the assumptions (about the world, about knowledge) that we have made in the course of the research, and it helps us to think about the implications of such assumptions for the research and its findings."

The importance of this research mentioned in chapter one, motivated me to carry out this research which was supported by the Commonwealth Scholarship and Fellowship Plan, UK, when they awarded me the scholarship for doing PhD at the London School of Hygiene & Tropical Medicine. The initial plan was to research on how sexuality/sexual identity is constructed among the males who have sex with males in Bangladesh and how this construction is influencing the construction of risk perception of STI and HIV among these populations. However, this initial plan evolved over the period of the first year of the research while I was doing review of the activities of this HIV prevention agency. During this stage, I found that this agency is working for the community development of the population group labelled as MSM which, is a heterogeneous group as well as this term is used in behavioural sense instead of identity sense. This issue of heterogeneity and behavioural use of the MSM motivated me to readdress the research questions of this research as how the agency is defining the idea of 'community' while MSM is heterogeneous term. At the same time the research question on identity construction was kept as the idea of 'community' and 'identity' are closely linked up.

My initial idea was shaped by the existing literature on MSM. The existing literature mentioned the following categories under the umbrella term 'MSM': feminized males who generally take passive role in sexual relation (Kothi in localized term); straight male who take active role in sexual relations (Panthi in localized term); male sex worker; bisexual males (Double-decker in localized term); gay-identified males; and Hijra-identified males (some of them are Eunuchs but not all). However, the researches which explored the categorization among 'MSM' were mainly positivistic in nature. Some of these researches even used a closed ended structured questionnaire where the MSM did not have any choice to describe their own identity rather they just ticked the category. That means the categories mentioned in the existing literature was a sheer reification. This reification also influenced me to some extent. However, guidance from my supervisor as well as the members of the advisory committee helped me to realize that these categories are rather socially constructed and

contested which ultimately shaped the data collection and analysis process. And this is reflected in the findings that many interviewees adopted multiple identities which varied depending on context and location.

Male-to-male sexuality in Bangladesh is religiously prohibited and socially stigmatized. This makes MSM a 'hidden' group. Thus, being a non-MSM practicing heterosexual man, it was very difficult to get access to this population. My professional connection with some of the executive management level staff of this agency was used to overcome this problem. But this created another problem. As the executive management staff introduced me to the local level management staff who introduced me to the beneficiaries of this agency, so the beneficiaries initially started to treat me as a person who has been sent by this agency to do this research for this agency. So, I explained them that neither I am a researcher employed by this agency nor I have any connection with this agency. I explained to them about me, my occupational position, gender and sexual identity, sexual behaviour and preference. But still many of them were reluctant to talk to me as they thought that I would ask them about their sexual behaviour and they were scared to share their sexual behaviour as this is highly stigmatized in the society. I assured them that the focus of my research is not to explore about their sexual behaviour rather I was interested about their idea on community when so many diversified population groups belong under the term MSM, how they identify them, and how they participate in various activities of this agency. I also understand that my respondents intended to make a distance with me because of my occupational position as well. However, I overcome this problem by learning their 'secret' language quickly. As a result, some of the respondents even thought that I belong to their community as I was talking in their language!!! However, I made it clear to them that I do not belong to their community as I did not want to give them a false impression.

My non-MSM sexual identity also created some cause of concerns among some of the respondents as they asked me why I am doing this research being a non-MSM practicing heterosexual man or what is my interest to do this research. I tried to explain them about the academic and pragmatic importance of carrying this research, i.e. how difficult it is to deliver HIV prevention programmes if the targeted population is heterogeneous, how the construction of community become challenging among the heterogeneous population, etc. I am not sure how far I was able to motivate them, but they supported me and agreed to be interviewed by me.

Another critical issue was raised by some of the beneficiaries that what would be their benefit if they participate in this research. I tried to explain them about the academic and policy implications of this research. But perhaps they were interested to get some immediate benefit either in the form of 'cash incentive' or 'service incentive'. I explained them clearly that I do not have any 'cash incentive' for them. I also explained them that I do not have any influencing role to the management of this agency regarding the introduction of the many 'felt needs' which the beneficiaries mentioned to me. Thus, what they told me in their interview was free from any kind of incentives, which is a good aspect unlike other studies where often 'cash incentives' is given to the respondents. However, to clear my position, it is worthwhile to mention that I also given 'cash incentives' but that was not to the respondent level and that was not given before their interview. The agency has a 'support fund' where they receive donation from different individuals and organizations. I have given my 'cash incentives' to this 'support fund' after completing my fieldwork with this agency. The 'cash incentives' were only given for the beneficiaries interviewed; not for the staff of this agency. The agency uses this support fund for the welfare of the beneficiaries.

Role of researcher in doing interview has a significant influence on the outcome of the interview. A session of in-depth interview is often dominated by the interviewer and it becomes a passive 'question-answer' session by the interviewee (Green & Thorogood, 2004). Thus, it was attempted to make the interview as informal and non-judgemental as possible. Interview was not at all interrupted by the interviewer; interviewee was given full freedom to talk and perhaps because of this it took long time to finish the interview as interviewee talked on many issues which were not relevant to this research. On the other side, all interviewee was given the chance to ask question about me, my research and other issues the interviewee wanted to share with me which is related to this research, but I did not ask them. Thus, it can be said that interviewee felt comfortable during the interview-session and they gave me spontaneous response.

Analysis and reporting of qualitative data is often shaped by the researcher's own thought. Thus, it is worthwhile to acknowledge my role in analysing and reporting the data. As it has been mentioned in the data analysis section that *in vivo* codes were used at the initial stage and then the codes were integrated to the theoretical frameworks of this research. However, there might be a question regarding the reliability of the coding scheme as it was

principally developed by me. Though I have shared the coding scheme with my supervisor and modified by his guidance, but it was not comprehensive as the transcripts were in my native language which my supervisor was not able to read. Participant's verbatim quotations which were presented in the finding chapters were chosen by me. However, in each case full justification for choosing the quotation has been provided which has been refereed by my supervisor. In many cases if not all, my voice has been included in the verbatim quotations, which will help the reader to understand the context and my interaction with the respondents. Finally, some kind of 'editorial role' (Atkinson, 2004) in reporting and constructing the respondents accounts have been taken to make them accessible and to generate theoretical insights. In some cases, respondent's broken speeches have been merged together and presented to make it readable.

7.5 Implications for Research

Despite the above limitations and the issues discussed in the reflexivity, there are some key findings of this research which will significantly contribute to the academic literature. This thesis has moved beyond the existing literature on community development and HIV prevention which has been discussed in chapter two. This thesis has particularly contributed in the creation of new knowledge in terms of how power has influenced social construction of both the community development, and community and sexual identity construction among heterogeneous stigmatized population in Bangladesh. The specific contributions of thesis are discussed below:

The thesis has explored the power relations that took place in the process of implementing a community development programme for a heterogeneous community. The thesis transcends with the findings that it is possible to study community development as a form of politics among the heterogenous community. This thesis adopted both Lukes and Foucault's frameworks of power in studying politics and found that they are very useful in understanding the power dynamics among the different groups including management staff, beneficiaries and donors of this agency. Foucault's framework for power has certainly supplanted Lukes's framework of power and thus Lukes have been found limited to some extent for this study as he could not go beyond the third dimension. As both Lukes and Foucault are relevant to study power around this community development agency, the study found the existence of both 'zero-sum' and 'non-zero-sum' power in the context of decision making.

Another contribution of this thesis is to explore the implications of such 'zero-sum' and 'non-zero-sum' power relations for the social construction of community and sexual identity in South Asia. The study found that the development of communities of sexual identity arise from a dynamic interaction of top down efforts to render identity as legible and tractable and bottom up efforts to evade or resist these processes, and this results in a diversity and fluidity of identity. This study again found that this diversity and fluidity around the community and identity construction is often strategic and political. It has been found that to create and take on sexual identities requires resources. So, a group might use the cultural resource of the HIV epidemic and the material resources from the donors to build a community of sexuality. On the other side, an individual might require the social resources of a supportive network, the psychological resources of self-esteem and the material resources of at least not being in poverty to have the ability to assert a visible sexuality. Both in terms of the group and individuals, these resources seem to be partly but not wholly available around this agency. Group resources are depleted by donor's non-interest in the community development process and individual resources are depleted by poverty causing so many sexual encounters to be based on money rather than social bonds. However, due to the applicability of 'zero-sum' and 'non-zero-sum' power relations in the context of social construction of community and sexual identity in South Asia, it has been found that identity can never be commanded from the powerful; rather it has been constructed by the people concerned.

This thesis has also contrubted by showing that donors around this agency and the top management of this agency have constantly tried to render the world more legible and tractable. But this effort has undermined by the fact that the objects of power around this agency have continuously attempted to ignore, evade or subvert such acts of power. It has been found that when the donors wanted to exert power at the agency level, the top management resisted the power to some extent through adopting some practical strategy. On the other hand, it has also found that when the top management wanted to assert power at the beneficiary level, the beneficiaries have resisted the power. However, this resistance never took place in an overt mannaer; rather it took place in a covert manner.

7.6 Implications for Policy

Policy implications of this research have in two areas: (1) macro level where policy of the Government of Bangladesh and other national and international donor agencies are related;

and (2) micro level that means at the agency level. The policy implications at macro level will be discussed first which will then follow at micro level.

Bangladesh, following the Alma Ata Declaration in 1978 (WHO, 1978), has supported the involvement of communities in activities to improve the public health. The Government of Bangladesh has encouraged the communities to participate individually and collectively in planning and implementation of their health care to achieve the Health for All. This has been reflected in the national policy and strategy documents related to HIV and AIDS. Community empowerment and participation had reiterated in the Bangladesh National Strategic Plan for HIV/AIDS 2004-2010. One of the programme objectives of this strategic plan is to provide support and services to the priority group of people ('men who have sex with men' has been included in the priority group) which has seven strategies to achieve. Strategy number two of these seven strategies is to "empower priority groups to protect themselves and others" (GoB, 2004). The implementing strategies of this strategy are to: (1) support formation of community-based organizations and mutual support groups; (2) increase involvement of group members in programme development, implementation, and evaluation; and (3) increase skills required to act on their own behalf and to create a community based social movement.

The GoB policy documents reflect that it is committed to develop community-based organizations in providing health care services to its citizen. However, the findings of this research indicate that GoB policy documents are merely rhetoric; it has very little relevance to the reality at least for the community-based organizations which are working with MSM. MSM community-based organizations in Bangladesh are facing different problems. Firstly, the problem is associated at the formation stage of community-based organizations. MSM community-based organizations cannot get their registration from the GoB by declaring their status as male-to-male sex is illegal. GoB is allocating money for HIV prevention of the MSM despite the existence of section 377 where male-to-male sex has been criminalized. Secondly, community-based organizations have very little role in developing the programme for them as broad programme objectives are determined by the government or other donors. It has been found in this research that many beneficiaries of this agency want general health care services for them. However, the agency is not providing this service as this is not allowed by the funders. Thirdly, receiving fund from GoB is competitive; government allocates money through open tender where lowest bidding organization get

the fund for implementing the predetermined activities. It has been found that in this bidding process community-based organizations cannot compete with other non-government organizations. These problems signify that the findings of this research have serious policy implications.

The findings of this research have also implications at the agency level. There is a perception among the top-level executives of this agency that they and their beneficiaries belong to the same community. This perception often motivates the top executive to take decisions on behalf of the beneficiaries. But in reality, there is a class and status difference between the top executives and the beneficiaries. As a result, executive management's decisions often do not reflect the demand of the grass-roots level beneficiaries. On the other hand, the top executives of this agency are overwhelmed with day-to-day activities. They are not spending much time with the grass-roots level beneficiaries which they used to do at the beginning of this agency. This is widening the distance between the top executives and the beneficiaries of this agency, which is not healthy for developing the 'sense of community'. Finally, there is a scope for the executive management to think about their own version of 'bottom-up' participation in decision making as the findings of this research suggest that the agency is pretty much 'top-down' in decision making.

7.7 Conclusions

This study is interesting as a case study of how CD is sometimes used to try to simplify the world to make it easier to address policy goals. The founders of this agency were accepting that homosexuality in Bangladesh was complex and culturally specific, but they were also trying to render it simpler by focusing it on Kothi identity. They were trying to make identity more legible and more tractable in terms of HIV prevention efforts. They did not see these aims as being about disempowering beneficiaries and, in that sense, they seem to fit more in a Foucauldian rather than a Lukesian model of power. However, these top down aims were to some extent undermined by some beneficiaries who simply evaded the labels that were being thrust on to them or were modifying the labels to give them more nuance even as they were taking them on. But perhaps this does not exactly represent a form of resistance since these acts weren't aimed at opposing or derailing the organization. Perhaps, the founders are perfectly comfortable with this and not seen it as eroding their own power or preventing their own goals from being reached.

The MSHS, the case studied under this PhD, aimed to create solidarity and develop agency among its beneficiaries. The findings suggest that the MSHS has achieved that aim to some extent. However, community development as intended by founders / senior management staff of this agency is to be both 'top-down' and 'bottom-up' and the social construction and to some extent re-construction of community of MSM based around the Kothi identity is intended to occur as a result of this process.However, there are examples of this occurring via all three dimension of power set by Lukes (2005) and the fourth dimension of power set by Foucault (1998, 1991): 1) senior managements switching priority to deliverables albeit themselves being the subject of donor power; 2) workers / beneficiaries are not being represented in the fora where big decisions are made; 3) some beneficiaries realising they are Kothi when this is the result of unacknowledged agency power in the social construction of Kothi sexual identity; and (4) power being exerted from bottom-up as well, for example in men being agents in the construction of their sexual identities through going beyond the decision of the senior management staff and the founder of this agency.

All this results in a community that is clearly a basis for identity where identity is variegated and contested and for social capital (although the variegation and contestation of identity might limit this) but is less clearly a basis for a shared ethos or politics because not enough progress has been made partly because it is new and partly because the agency has been diverted from 'real' community development. However, it can be argued that the agency has diverted from the community development due to existing donor culture where donors are becoming interested more on to provide funding on quantifiable and measurable aspects than qualitative aspects like 'community development'.

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Appendix-1: Information Sheet for the Participants Attending in In-depth Interview

Information Sheet for the Participants Attending in In-depth Interview

My name is Mohammad Bellal Hossain. I am working as an Assistant Professor at the Department of Population Sciences, University of Dhaka. Currently, I am doing my Ph D at the London School of Hygiene & Tropical Medicine, University of London, UK. I want to invite you to take part in an in-depth interview for my PhD research on **"Community Development for HIV Prevention among Males who Have sex with Males in Bangladesh: Rhetoric or Reality?"** You will be asked to read this sheet. If you're happy to take part, then you can sign that you have understood what this will involve and are happy with this.

The In-depth Interview

I would like to interview you to ask you about your experience participating in the work of [agency] and your views on this. Interviews will be conducted at a time and place convenient and acceptable to you. I would like to audio-record the interview and then 'transcribe' it (turn it into a written record of what was discussed).

Any records of the interview will not have your name attached to them. What you say will be confidential. This means that except me and my supervisor, no-one else will be told what you say. I will not mention your name when I write a report about the research. Any comments from you that I use will be anonymous.

"No quotes or other results arising from my participation in this study will be included in any reports, even anonymously, without your agreement."

After you have read this sheet, please feel free to ask any questions at all that will help you decide whether to take part. I am asking for your consent to be interviewed, for the interview to be audio-recorded and for anonymised quotes from the interview to be included in research reports. Participation is voluntary. If you do not want to participate, this will not lead to any problems for you. If you agree, you can change your mind at any point. If you agree to be involved in the research, you will be asked to sign an *Informed Consent* form. Many thanks for your time.

Appendix-2: Informed Consent Sheet for the Research

Informed Consent Sheet for the Research

On

Community Development for HIV Prevention among Males who Have sex with Males in Bangladesh: Rhetoric or Reality?

Name ……..…….

I have read the information sheet about the research on **"Community Development for HIV Prevention among male who Have sex with Male in Bangladesh: Rhetoric or Reality?"** and I understand what will happen if I take part in it.

My questions about this study have been answered by

……..……..

I understand that I can choose to take part or not. I understand that I am being asked for consent to be interviewed, for this to be audio-recorded and for anonymized quotes to be used in research reports. I understand that I can stop taking part at any time without giving any reason and without this leading to problems for me. I understand that quotations from me may be used (in anonymised form) as part of the research and in reports about the research.

"I do / do not agree to quote or other results arising from my participation in the study being included, even anonymously in any reports about the study."

I agree to take part in this study.

Signed …… Date ……

For researcher:
In cases where literacy is an issue, the researcher should use the following:

I the undersigned have read the information sheet to the participant who has given full informed consent to participation as defined above. All questions of the participant have been answered and they are aware that they may withdraw at any time.

Signed …….. Date ……..

Appendix-3: List of the Participants (Pseudonym) and Their Role in Relation to MSHS

Pseudo Name	Role	Pseudo Name	Role
Alex	External Founder	Kamrul	Middle Management Staff
Akram	Support Staff	Kaniz	Senior Management Staff
Afroza	Hijra Beneficiaries	Matin	Support staff
Fatema	Hijra Beneficiaries	Mizan	Support staff
Atik	Middle Management Staff	Mezbah	Kothi Beneficiaries
Abrar	Support Staff	Matrik	Panthi Beneficiaries
Animesh	Middle Management Staff	Mehedi	Panthi Beneficiaries
Arif	Kothi Beneficiaries	Nafisa	Official from donor agency
Bappy	Kothi Beneficiaries	Nokib	Kothi Beneficiaries
Biplob	Panthi Beneficiaries	Naim	Middle Management Staff
Bikash	Kothi Beneficiaries	Nirmal	Panthi Beneficiaries
Babor	Panthi Beneficiaries	Nattik	Gay group member
Bahar	Middle Management Staff	Nripeti	Support staff
Borhan	Support Staff	Neaz	Top Management Staff
Bodi	Panthi Beneficiaries	Nizam	Panthi Beneficiaries
Daniel	Support Staff	Plabon	Kothi Beneficiaries
Dinusha	Kothi Beneficiaries	Pallab	Kothi Beneficiaries
David	Gay Group Member	Parvez	Top Management Staff
Dipankar	Panthi Beneficiaries	Prasenjit	Support Staff
Elmol	Kothi Beneficiaries	Razib	Support Staff
Ebad	Kothi Beneficiaries	Rony	Support Staff
Enam	Official from Donor Agency	Rehnuma	Hijra Beneficiaries
Habib	Official from government agency	Razzak	Middle Management Staff
Hashim	Panthi Beneficiaries	Rashed	Support Staff
Himel	Gay Group Member	Rakib	Kothi Beneficiaries
Hillol	Executive management staff	Sam	Kothi Beneficiaries
Hemant	Middle management staff	Sakib	Support Staff
Imrul	Support staff	Samad	Kothi Beneficiaries
Irfan	Middle management staff	Sourov	Panthi Beneficiaries
Jahid	Kothi Beneficiaries	Sayem	Kothi Beneficiaries
Javed	Kothi Beneficiaries	Sazzad	Executive Management Staff
Joyonto	Support staff	Shakil	Kothi Beneficiaries
Jasim	Kothi Beneficiaries	Sohag	Kothi Beneficiaries
Kabir	Support staff	Sumonto	Gay Group Member

Pseudo Name	Role
Sanjay	Support Staff
Subodh	Kothi Beneficiaries
Soumitro	Panthi Beneficiaries
Sajid	Support Staff
Sohel	Kothi Beneficiaries
Sojib	Panthi Beneficiaries
Talha	Gay Group Member
Tarek	Kothi Beneficiaries
Tanmoy	Support Staff
Tahmid	Official from Donor Agency
Tuhin	Support Staff
Prantik	Kothi Beneficiaries
Vikram	Panthi Beneficiaries
Woahab	Kothi Beneficiaries
Zafreen	Hijra Beneficiaries
Zayed	Support Staff

Appendix-4: Data Collection Instrument

Guideline for interviewing executive, top, senior and middle level management staff

Broad themes	Related Issues
Initial contact with the agency	How long he is with this agency? How they came into contact with this agency? What is his role in this agency? Describe job and day-to-day activities What motivates him to work with this agency?
Origin and development of the agency	Describe how the agency was originated? Who were involved in the beginning? Are you involved in the beginning? What was the motivation to be involved with this agency that time? What about their sexual identity? Are they all working with this agency now? •If yes, why? •If no, why? Is there any shift in their day-to-day activities since the inception of this agency? How do you see the 12 years of journey of this agency?
Services provided by this agency • Field based • Health • Center based • Vocational	What are the different services provided by this agency? What services are the involved in directly themselves? Who are the target population for providing services? Why? What needs are they aiming to meet? How are these services provided? • Where • When • Who • How What are the barriers/challenges in providing these services? What services are working well What areas of work need more development? How their target populations feel about the services provided by them? How the services are influencing the daily lives of MSM? • Friendships • Social supports • Knowledge • Attitude • Confidence • Behaviour
Staffing of the agency	Describe management structure/lines of accountability Who do you manage? In practice how do you manage them? Who is your manager? Describe how you are managed Are staffs from particular communities?

	What about you? How important is this for a particular job? Describe relations between MSM and non-MSM workers How would you describe this organization? /What kind of organization is this? Is this a community-based organization? Explain why? Is this non-governmental organization? Explain why? Any shift? How? Why?
Decision making process of this agency	How/who makes decision? Why? Can put their opinion? Listen to Acted on Why/why not Are beneficiaries listened to? What are the key priorities of this agency? Why?
Relationship with other agency	Describe their links with other agencies • Health • Government • Police • BOB/Hijra Any attempts of links that didn't work? Are they doing any collaboration work? How they are coordinating their work with other GO-NGO (eg. police) agencies? Are they facing any challenge of collaboration work
Views about donor agencies supporting this agency	Do they have any idea about why and how the donors are supporting the activities of this agency? How they feel about the donor's views in providing various services for MSM population? Do funder's enable good work or act as barrier to this? Describe the funder's impact on day-to-day activities of the agency
Their background	Education and training Social identity Who live with Friends •Who to •Where •How often •What do •How long Family MSM/non-MSM friends

Guideline for local level management staff

Broad themes	Related Issues
Initial contact with the agency	How long he is with this agency? How they came into contact with this agency? What is his role in this agency? Describe job and day-to-day activities What motivates him to work with this agency?
Services provided by this agency • Field based • Health • Center based • Vocational	What are the different services provided by this agency? What services are the involved in directly themselves? Who are the target population for providing services? Why? What needs are the aiming to meet? How are these services provided? • Where • When • Who • How What are the barriers/challenges in providing these services? What services are working well What areas of work need more development? How their target populations feel about the services provided by them? How the services are influencing the daily lives of MSM? • Friendships • Social supports • Knowledge • Attitude • Confidence • Behaviour
Staffing of the agency	Describe management structure/lines of accountability Who do you manage? In practice how do you manage them? Who is your manager? Describe how you are managed Are staff being from particular communities? What about you? How important is this for a particular job? Describe relations between MSM and non-MSM workers How would you describe this organization? /What kind of organization is this? Is this a community-based organization? Explain why? Is this non-governmental organization? Explain why? Any shift? How? Why?
Decision making process of this agency	How/who makes decision? Why? Can put their opinion?

	Listen to Acted on Why/why not Are beneficiaries listened to? What are the key priorities of this agency? Why?
Relationship with other agency	Describe their links with other agencies • Health • Government • Police • BOB/Hijra Any attempts of links that didn't work? Are they doing any collaboration work? How they are coordinating their work with other GO-NGO (eg. police) agencies? Are they facing any challenge of collaboration work
Views about donor agencies supporting this agency	Do you know how the agency is running? Financially? Do they have any idea about why and how the donors are supporting the activities of this agency? How they feel about the donor's views in providing various services for MSM population? Do funder's enable good work or act as barrier to this?
Their background	Education and training Social identity Who live with Friends •Who to •Where •How often •What do How long Family MSM/non-MSM friends

Guideline for beneficiaries

Broad themes	Related Issues
Initial contact with the agency	How long he is with this agency? How he came into contact with this agency? Where he met with this person? What was the relationship with the man who brought him to this agency? Why he is coming to this agency? •First time •Present time Do they think that they are at risk of HIV and other STI?
Experience of services • Field based • Health • Centre based • Vocational	How they knew about the field-based services? Why did they need this service? When did you come into contact with the services provided by this agency? Experience of using services • What service • When • How much Perception about the worker • Describe • Actions • Perception about the workers sexual identity/behaviour What aspect of these services liked and what didn't like? Why? What do other beneficiaries think about the services? Impact of this service on the lives of MSM • Knowledge/attitude • Confidence • Relationship/friendship (Who they live with? Women, men, MSM, MSW) Behaviour (Sexual, Condom use)
Consultation	Did you consult on any issue? Examples Did you listen to? Did the agency staff/management acted upon your voice?
Which people is this organization for?	For Kothi, Why? For other MSM, Why? Who is it run by? • Kothi • Other MSM • Other people What makes you think that
Which people see regularly?	Friends •MSM •Non-MSM Family MSM/Non-MSM • Where • What • How often

	• How long The agency or outside the agency
Education	What level If limited, why?
Job	What job Sex work How they are managing their livelihood
How do they identify themselves? Why?	

GUIDELINE FOR IN-DEPTH INTERVIEW (BOB MEMBERS)

Broad themes	**Related Issues**
Initial contact with the agency	▪ How long he is with this agency? ▪ How he came into contact with this agency? ▪ Where he met with this person? ▪ What was the relationship with the man who brought him to this agency? ▪ Why he is involved with this agency? First time / Present time • Risk of HIV • Involvement with like-minded people • Searching sex partner • Working for the same-sex people
Origin and development of the agency	▪ Describe how the agency was originated? ▪ Who were involved in the beginning? ▪ What about their sexual identity? ▪ Are they all involved with this agency now? ▪ If yes, why? ▪ If no, why? ▪ Are you involved at the beginning? ▪ What was the motivation to be involved with this agency that time? ▪ What was the mission of this agency at the beginning?
Activities of this agency	▪ What are the different activities of this agency? ▪ Is there any shift in their day-to-day activities since the inception of this agency? Past, Present, Future plan ▪ Why they are carrying out these activities? /What is the objective of carrying out these activities? ▪ How are these activities carried out? ▪ What are the barriers/challenges in carrying out these activities? ▪ What activities are working well ▪ What areas of activities need more development? ▪ How these activities are influencing the lives of BOB members? • Friendships • Social supports • Knowledge • Attitude • Confidence • Behaviour
Organizational management and decision-making process	▪ What type of organization is this? CBO, NGO, ONLINE, OFFLINE, why? ▪ Describe management structure/lines of accountability ▪ How/who makes decision? Why? ▪ Can put their opinion? ▪ Listen to ▪ Acted on ▪ Why/why not

Relationship with other agency	▪ Describe their links/with other agencies (Health, Government, Police, BSWS/Hijra) ▪ Any attempts of links that didn't work? ▪ Are they doing any collaboration work? (Health, Government, Police, BSWS/Hijra) ▪ How they are coordinating their work with other GO-NGO (eg. BSWS/Hijra organization) agencies? ▪ Are they facing any challenge of collaboration work?
Interaction with MSM/Hijra	▪ Do you have any interaction with MSM? Why? Why not? ▪ Do you have any interaction with Hijra? Why? Why not? ▪ Do you face any problem in interacting with MSM or Hijra?
Exploring the idea of community	▪ How do you define community? ▪ Gay as a community or MSM as a community? ▪ What is the basis of forming a community? Sexual behaviour, identity, risk involvement, anything else?
Sexual behaviour and gay lifestyle	▪ Sexual behaviour ▪ Safe sex practices ▪ Partner selection ▪ Sexual identity/basis of sexual identity/behaviour/desire/orientation ▪ Gay lifestyle
Background Issues	▪ Education ▪ Age ▪ Sexual debut ▪ Social identity/What is the basis of social identity ▪ Who live with (Friends/Family) ▪ Gay Vs. Straight friend

Guideline for donor agency people

Broad themes	Related Issues
Funder's priority	What are the priority areas of this funding agency for HIV/AIDS field? • HIV prevention • Care and support • Community mobilization and community development • Vocational development Why?
History of funding	How they came into contact with this agency? Why they motivated to fund them? How long they are funding this agency? Are they providing funding for any specific population group or areas of work? Did they shift their focus over time? Why?
Views on agency	What they think in terms of the organizations: • Targets • Methods • Aims • Achievements How they evaluate and monitor the agency's work What aspects of the agency's work they think as good? Why? What aspects of the agency's work they think as bad? Why?