The Gender and Reproductive Health Research Initiative
Mapping a Decade of Reproductive Health Research in India

Sexuality and Sexual Behaviour

A Critical Review of Selected Studies (1990-2000)

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Geetanjali Misra

A CREA Publication

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CONTENTS

I. INTRODUCTION

Sexuality is mediated through socio-cultural and psychological factors as well as biological capacity, and political ideologies and systems. This makes it a difficult subject to study. Additionally, because it is considered a personal and intimate part of life and is interwoven with myth, taboo and morals, it demands a highly sensitive research approach. Researching sexuality anywhere in the world, at any time, is challenging. In India, it is complicated by societal taboos that surround a discussion of issues of sexuality (Basu, 1994). However, despite or perhaps because of these difficulties, sexuality must be studied because it permeates most aspects of human existence.

Sexuality is more than sexual behaviour. Sexuality encompasses eroticism, sexual behaviour, social and gender roles and identity, relationships, and the personal, social and cultural meanings that each of these might have. However, sexuality is often reduced to sexual behaviour. The study of sexual behaviour is important in itself, but is incomplete if divorced from the personal, social and cultural context in which it occurs. Views about sexuality are specific to a particular place, time and group of people. They keep changing, as do also the factors that govern the regulation of sexuality. An immediate example is that of how the HIV/AIDS pandemic has led to the extension of the notion of safer sex from that which prevents unwanted pregnancy to that which prevents the transmission of HIV. Khanna and Price (1994) trace the construction of female sexuality in India over the last two hundred years and point out that in the post-colonial era, constructions of sexuality are mediated by a combination of local, national and international influences. International donor and bilateral agencies have instituted a wide range of programmes including the Safe Motherhood Initiative, HIV/AIDS and STD (sexually transmitted disease) prevention, and population control programmes that directly relate to sexuality. Whilst, in theory, it is argued that no specific sexual practices should be denied, in reality, intervention programmes focus on a range of 'normative' sexual and reproductive behaviours that reinforce the stable, heterosexual, patriarchal family unit. Those who fall outside these norms have been the key targets of programmes - women who are perceived to bear too many children, men who have sex with men, and women who sell sex, for example.

Research requires social acceptance as well as financial support. Consequently, the impetus for studying sexual behaviour has come from the fields of family planning and HIV/AIDS prevention. There has been an increase in the number of studies conducted in India on sexuality and sexual behaviour in the last decade, largely because of the growing numbers of people affected by HIV/AIDS and the fact that in India, the transmission of HIV is mainly through the sexual route. Sexual behaviour has also been studied in the context of reproductive health, primarily infection (reproductive tract infections and sexually transmissible infections) and contraceptive decision-making.

Consequently, most research focuses on sexual behaviour, on who does what with whom, how many times, when, and whether precautions against disease and unwanted pregnancy are taken. Increased research on sexual behaviour has not been accompanied by a concomitant increase in the understanding of sexuality and how it plays out in lived experience. There is very little on the complex interrelationship of psychological, social, cultural and sexual life, and on the *meaning* of what happens and equally importantly, *does not* happen. What is even less explored and understood is how gender and power operate in affecting people's, especially women's, sexuality.

II. OBJECTIVES AND METHODOLOGY OF THE REVIEW

This critical review of sexuality and sexual behaviour was undertaken to critically examine the quality and value of the research that has been conducted in the country in the last ten years, synthesise from what is known, identify gaps, inform researchers, activists and donors about areas that are under-researched, and identify possible future directions that research can take. Some of the questions that the reviewers asked were: What do we know about sexuality and sexual behaviour in India? Whilst study after study reveals that women and men engage in particular sexual behaviour, do these studies add any value to what is already known about sexuality? Is the methodology adopted appropriate for the purpose of the research? With what degree of sensitivity are these studies carried out? Are ethical issues appropriately addressed?

An interdisciplinary team of four professionals working on health, development, sexuality and rights reviewed the studies. The reviewers share the common perspective that sexuality cannot be reduced to biology and that it is intimately connected to issues of power and of gender. This critical review is based on 48 studies selected from a compilation of research studies on sexuality and sexual behaviour (in India 1990-2000 made by Renu Khanna, Sunita Gurbaxani and Kasturi Sen Gupta August 2000). This compilation is in the form of an annotated bibliography and contains material from published (journals, newsletters, books) and unpublished sources (NGO reports, conference papers). The review team evolved broad general guidelines to select which studies would be reviewed. The selection of studies for this critical review was based on whether the studies focussed on sexuality, sexual behaviour, sexual health or sexual violence. Studies that focussed on HIV/AIDS or contraceptive usage, for example, and only peripherally considered sexuality, were not selected for review, as they form part of a compilation and critical review being done by another team of reviewers. Studies based on questionnaires in magazines and on anecdotal evidence, those not available in full, and those reported only briefly in newsletters were not selected for review. Though there is a burgeoning interest in India in gay and lesbian issues, incest, child sexual abuse, and sexual harassment, for example, most research on these issues is still at an exploratory stage and reports are mostly anecdotal and descriptive. These reports do not form a part of this review. Despite having done a thorough search for research conducted in India in the last ten years, on issues related to sexuality there maybe some studies that have inadvertently not been included.

After selecting the studies to be reviewed, each member of the review team read through all the studies selected and focussed on reviewing particular aspects. One member of the review team reviewed the studies primarily for the researcher's theoretical and conceptual understanding of the subject, one for the methodological appropriateness of the research, one analysed the quality of the findings, and another reviewed the studies for ethical soundness. Drafts of the critical review were shared with experts in the field and their comments and suggestions have been integrated in the final document.

III. RESEARCH FINDINGS

The research studies reviewed cover a range of sexual behaviour and other manifestations of sexuality. They have been conducted in different parts of the country, with diverse populations and have used different methodologies. The main findings are summarised below.

The studies reveal that sexual activity begins as early as from 10 years of age among street boys (girls living on the street were not interviewed) to the mid and late teens among boys and girls in rural and urban areas. Most of the studies refer to heterosexual activity. Premarital and extramarital sexual activity is prevalent in both urban and rural areas, despite being socially frowned upon, and despite the majority of adolescent girls and boys saying that they believe that sexual activity should begin only after marriage. Fewer women as compared to men talk about extramarital sexual experiences. Men perceive extramarital sex as being mainly for enjoyment or as a compensation for unsatisfying marital sex. Both white- and blue-collared, unmarried men in urban areas as well as men in rural areas use the services of sex workers. Some studies also show that married men have more sexual encounters with sex workers than do unmarried men.

There is a low level of knowledge about the body and reproductive health, including reproduction and contraception, among men and women of all ages, marital status and geographical locations. Although adolescents are aware of contraception, they do not know how to use contraceptives effectively. Contraceptives are seldom used in premarital and extra marital sex. Sexual encounters in pre- and extra-marital contexts are frequently unplanned and adolescents find it difficult to procure contraceptives. They consider condoms to interfere with sexual pleasure. Adolescents living in rural areas reportedly find it difficult to dispose of condoms.

Knowledge of STDs and HIV/AIDS is virtually non-existent in rural areas. Adolescents do not appear to know the difference between STDs and AIDS. Commonly held misconceptions about STDs and HIV/AIDS are that they are caused by sexual intercourse with a menstruating woman, homosexuality, mosquito bites, and kissing.

Adolescents cite the mass media and friends as sources of knowledge about matters related to sexuality. Men report that they receive information about sexuality from their sisters-in-law (*bhabhis*), older brothers and 'instinct'. Mass media is the single most cited source of information about sex and reproductive health. Television, films, newspapers, billboards and hoardings were listed as the most popular sources through which adolescents learnt about sex. Other sources were friends, community awareness programmes run by NGOs and public health systems, and school books and teachers. All the studies revealed that parents were not a source of information and were also not preferred by adolescents as a source of information.

The studies also report that more young men (15-20 year olds) and adult males, as compared to young women, commonly know about matters related to sexuality such as masturbation, orgasm, sexual intercourse, oral sex and contraception. Findings from research on masturbation state that while respondents experienced pleasure during masturbation, they also felt guilty, ashamed and anxious about it. While girls feel masturbation causes weakness, disease, infertility and marital disharmony, boys feel that 'losing semen' leads to weakness.

From the studies, one concludes that both men and women of all ages have a range of sexual health needs. Women's sexual health problems include gynaecological morbidities, cervical cancer, STDs, and abortion-related issues. Vaginal discharge, burning sensation while urinating, and pain, were commonly cited as problems by women. Men's sexual health problems had to do with seminal discharge, masturbation, erectile problems and infection. Some of the studies also reveal that women and men consider generalised weakness to be either a symptom of or a sexual health problem in itself. Attitudes towards medical termination of pregnancy (MTP) are mixed, with some women experiencing their decisions as being fraught with emotional disturbances and others having no emotional conflicts about seeking an MTP.

The studies reviewed also reveal that notions of sexual illness and health are not necessarily congruent with biomedical models. Health-seeking behaviour was described in varying degrees. Health-seeking behaviour is mediated by a number of factors including cultural beliefs about illness and heath; the nature (viz. acuteness and chronicity) of the illness and its effect on daily life; preferences for private versus public health care; and, the availability, efficacy and cost of medical consultation and treatment.

Engaging in sex frequently, having multiple sexual partners, having many children and impregnating one's wife soon after marriage are found to be considered significant indicators of masculinity. The studies also reveal that there is sexual coercion and violence even in so-called consensual relationships. Studies found that patriarchal systems prevalent in India collude with men's violence against women and that this violence is often manifest in a sexual form. Four out of the fourteen adolescent studies have mentioned forced sex, abuse and sexual harassment. Both girls as well as boys report having been sexually abused. An alarming finding is that some boys view coercive sex as a pleasurable activity and as being necessary for instant gratification of sexual desire. These boys report that they derive their ideas about rape from popular commercial cinema.

The above summary of the findings describes in broad strokes some of what we know about sexuality in India through the sexuality research studies conducted in the decade of the 90s. What is missing, however, is a layered exploration of issues and a nuanced understanding of the circumstances and dynamics in which these findings hold true.

IV. THEORETICAL AND CONCEPTUAL UNDERSTANDING OF SEXUALITY

Theoretical and Conceptual Background

There are different approaches to understanding sexuality. The way that research questions are conceptualised and research is planned reveals the theoretical assumptions made by researchers about sexuality. Many of the studies on sexuality and sexual behaviour reviewed for this paper, reveal that the researchers have approached the subject with a limited understanding of its complexities. Sexuality is much more than observable acts of sexual behaviour. Admittedly, it is a difficult subject to study, not the least because it touches upon so many different aspects of human experience. According to Dixon-Mueller (1993), sexual acts, sexual partners, sexual meanings, and, sexual desire and pleasure are four aspects of sexuality. Though all four of these elements yield themselves to exploration and understanding through self-reports, the first two might still permit observation, although as with most sexual activity, they occur in private. The last two are more difficult to capture. This of course makes the study of sexual meaning, pleasure and desire problematic. Human behaviour is hard enough to study, and drawing inferences about patterns of human behaviour is not easy; the study of sexuality is further complicated by issues of privacy, acceptability, appropriateness and so on, not to mention that as a subject itself it is difficult to define.

This perhaps accounts for the fact that except for a handful of studies that take a more nuanced view, many of the studies conducted in India in the last 10 years, study sexuality as if it were made up of a checklist of behaviours that individuals enact. Biological essentialism pervades most of the studies reviewed here. This grounds sexuality in biology, and views biology as destiny. Sexual behaviour, roles, orientation and activity are considered to be determined by biological attributes - genes, hormones,

anatomy and physiology. This view holds that the differences between men's and women's sexuality is biologically predetermined. Hierarchical power dynamics within sexual exchanges between men and women are viewed as a representation of the 'natural order of things'. The essentialist perspective has received a boost in recent years from the growth in evolutionary behavioural genetics and sociobiology that argue that sexual behaviour is genetically determined and represents the outcome of natural selection through which men have evolved as multi-partner, sexual aggressors, and, women as monogamous and sexually submissive (Price, 2000). Ironically, though borne out of a different perspective, some forms of radical feminist thinking themselves appeal to a form of essentialism. In addressing power dynamics between men and women, such radical feminist thought associates men's sexuality with violence, lust, objectification and preoccupation with orgasm, and women's sexuality with nurturance, reciprocity, intimacy and an emphasis on non-genital pleasure (Sawicki 1991).

Unlike the commitment to biological essentialism evident in many studies, an awareness of Freudian thought, despite its widespread influence on sexuality theory, is much less overtly obvious in the research reviewed. Freudian psychoanalytic thought conceptualises sexuality as representing the truth of people's essential selves. Sexuality is considered a basic drive that is regulated and controlled by social organisation and repressed for the social good. It considers women to be sexually more repressed than men. From Freud's theory of identity and sexuality stemmed a belief in the masculine as active and in pursuit, and the feminine as passive and pursued. The view that sexuality is repressed is exemplified by psychoanalytic approaches but was propagated also through views of Victorian morality and puritanism.

These views of sexuality though starting from very different premises, offer understandings that are ahistorical and non-context specific. They fail to take note of sexual difference and diversity across culture, class, and age, for example, or to give a convincing account of the relationship between culture and biology. This failure to address specificity and context is likewise apparent in many studies reviewed here.

In contrast to these views, and especially to psychoanalytic thought, Foucault advanced the proposition that sexuality was not only widely discussed but was an arena of multiple discourses which themselves produce the object - sexuality - which they purport to study or comment upon. Thus in Foucauldian thought, the sexual subject is both the object and the effect of discourse. Whilst none of these studies takes a Foucauldian approach, some of them illustrate that sexuality is a subject of multiple discourses across India that serve to produce particular notions of the 'sexual subject' (e.g. male adolescent views on desire and rape, women's perspectives on weakness and sexual ill-health). Foucault's work has been widely taken up by feminists who, whilst critiquing it for its lack of attention to technologies of gender, have moved on to analyse the everyday relations of power and how they serve to produce normative gendered notions of sexuality and sexual behaviour/identity. Foucault's failure to address the intersubjective and the psychological has been addressed by writers such as Judith Butler who weaves together Foucauldian and psychoanalytic thought to offer a different take on feminist readings of sexuality.

From an Indian or postcolonial perspective, Kalpana Ram (1998) argues that Foucault's failure to interrogate the colonial construction of European modernity has been particularly noticeable, assuming as it does a unilinear progressive replacement of the old with the new. The tendency to view traditional sexual norms as overtaken by the irrevocable forward march of the modern is present in many of the studies reviewed. An Indian reworking of this unilinear concept of changes in sexual mores could suggest instead that sexuality is subject to a double articulation whereby each - the past and the present - is coloured and re-constituted by the other (Ram,1998). This move is of particular importance to feminist thinking as it is often through appeals to apparently solidified traditions from the past that

attempts are made to limit women's sexual agency. Sheba Chhachhi (1998) offers an example of the past in the present in her article, Raktpushp (Blood Flower), that explores the polyvalent ways in which contemporary Indian women look at their bodies, and we see echoes of it, for example, in Amin et al's (1996) and Grenon and Mawji's (1996) studies on views of sexual illness ('illness of the nether region') as women and men weave together tradition and modernity to produce a narrative of causation and cure that makes sense to them.

In contrast again to essentialist notions, social construction theory understands sexuality as being produced through social, economic, cultural and gender power relations. Sexuality is constructed by society in complex ways. 'It is a result of diverse social practices, of social definitions and self-definitions, of struggles between those who have the power to define and regulate, and those who resist. Sexuality is not a given, it is a product of negotiation, struggle and human agency' (Weeks, 1986). Women's bodies, in particular, have been the battleground upon which political, cultural and nationalist/imperialist wars have been waged, with major implications for women's sexual agency. That these wars are more often fought in the home than across geopolitical boundaries is well-recognised, making the household one of the main sites where sexuality is produced and negotiated. There are a number of studies that specifically look at sexuality within the home and whilst some implicitly revert to essentialist notions of man as provider and woman as home-maker, others offer a much more nuanced view that explores the ways in which domestic power dynamics serve to produce particular forms of sexual relation and sexual expression.

The focus on the home as a site of sexual construction is brought out by the negotiational /interactional approach to sexuality which draws on the conflict/co-operation model proposed by Amartya Sen in the context of household economics. It focuses on the bargaining power of different members of the household, and explores factors such as the options facing individuals should cooperation break down; the perceived significance of their contribution to household prosperity; the degree to which they are prepared to subordinate their own wellbeing to that of others; and the ability of some members to exercise coercion, threat or violence over others (Kabeer, 1994). This particular approach has been helpful in offering a nuanced gender perspective on women's and men's interactions and negotiations around sexual relationships, both within the family, and in contexts such as sex work. Annie George's (1998, 2000) work reflects this approach.

The theories of sexuality discussed here could be viewed as Western, of limited relevance to India, failing as they do to take on the specific formulations of social and economic life and individual identity formation experienced in India. An argument could therefore be made for developing indigenous theories of sexuality. But as Mary John and Janaki Nair (1998) argue, the West is at once a particular geographical place and a relation. Indian feminist theorising on sexuality must address the legacy that constructs India as the Other of the West, the site of exotic, oriental practices, erotic temple sculptures and the Kamasutra. John and Nair (1998) argue that the task of theorisation can never take the form of the application of a theory that one possesses in advance, but must resemble a process, a historical and political mode of conceptualising sexual economies that would be true to our experiences of an uneven modernity, calling for multiple levels of analysis and the forging of articulations between the global and the local. Colonialism and Orientalism are as much a part of the context through which current day constructions of sexuality must be read, as are sacred texts or current Bollywood movies.

This overview of theories of sexuality serves to offer a perspective through which the review of studies can be read and assessed. Whilst there are several studies that engage with theory, what comes across, in the main, is the idea that sex is a 'natural' force unaffected by social forces or by time and place. These studies restrict sexual behaviour to discrete undifferentiated acts, specifically peno-vaginal intercourse, and undifferentiated genito-oral and genito-anal sex. Sexuality is seen as synonymous with sexual behaviour and there is little exploration of its other aspects - fantasy, desire, pleasure, emotions,

interpersonal negotiation, - or the social factors that might influence the way it is manifest.

The Understanding of Sexuality in the Studies Reviewed

Some of the researchers have defined their understanding of sexuality (Abraham, 2000; Amin, 1997; Bhende, 1994, for example) and also of the terms that they use. For example, Bhende (1994), George, (19987), Khanna et al (2000), and Sharma and Sharma (1998) provide clear definitions of 'sexuality', 'negotiation', 'coercion', and, 'masturbation'. Unfortunately, most other researchers have not laid out what they understand as being encompassed within the terms sexuality and sexual behaviour (Agarwal, 1992; Allahbadia, 1990; Nayar, 1996; Tikoo,1995). On the positive side, Bhende (1994) covers the following aspects of sexuality: 'knowledge about physical aspects of bodily functioning, sex, HIV, STDs, opinions and perceptions about relationships, sexual behaviour including harassment.' The definition used in Bhende's study is the International Planned Parenthood Federation (1989) definition which is: "Sexuality is understood to mean the total sexual makeup of an individual, in addition to covering the physical aspects, sexuality in this context also encompasses attitudes, values, experiences and preferences." Sharma and Sharma (1998) state that masturbation "is variously known as 'playing with oneself' or self-stimulation, or sexual self-pleasure, and has been defined as “the process of self-stimulation designed to produce erotic arousal and sexual satisfaction".

In a study of the negotiations between women and men in a sexual relationship, George (1998) defines negotiation as "the process of communication between two people who have conflicting interests and something to exchange. Sexual negotiation between sexual partners assumes that there must be a process of bargaining to reach an agreement for the adoption of sexual behaviours which are, for whatever reason, unacceptable to one of the partners". Khanna et al (2000) while studying women's experience of coercion, define coercion as "the act of forcing (or attempting to force) another individual through violence, threats, verbal insistence, deception, cultural expectations or economic circumstances to engage in sexual behaviour against his/her will. The touchstone of coercion is an individual woman's lack of choice to pursue other options without severe social, or physical consequences”. (Heise, 1995 quoted in Khanna et al, 2000).

Most studies, with remarkably few exceptions (Chandiramani, 1998; Khanna et al, 2000; Joshi, 1996) deem sexuality worthy of study only because of its links with disease, particularly, HIV/AIDS, reproductive tract infections (RTIs) and sexually transmitted diseases (STDs). For example, in a study on sexual behaviour, Reddy (1997) quite openly states that “those people who have casual sex will cause a major obstacle to our HIV/AIDS prevention goals”. There are only a few studies that connect sexuality with factors other than biology, health and disease. Abraham's (2000) is one of the few studies that has referred to the historical work and international literature on sexuality. This study is informed by the understanding that the construction of sexuality is affected by age, sex and social class. Abraham recognises that meanings of sexuality have evolved over time. This study also reveals a good understanding of youth subculture and the relationships with family and society. It also highlights the universal pressure to marry especially for young women and explores how social expectations affect young women's sexual behaviour. Some of the studies have explored the nature of sexual interactions contextualised within patriarchal gender power relations (Chandiramani, 1998; George, 1998; Joshi, 1997; Khanna, 1998; Sodhi, 2000). Joshi's (1997) study on how rural men initiate a sexual relationship with village women and communicate sexual interest and desire also goes beyond viewing sexual behaviour as limited to specific acts. Joshi mentions activities other than genital, oral or anal sex that are part of the repertoire of sexual behaviour. This study provides some information on how rural men initiate a sexual relationship with the village women by using verbal and non-verbal signals to communicate sexual interest and desire. It also describes the feelings of love and attachment that

keep two people in a continuing relationship after they have been married, according to village custom, to others. Similarly, Bhende (1994) has used a broad framework to study the sexuality of adolescent girls and boys, with the aim of developing an HIV prevention module.

Gender, class, caste, religion and other variables stratify Indian society. It is important that these differentiations be measured and interpreted. Research studies have noted these socioeconomic status (SES) variables of class, caste, religion, and rural-urban location, but have used them essentially as a basis of sample stratification or as descriptors, rather than as analytical categories. Though these are important, there is also a need for a deeper analysis and for making connections with other possibly associated variables. If this is not done, there is a possibility that researchers might make unwarranted generalizations that can reinforce negative stereotypes. A case in point is Maitra and Schensul's (2000) study that makes sweeping generalizations about "poor minority women" belonging to a particular religious community.

Conflation of Terms

The terms sexuality, sex, sexual behaviour, sexual experience, and sexual contact have been used interchangeably in several studies (Agarwal, 1992; Bansal, 1997; Collumbien, 2000). What they refer to mostly by these terms is sexual behaviour, specifically, coital behaviour. This is what Tiefer (1991) refers to in her critique of sexology as “normalising the heterosexual, coital imperative”. Among the few exceptions are Abraham's (2000) study that differentiates between sexual experience and sexual intercourse and Savara's (1994) study that differentiates between sexuality and sexual behaviour. On the other hand, Agarwal, Kaur and Kumar (1992) reveal a faithful adherence to the coital imperative and a lack of understanding of what else it can be all about. They base their study of “normal sexual behaviour” of women on the frequency of coitus. These researchers equate coitus with sexual behaviour, and coital orgasm with sexual satisfaction. They define orgasm as a “tension release experience”. Using these equations and correlating them with “marital satisfaction” based on material comfort, they ultimately conclude that sexual satisfaction is directly correlated to income! They also unquestioningly state that longer foreplay was not satisfying for the women in their study. They do not ask the question why, but elsewhere in the study mention that the women reported the man's most preferred activity during foreplay being penile stimulation (without clarifying whether manual or oral or any other). It is possible that penile stimulation during foreplay led to ejaculation and to a subsequent cessation of sexual stimulation and a consequent lack of sexual satisfaction for the women. This is only conjecture, but one wishes that the question had been asked.

Some of the studies do not clearly mention what particular sexual activities they refer to. They speak merely of oral sex and anal sex without describing what role the research participants played while engaging in these activities. It is not enough to state that x percent of men engaged in oral sex and y percent in anal sex (Rao et al, 1994). It might be useful for the reader to know whether these men performed cunnilingus or had fellatio performed on them and whether their experiences of anal sex involved them in the penetrating or penetrated role, especially since these studies were conducted in the context of vulnerability to HIV transmission.

Sexual functioning is also described in pathologising terms. In Agarwal, Kaur and Kumar's (1992) study, if the man ejaculates before the woman orgasms they call it premature ejaculation; if he ejaculates after she orgasms, it is prolonged ejaculation; and only when they both climax together is it a non-pathologised simultaneous orgasm. Even where the discussion indicates that the subject of masturbation is dealt with sensitively (Sharma and Sharma, 1998) the researchers tend to ascribe labels such as 'masturbators' and 'non-masturbators'. Creating labels based on sexual activity tends to create negative value judgments, especially within contexts where even solitary sexual behaviour is suspect.

In the same study, the researchers found that girls who lived in hostels masturbated more often than those who lived at home. The researchers explain this finding by saying that girls in hostels are more exposed to the liberating influence of television. Societal norms and value judgements are ascribed to and strengthened by studies that without considering possible structural or other factors that might explain their findings, make facile and superficial linkages between the variables in their study and 'liberation'. In this study, for example, it is possible that the girls who lived in a hostel had more privacy and were therefore able to pleasure themselves more than girls who lived at home with a family. Indian homes do not place a premium on privacy and due to shortage of space it is common for young people to share rooms with siblings and sometimes even with their parents. In such situations, regardless of her exposure to television, how is a young woman to masturbate?

Age range

The research studies have covered different populations - urban and rural men and women, older adolescents, sex workers, street children - to name a few. However, there are very few studies on the sexuality of people in younger (less than 16 years) and older age groups. Most of the studies (except Biswas' 1997 study on cervical cancer) have as their subjects people who fall in the 'reproductive age range'. It seems as if most researchers have unquestioningly used the age range used by demographers to measure fertility. Though sexuality is not the same as fertility or reproductive sex, perhaps the tendency of researchers to confine themselves to a particular age range reveals the influence that fertility control and population stabilisation attempts have had on sexuality research.

Positive Aspects of Sexuality

One would imagine that research on sexuality would also attempt an exploration of the erotic, and of sexual desire and pleasure. Sexual pleasure is seldom mentioned in the studies. Only a few studies mention 'desire' and 'pleasure', (Apte, 1997; Chandiramani, 1998; Joshi, 1997; Khanna, 2000, for example). Joshi (1997) reveals how rural women use several communication strategies to express their desire for sex to their husbands. The use of words in expressions used by women talking about sexual pleasure is interesting. George (1998) found that women use the terms '*sukh*' and '*samadhan*' to refer to physical and emotional sexual pleasure respectively. Sharma and Sharma (1998) refer to pleasure, albeit in juxtaposition with guilt, in their study on masturbation.

Assumptions and the use of Language

The language used by the researchers often reflects inherent biases and assumptions about people. Researchers, like all other people, have their own biases and prejudices, but in the interests of science are expected to hold them in abeyance. Most of the studies reviewed here reveal that this did not always happen. The overwhelming impression about sexuality that emerges from these studies is that sex is risky, sexuality should be controlled, and that people need to be protected from their own sexuality. A common example is the frequent use of the word 'indulge' in relation to sexual activities. It would appear from most of these studies that Indians do not engage in sexual activity, they indulge in it, as in a wicked or shameful activity.

More specific assumptions and judgements made come through in phrases like "the problem of adolescent sexuality" (Allahbadia 1990). Bansal (1992) refers to adolescent boys, aged 15 to 19 years who quite clearly are able to earn their own livelihood as truck driver helpers and stay away from home

for months at a stretch, as “children”. They are referred to as adolescents or adolescent truck cleaners throughout the paper, but are suddenly referred to as “children” in the context of substance use. Bansal, in his recommendations, also exhorts truck drivers to accept that the “conduct of cleaners is their responsibility and they must ensure no sex by these adolescents or at least only protected sex”. His views about sex work are obvious in his recommendation that “prostitutes also need to be educated about safe and protected sex *pending their rehabilitation*” (italics ours).

Most people make assumptions of heteronormativity - that sexual attraction and activity occur only in a heterosexual context. Some go a little further and dichotomise sexuality into the homosexual and the heterosexual categories. Sexuality, however, is fluid and not so easily categorisable. It is interesting to note researchers' (Rao et al, 1994) assumptions of heteronormativity and dichotomous sexuality as evident in the comment “...none of the 100 truckers interviewed seemed to be absolutely homosexual or ‘gay’ (sic). All of them seemed to prefer heterosexual acts...”. Despite the authors finding that the truckers engaged in oral and anal sex with other truckers and with massage boys, they do not reflect upon what “absolutely homosexual” might mean.

Many of the studies refer to sexual partners in terms of their marital status. This is appropriate in cases where the nature of the partnership might be a variable. However, where relationship status is irrelevant, marriage-centred terms still tend to be used. For example the term extramarital sex is used in a study (Biswas, 1997) examining factors associated with cervical cancer, not factors associated with the nature of relationships. In the context of morbidity, what is important is the multiplicity of partners and not whether the woman is married or not; therefore, the term multiple partners would suffice here.

The manner in which sexuality research has been conducted, analysed and interpreted brings to mind Rubin's concept of the hierarchy of sex. (Rubin 1984). What comes across is that many researchers are not immune to making assumptions about 'good' and 'bad' sex. Heterosexual, marital sex involving vaginal intercourse is 'good' sex whereas sex outside of marriage, or with people of the same gender, or sex involving activities apart from the coital is 'bad' or in some manner undesirable sex. This approach based on a hierarchy of sex might limit research and also lead to pathologising what people do and creating categories of so-called 'deviants'. As Berer reminds us, “Sexuality is at the core of human identity and personhood...Humanising sex means perceiving and describing not male and female sexual behaviour but the sexual behaviour of men and women” (Berer, 1998).

Gender

The studies that have included both women and men have presented gender disaggregated data, but the treatment of gender as an analytical variable is largely absent from the interpretations. Forty two percent of the studies have included both women and men in their sample, whereas thirty eight percent have studied only women and nineteen percent of the studies have included men as the sample group. Many researchers have made superficial gender comparisons that hold little meaning in the absence of any discussion related to the factors or processes that mediate such differences. On the other hand, some studies (e.g. Khan et al., 1997) claim to have analyzed gender power equations, but the measures used are inappropriate. Among the studies reviewed, there are, however, positive examples of insightful analysis and interpretations of gender and power relations in sexual behaviour. Some examples are Amin et al. (1997), George (1998, 2000), Khanna et al. (2000), and Joshi et al. (1997). It is important to examine the ways in which gender differences play out in society, because as Berer (1998) puts it, “Although gender equity isn't everything when it comes to sex, sex is in many ways the last bastion of male privilege, at least from a women-centred perspective”.

That societal as well as internalised rules restrain and even negate women's sexuality is accepted as

an unchallenged fact in most studies. Unfortunately, there are very few studies that explore the intersection of gender, power, class and other social structures that contribute to this dynamic. There are few studies (Chandiramani, 1998; Evans and Lambert, 1997; George, 1998; Khanna et al, 2000) that are based on the researchers' perspective of sexual health as being more than an absence of disease, and as being embedded within gender and power dynamics, and, material life conditions. Interestingly, it is also these studies that also describe the implications of their findings for policy and services.

Furthermore, because research is influenced by and in turn shapes social values, research may contribute to negating women's sexual autonomy and agency by virtue of the researcher's unquestioningly accepting and perpetuating harmful stereotypes and gender-role expectations. For example, in the context of premarital sex, Sachdeva (1997), in an otherwise sensitively conducted study, refers to men as having “experienced pre-marital sex” but of women as having “lost their virginity” before marriage. Further, in discussing the questionnaire item “is love still more of a woman's thing?” he uses the fairly loaded terms impersonal sex and depersonalised sex as the opposite of a sexual relationship in which the two partners are “in love with one another”. He then goes on to express his surprise that a large number of women respondents (50% of the married female students) did not believe that love for the partner was essential for good sex or did not have an opinion on this matter.

Abraham (2000) explores gender issues and clearly delineates how the socialisation of girls is different from that of boys. The study also illustrates the different social consequences of transgressing or conforming to societal norms. George (1998) captures a sense of the complexities of gender relations in marriage, how they are dynamic, and continually negotiated. In another study, George (2000) found that women appear to use access to sex as a resource, a bargaining chip, to reward or punish their husbands. George also clearly states that "gender relations are processes of bargaining, negotiation, resistance, accomodation, acceptance and investment between men and women about the definitions and interpretations of practices and ideologies that operationalise gender differential behaviours".

Violence, Coercion and Strategies of Resistance

Some of the studies examined issues of coercion and violence. George (1998) found that women and men differed in their perception of the nature of sexual coercion. The women considered sex to be coerced if they felt they had to have sexual relations with their husbands against their wishes. The men in contrast, felt they had a right to sex in marriage and saw this as the reason why their wives had to consent to have sex. Joshi (1997) reveals how the first sexual encounter for women is usually negative. The study found a correlation between age and sexual encounter: the younger the woman's age, the more negative the encounter; with an increase in age, there was an increase in sexual pleasure.

Though some of the studies regard sexual coercion as an unwanted “act of sexual intercourse” (Sharma 1998), others expand the notion of violence and coercion as going beyond only acts of unwanted intercourse and also include behaviour such as “sulking around the house” being regarded by women as coercive (Khanna et al 2000). They also illustrate the strategies that women use to avoid unwanted sex. Khan (1996) elaborates on strategies that women use to avoid unwanted sex: saying that their menstrual periods are extended, waking up the child, and so on. Similar to Joshi's (1997) findings, these studies find that women's first sexual experience is painful, that husbands consider it their right to have access to their wives’ body, and that sexual coercion occurs frequently in marriage. Sodhi's (2000) study on sexual scripts reveals that teasing and harassment are common ways of initiating relationships. Joshi's (1997) study reveals the same. Sodhi's study illustrates physical and relational intimacies of different levels. It also poignantly highlights the lack of privacy within homes and communities that enforce young people to resort to using public spaces like parks and gardens away from their homes.

Transition to Modernism?

Interestingly, several of the studies (eg. Allahbadia, 1990; Sachdeva, 1997; Sodhi, 2000) comment on changes in Indian society and the transition from tradition to modernism and attribute this to the influence of television. However, they make this claim without substantiating it. Savara (1994) also links growing urbanisation and consumerism to freer social relationships. While discussing the cultural context, Savara's claim that there is a positive attitude towards sexuality in India contradicts what other researchers have found. Abraham (2000), Khan, (1996) and Khanna et al (2000), for example, found that patriarchal values are prevalent and that they suppress expression of sexual autonomy.

V. METHODOLOGICAL AND ETHICAL ISSUES

Methodological Issues

Much of the earlier research on sexuality in India relied on quantitative approaches such as surveys of knowledge, attitude and practices (KAP). When conducted well, this approach can provide valuable information about sexual behaviour and the knowledge of sexual health and illnesses. Comparative surveys can usefully show differences between socio-cultural groups, men and women, people of different ages and those from different geographical areas. There has been a major shift in approach in the last ten years. More qualitative and participatory research approaches have been used, especially in the latter part of the decade. These approaches provide an understanding of the perceptions and beliefs about and the meanings that people give to sexuality, and of how these interact with socio-economic factors and with gendered power structures to result in particular sexual behaviours, norms, values and identities.

Almost half of the studies reviewed here have used a qualitative approach. Of the rest, thirty percent have used quantitative methods (surveys using structured questionnaires/interviews), and the remaining twenty percent, a combination of quantitative and qualitative approaches. This critique distinguishes between qualitative and quantitative *methodologies* - that include the theoretical frameworks and values on which the research process is based, and, specific *methods* and tools such as surveys and in-depth interviews. This section of the review outlines some general issues pertaining to research methodology before moving on to reviewing the qualitative and quantitative methodologies used in the studies reviewed.

Research Team

Few studies have specified who the research team or the field investigators were or what their training and preparation for gathering data about sensitive issues of sexuality comprised of. In some studies, individuals who were in regular contact with the researched group (either as health care providers or street educators) were trained to communicate about issues related to sexuality, and they also formed part of the research team (Amin et al, 1996; Khanna et al., 2000; Sodhi, 2000; Ubale et al., 1997). Khanna et al also trained health workers to deal with participants' feelings in the context of researching

sexual coercion. George's (2000) study clearly presents how the interviewers and study participants were matched by sex, ethnic background and language to facilitate the data collection process. The class and caste differences between researchers and participants is an aspect that researchers have not looked into. However, none of the studies (except Chandiramani, 1998) mentions the effects on the interviewers of having to listen to participants' accounts of pain, violence and oppression.

Sample Groups

Most studies, with a few exceptions (eg. Bhende, 1994), have not adequately described the characteristics of the study sample. The rationale for selecting a particular group is also absent in a majority of the studies. Studies based on 'special groups' of truck drivers or sex workers, are an exception, and the rationale for selecting these groups is based purely on the HIV/AIDS model (Bansal, 1997; Rao et al, 1994). Furthermore, many studies have used samples of convenience, especially volunteer sample groups. There is, therefore, a likelihood of obtaining biased findings because a self-selected group is likely to give responses different from those of the general population. Only a few studies have reflected upon and cautioned readers about this aspect (eg. George, 1998).

Qualitative Methodologies

Selection of participants: Few of the studies reviewed here explained the bases and methods of selection of the study participants. It is wise when researching a sensitive issue, to begin with participant groups that researchers are familiar with. Because of the rapport and trust already established, researchers are likely to obtain responses that are more candid. However, because these participant groups might not adequately represent a larger population, the findings might be ungeneralisable. Despite this shortcoming, these initial studies may open the way for those that are more representative of larger populations. One study that stands out as a good example (DCT, 1997) described the evolving process of selection of participants: starting with key informants who in turn proposed others, the researchers also engaged in a social mapping exercise with young men to understand the dynamics of and groupings in the local community.

Tools: Most of the studies using a qualitative approach used appropriate methods to answer research questions (e.g., Sodhi's, 2000, study on the dynamics of relationships between boys and girls). The qualitative studies employed various tools, such as semi-structured one to one interviews, in-depth interviews, informal interviews, focus group discussions (FGDs), and informal group discussions. Participatory tools such as self-monitoring cards, mapping, and free listing(1) have also been used. Direct and participant observations were rarely used. An exception is Evans and Lambert's (1997) study on the health seeking and sexual health of female sex workers in Calcutta that fruitfully used participant and direct observation methods in the community and in a clinical set-up respectively. Bhende's study (1994) on adolescent boys and girls in Bombay also makes imaginative use of observation methods in the community.

Tool development: Some of the qualitative studies have used a systematic procedure of tool development (eg. Amin et al, 1996; Evans & Lambert, 2000; George, 1998). Appropriate local terminologies were explored through informal group discussions, and subsequently included in the interview guidelines or questions (eg. George, 1998). This is a useful strategy to improve the quality of research tools. Although in most of the studies the tools were translated into the local language, very few researchers (Joseph et al, 1998) have employed the procedure of back translation (translating from the translation back to the original language to check for accuracy of translation) of tools to increase the

(1) Freelisting is a list that covers the full domain of terms and concepts that pertain to a specific problem. It is used to determine the items in a cultural domain, to differentiate between items that are culturally cognizant or salient and those which are not (Gittelsohn et al. 1995).

trustworthiness of the translated version. Additionally, as most of the data collection has been done in the local language of the region, the material collected was translated into English before it could be coded and analysed. However, again, none of the studies mentions whether the responses were back-translated. Admittedly, this procedure is expensive, and its omission is not surprising in the light of scarce funding for sexuality research.

Data collection: Very few studies have presented details of the procedures of data collection and analysis. Studies that do so include Abraham and Kumar's (1999) study on the sexual experiences of college students, Grenon's (1996) study on gender relations and illness management behaviour, Grenon and Mawji's (1996) study on perceptions of STDs, and Khanna et al's (1998) study on sexual coercion and reproductive health. Some of the good practices in the data collection procedures employed in these studies include:

- careful selection and training of interviewers - awareness of gender issues, etc
- obtaining informed consent for both interviews and recording
- ensuring privacy and confidentiality
- conducting repeat interviews with increasing sensitivity
- ongoing analysis for further refinement of research questions/checklists
- providing emotional support/counselling for the interviewers as well as the respondents
- conducting review sessions

Analysis: A few qualitative studies have identified and categorised emerging themes based on verbatim responses, and have developed case profiles from an emic[2] perspective (Chandiramani, 1998; Khanna, 2000; Sodhi, 2000). Including local terminology, expressions and verbatim quotes gives voice to the respondents and provides greater authenticity in qualitative studies. It also offsets the tendency to perpetuate stereotypes and conventional notions about gender, class and ethnic differences (Petchesky, 2000). The findings generated from some of the qualitative studies adequately reflect cultural sensitivity and richness. Those studies (Amin et al, 1996, 1997; Chandiramani, 1998; Grenon, 1996; Khanna, 1998; Joshi, 1997; Sodhi, 2000; Verma, 2000) that have presented local terminologies and expressions as well as the verbatim responses of participants, have successfully illustrated the participants' socio-cultural perspectives on sexuality. Other studies (e.g. Amin et al, 1997) have analysed the emotional responses of the participants. Some of these qualitative studies have used computer packages such as Anthropac, DtSearch, and Ethnograph for text analysis, but none have indicated how these packages influenced the final analysis. Interpretative comments have largely disregarded the complexity of the issue or the context of the group being researched. A notable exception is George's (2000) study that provides a good contextual description. Most researchers rarely refer to contradictions or differences from other findings.

Some of the researchers have revealed how the research context influences the responses of participants. They have highlighted how peer pressure has influenced the way interviewees responded in group situations as compared to individual interviews. These differences were often gendered. In the SARTHI study (Amin et al. 1997), boys tended to brag about their sexual experiences in groups, while they expressed fears and insecurities in private. In contrast, young women were more likely to express ignorance of sexual matters in groups, and proved more knowledgeable when interviewed individually (Ubale et al. 1996-97).

The analysis in studies such as those by George (2000) and Maitra and Schensul (2000) reveal how respondents have different 'stories' to express multiple levels of understanding of their sexuality, rather than one story that is more true than any other.

(2) Emic: Ethnographic research attempts to understand human beliefs and behaviour from the point of view of the people being studied. This is known as taking the emic or "insider" perspective (Gittelsohn et al. 1995).

Multiple methods: Some of the qualitative studies used multiple methods. This is an encouraging trend. Specific qualitative methods (e.g., FGDs) taken alone, have in-built biases that can skew research findings; the best antidote is to use a variety of methods that counterbalance one another. However, integrating the data obtained from different methods and identifying similarities and differences in findings are challenges that not many researchers have been able to deal with. Unfortunately, studies have very rarely attempted an integration of findings resulting from the use of both quantitative and qualitative methods. One exception is Ubale et al's (1997) study that has demonstrated how the two different methods can complement each other. Another is Joshi et al (1996), who in their study with rural women have attempted to compare findings from in-depth individual interviews with those from informal group discussions.

Intervention programmes used participatory qualitative approaches to achieve their goals of empowerment of the communities they work with. Research based on participatory techniques also enabled the participants (e.g., adolescents) to be less inhibited and to experience a sense of agency (Ubale et al, 1996-97) during the research process.

Limitations and trustworthiness: A small number of studies address the limitations of the methodology used and the caution to be exercised in interpreting the data. For example, George (1998) reflects on the possible influence of the sample selection procedure (purposive and opportunistic) on the findings. Joshi et al (1996) reflect that focus group discussions may yield a generic and exaggerated view of sexual behaviour. A frank appraisal of the shortcomings of the methodology, including the sample selection procedure, can contribute significantly towards building a body of rigorous research in the area. This is an essential element of what has been termed *trustworthiness* in qualitative research.

Reliability and validity are used to assess the quality of quantitative studies. In qualitative research, procedures such as the quality of the interview process, transcription and translation, feedback of analysis to respondents, and identification of constraints and limitations contribute to the quality or trustworthiness of the study. A few of the qualitative studies reviewed have demonstrated a high level of trustworthiness and many have incorporated some aspects but could have gone farther.

Quantitative Methods

Research questions and methods: The quantitative studies reviewed here that have used large-scale surveys have used structured and semi-structured questionnaires that were either researcher-administered or self-administered. Some are in the framework of KAP studies (e.g., Sachdev's 1997 study on sexual knowledge, attitudes and behaviour of Delhi university students; Reddy's 1990 study on attitudes of students, parents and teachers towards sex education), and have yielded relevant data on aspects of sexuality. Sachdev also showed a sensitivity to the issue by attempting to build rapport and create a feeling of trust in the respondents before conducting the survey.

Tools and tool development: Very few studies have used rigorous standards in terms of tool development, the process of establishing reliability and validity, and pretesting /field testing of the measure(s). One of the few exceptions is Sachdev's (1997) study, wherein two local experts in the area of human sexuality vetted the questionnaire for content validity and relevance. Additionally, specific terms (e.g., 'menopause', 'orgasm', 'frigidity') were explained in the questionnaire itself. The questionnaire was pre-tested following which certain terms were further classified and a systematic procedure of tool development was followed. On the other hand, Tikoo et al (1995) studied the knowledge of 10 to 17 year old students using a questionnaire that had age-inappropriate items. (How

many Indian ten year olds know the meaning of words like 'sexual intercourse' and 'homosexuals'?). It is not surprising then that Tikoo et al concluded that Indian adolescents have a limited knowledge of HIV/AIDS and human sexuality.

A few quantitative studies have used the psychometric approach. Rating scales (Likert type or Guttman scales) tend to impose the researcher's perspective on the respondent, thereby predetermining the basic line of response. For example, Maitra and Schensul's (2000) study has used the Guttman scale to 'sequence' sexual behavior. This compels respondents to 'sequence' their behaviour, irrespective of whether they actually experience and enact it sequentially or not. The purpose of studying sequencing remains unclear. Such studies raise the question of the appropriateness of using these methods.

Analysis: The data in the studies reviewed have been analysed using a range of statistical techniques from descriptive statistics to multiple regression. In many of the studies, the data analysis is inadequate. Quantitative studies, specifically those based on large-scale surveys, have used statistical analysis techniques, both descriptive and inferential (bivariate and multivariate analyses) computed with the help of data analysis packages such as the SPSS and Epi-Info.

Studies that have used quantitative analysis methods have generally presented the results in a series of tables consisting of figures (frequencies, percentages or means) followed by cryptic descriptive comments, without an analysis of the findings. Where explanations or assumptions are provided, they are sometimes over-generalised (e.g., Tikoo et al, 1995; Maitra and Schensul, 2000). However, a positive example is Bhende's (1994) study that has raised relevant questions to be considered in interpreting the findings.

In many studies, the reasons for the prevalence of certain beliefs and behaviours vis a vis sexuality are not examined and findings are not contextualised. Significant variables that offer scope for explaining emerging trends are either not dealt with at all or are used to make generalisations that are obscure and at times, offensive (Maitra and Schensul, 2000). A study on masturbation (Sharma and Sharma, 1998), for instance, reports findings such as "Girls of educated mothers were likely to be 'masturbators'". At times, researchers have drawn untenable conclusions and over-generalised their findings. Bansal (1992) claims that substance abuse is “fairly common” amongst adolescent truck cleaners and that it increases their vulnerability to HIV. An examination of the table showing substance use profile reveals that 2.4% of the respondents had used opium once and only 1% used it more than twice a week; 42.4% used alcohol once and only 1% used it more than twice a week. Smoking and chewing tobacco were much more common (66.7% and 4.3%respectively, more than twice a week), but in the context of substance abuse of tobacco increasing vulnerability to risky sexual behaviour, Bansal's claim is unwarranted. Tikoo et al (1995) claim to have conducted an in-depth study on adolescents aged 10 -17 years and states that this study can be used as a baseline study. How can a survey based on written responses to a questionnaire administered to students of one particular school be called an 'in-depth study'?

Implications for policy and action

The implications of research findings for policy and action are spelt out clearly in some of the studies (Evans and Lambert, 1997; Khanna et al, 2000). Amin et al (1997) draw clear links between research findings and implications for intervention programs. For instance, based on the explanatory model of “the illness of the nether area” obtained from the data, the researchers suggest that acknowledging variations in causality of such illnesses is an important factor to consider in program planning aimed at reducing morbidity and mortality related to these diseases. Further, their finding that adults and children hesitate to discuss sexual matters with each other out of fear of embarrassment and of losing respect

suggests that age differentials be considered when designing interventions in this area.
Studies in which intervention leads to research rather than the other way around (which is usually the case) may be more appropriate in some situations as they are less invasive. They also offer scope for capacity building and thereby increase the sensitivity and skills of those working on issues related to sexuality. The study based on calls to a telephone help line on sexuality (Chandiramani, 1998) is one such well-designed study More importantly, such research provides a valuable opportunity for the deductive generation of theories related to sexuality.

A significant issue in participatory research is the conduct of research in a manner that responds to the self-defined needs of communities and individuals. There has been much discussion among ethnographers about the meanings and methods of participatory research as well as ways of "giving back" to respondents. Such methods range from sharing findings with the community, to providing information and services, to simply providing a safe space for sharing problems and questions. Among the studies reviewed here, very few seem to have been concerned with these issues. Although one study (Sodhi 2000) used peer interviewers to collect and analyze data, nowhere have researchers attempted to enlist local community members or cohort members in designing the study itself or to find out what kinds of information people (especially young people and women) would themselves like to have; what sorts of questions about themselves and their peers or parents they would like answers to. Enlisting such participation may be a way to break down some of the inhibitions about talking about sexuality that make such research so difficult. (Further examples are given in the section **Ethical Issues: Reciprocity and corrective information**).

Ethical Issues

Informed consent: There is considerable variation in researchers' adherence to ethical principles. Though most of the papers mention that participants were told about the purpose and nature of the study, they do not all mention whether informed consent was taken. In a study that specifically mentions informed consent (Biswas et al,1997), verbal consent was taken. This study also states how many participants dropped out of the study (one, because consent not given).

Privacy and confidentiality: Data about sensitive topics were mostly collected in private, by an interviewer of the same sex as the participant (except in Rao et al, 1994). However, most of the studies do not mention whether the researchers were concerned about participants' levels of comfort about the way information was recorded. Interestingly, one of the studies (Khan et al, 1996) found that sometimes participants were more comfortable and frank in the presence of two or three other women. Participants in all the studies were assured about confidentiality. Bhattacharya and Senapati (1994) and Evans and Lambert (1997) took into account the sensibilities of the sex workers who were their respondents and did not intrude into their work spaces or adopt techniques that would jeopardise their day's earnings. Bhattacharya and Senapati also devised self-monitoring cards that were a non-intrusive way of eliciting information about sexual practices and maintaining the anonymity of the sex workers.

However, not all researchers were equally sensitive to the possible consequences of their actions. In fact Sharma et al (1998) in their study on sexual coercion and women's extra marital relationships mention that they cross-checked information with the respondents' neighbours. This practice raises questions about confidentiality as well as endangering the physical safety of respondents.

Reciprocity and corrective information: In the case of studies that were community based, the researchers attempted to solicit the participation and cooperation of the larger community. For this purpose, they described to the community the reasons they were conducting the study and the possible

benefits that might accrue to the community because of the research findings. There were no false promises or material incentives offered to the community or participants. Some researchers shared their findings with the community in the spirit of reciprocity. Khanna et al (2000) and Amin et al (1996) used the research findings to devise strategies to improve the health of the people in the community. Sodhi (2000) also devised a study to feed back the results into strengthening an ongoing adolescent health programme in the community. Chandiramani's (1998) research was borne out of an intervention programme and results were used to improve the services provided.

Most of the researchers discovered that there is a dismal lack of information about sexuality. They also discovered that their respondents often engaged in highly risky behaviour or were distressed because of misconceptions that they had. Though they recommend that attempts be made to provide people with more information, they do not state what they did to remove misconceptions. Admittedly, their role is that of researchers and not providers of information, but in terms of giving something back to participants, they do not mention whether they even referred participants on to other sources of accurate information. An exception to this is Tikoo (1995) who states that provision was made for the research participants to anonymously seek further information on the telephone about sexuality and AIDS. However, she does not go on to say whether anyone did this. In this context, it is also important to note that this particular study involved 10 to 17 year olds responding in writing to a questionnaire that included technical terms for sexual acts. It is possible that the questionnaire served as a sexuality education tool for some of the respondents and that it served to confuse some others. Sachdev (1999) ensured anonymity of responses to the questionnaire administered. Before administering the questionnaire, he also spent time with the students to create an atmosphere of comfort. However, he does not state whether any corrective information was provided to the students later. On the other hand, when Sharma and Sharma (1997) found that their research participants lacked information about sexuality, they motivated school teachers to conduct sexuality education sessions.

VI. CONCLUSION

Research Gaps

This review of studies on sexuality and sexual behaviour research conducted in India in the last ten years serves to confirm that in India, people have sex, begin sexual activity in their middle to late teens, are resistant to using condoms, engage in activities that place them at risk of infection and unwanted pregnancy, have notions of sexual illness and health that are not necessarily congruent with bio-medical models; and, that sexual coercion and violence occur. What is missing is a layered exploration of these issues and a nuanced understanding of the circumstances and dynamics in which these findings hold true. More importantly, what needs to be factored in to any research that claims to study sexuality, is that sexuality is not a uni-dimensional construct restricted to behaviour and actions, nor is it governed by linear principles of causality.

There are no studies on the perceptions, vulnerabilities and sexual practices of older people, single women, people with disabilities, people who are lesbian, gay or bisexual, and people living with HIV/AIDS, to name just a few. The so-called 'general population' is conspicuous by its absence. Studies that uncovered that men have sex with men and sometimes also with animals did not pursue these lines of exploration. There is predominantly a heterosexist bias to the studies. Hardly any of the studies address gay male, lesbian, bisexual or trans-gender sexuality as a lived reality, much less try to

differentiate among behaviour, identity, object-choice and desire. The scant attention to same-sex relations is gender-biased, geared almost entirely to men; the possibility that lesbians or lesbian relations exist in India is apparently not one that researchers are interested in contemplating. Special groups of truckers and sex workers have been studied because of their vulnerability to HIV. Even in terms of sexual practice, there is no detailed information on male sex workers, sexual behaviour of sex workers with their lovers (not clients), and truckers' and sex workers' own perception of their vulnerability to HIV. Other groups, equally vulnerable to HIV, such as the wives of truckers or young male clients of sex workers have not been studied, reflecting the prevalence of the 'high risk group' mentality that still informs studies on sexual behaviour and vulnerability to HIV. As mentioned above, research on missed groups should, while providing information on their lived experiences and notions of their sexuality, also lead to strategies for development of appropriate health services and educational interventions for both men and women.

Research in sexuality employs a variety of methodologies. Studies on sexuality often use a quantitative sociological research model, whose key elements include pre-testing the tool, reliability and validity issues, and appropriate analytical methods; an ethnographic model using qualitative techniques; or emerging models such as participatory research, multiple methods and feminist research perspectives. Different approaches offer diverse possibilities for studying the gender dimensions of sexuality. One problem is the tendency of many of the studies of married women's sexuality, not only to take for granted the sexual subordination or "conservatism" of women but to focus more on their husbands' or partners' sexual behaviour and desires rather than what women themselves desire or do sexually. This, again, tends to replicate gender stereotypes and women's and girls' tendency to accommodate normative prescriptions in self-reporting.

In terms of geographical coverage, more than half the studies were conducted in the Western region.There has been some work done in the Northern region but hardly any studies in the Eastern, Southern, and Central parts of India. There is only one study that was conducted all over India. It would be interesting to note whether the same cultural perceptions are prevalent across different regions. Future research on sexuality might cover more geographical areas of the country.

Future Directions

There are several questions that need to be answered while clarifying the perspective from which research is done. What is the need for sexuality research? Does it fulfil a need for knowledge? Is it a result of a voyeuristic urge? Does it stem from a desire to learn about the exotic, culturally defined sexual practices of the 'other'? Is it the HIV AIDS pandemic that prods researchers to examine sexual practices in order to prevent infection? Or are researchers impelled by a desire to generate effective strategies for social change towards gender equity and the affirmation of human rights?

Intersecting multiple levels: Research must examine the larger political and socio-economic context that shapes policies and practices that currently influence notions of sexuality in India. There appears to be a tension between the currently co-existing forces of fundamentalism and those of globalisation, in India. While on the one hand, the right wing Hindutva forces are trying to reinstate and reinforce traditional norms around female sexuality (as seen in the controversies in India around the film 'Fire' in December 1999) and to influence the government's stand on sexuality education, on the other hand, the forces of globalisation are unleashing powerful media images that influence notions of women's and men's sexuality. Therefore, in the current context, sexuality research needs to (i) challenge stereotypical notions of male and female sexuality, and, (ii) examine how layers of history, mythology, traditional practices, and norms, interweave with modern influences to shape constructs of sexuality.

Formal and informal policies emanating from institutional gate keepers and power centres, e.g. religious authorities, educational institutions, medical science and the legal machinery, define to a large extent what is considered 'normal' or 'deviant' in terms of sexual behaviour and identity. Links need to be made between social policies on the one hand and behaviour, perception, attitude and desire on the other, in order to develop both a body of theoretically grounded knowledge of sexualities and their construction, as well as to develop strategic interventions (Petchesky, 2000)

Research on sexuality is also required for application to the development of health services. In the era of the HIV/AIDS pandemic and the post ICPD agenda of furthering the reproductive health approach, based on, among other things, the principles of gender equity and sexual and reproductive rights, sexuality research needs to lead policy planners and programme managers to the development of sound sexual health programmes. For example, research is required to examine health care providers' notions of sexuality and not just those of users or clients. Research may also evaluate different approaches to the sexuality training of health care providers. Research is also required to develop new strategies for women's empowerment e.g. on how women resist violence.

Much of the analysis of sexuality emanating from the fields of cultural studies and anthropology over the past decade has focused on the role of symbolic representations and popular culture (film, television, advertising, music, the internet) in constructing sexual identity and desire across age groups, classes, genders and ethnicities. In India too, such cultural analyses clearly exist and indicate that it is not only adolescents who are susceptible to T.V. and movie images (John and Nair, 2000). However, most of the researchers whose studies are reviewed in this compilation, true to their behavioural and biomedical bias, seem not only unaware of any literature outside their immediate discipline but also uninterested in the effects of popular culture and media in constituting the changing meanings of sexuality. In the few cases where such effects are mentioned (Sharma and Sharma, 1998), the connections they make fail to consider intersecting structural factors such as class and income that restrict access to certain media, or different housing conditions and how they affect the possibility of privacy.

Future research must examine the differences and power relations of class, caste, social roles and their intersections with gender and sexuality. While several of the studies do address issues of power relations between women and men in negotiating sexuality and sexual behaviour, there is hardly any focus on other power relations and social divisions as they may construct both coercive and consensual sex in India, much less on how these relations intersect with gender divisions. There seems to be an unquestioned assumption that cross-class and above all cross-caste sexual relations in India - whether heterosexual or homosexual, consensual or coercive - are taboo, yet none of the studies reviewed examines the validity of this assumption, especially with regard to issues of sexual domination and violence (for example, the rape of Dalit women by upper-caste men). Nowhere do the studies address sexual relations between adults and children within families (i.e.incest). Moreover, there appear to be few comparative studies that explicitly focus on differences in sexual meanings, object choice, identity and desire as well as behavious, across class, caste, community, urban and rural populations or geographical area (Petchesky, 2000).

Theory and practice in sexuality research: In a majority of the studies reviewed, the conceptual models have tended to view sexuality through the lenses of biomedicine and epidemiology, casting it in terms of pathology and "high risk groups." As a result, most of these studies miss the most innovative aspects of the new scholarship on sexuality. Future research in the area of sexuality should be based on both multidisciplinary and multisectoral approaches. There is a need to combine the bio-medical with the social sciences and the rights approaches. Attempts should also be made to generate indigenous theories of sexuality rather than merely applying existing theoretical frameworks to sexuality studies. It would be helpful if future research proposals could incorporate critiques of conventional theoretical models. In addition, they could explicitly state the paradigms that their research is based on and ensure

that their conceptual frameworks address the notions of power and gender equity.
A few studies focus on gender and gender power relations, and the methodologies adopted reflect an awareness of and sensitivity to these issues. Because sexuality is a gendered concept, research on the subject needs at the very least to study gender-power relations. In addition, we need to move from the conventional research methodologies to not only study sexuality but also to facilitate reflection and action in participants in relation to their own sexuality and gender power relations.

Clearly, the problem is not only to engage researchers who have specialised training in interviewing techniques, but also to develop methods that can circumvent participants' inhibitions, especially those of middle-class women respondents, without violating their sense of privacy, dignity and confidentiality. Using material from popular media such as films, songs, television shows or local gossip as well as role-playing techniques may be helpful in this context.

The main point, however, is to develop research methodologies and agendas that understand sexuality as a part of life. It is important to note that the questions posed and therefore the data produced, regarding sexual practices, the sources of pleasure and danger, methods of negotiating intimacy and expressing desire, and so on, is richer and more detailed in studies of groups viewed as "deviant" or sexually marginalized or "high-risk" (eg. sex workers, truckers, street boys), than in studies of more mainstream groups (married couples, university students, etc). This reflects a methodological double-bind that confronts even the most broadly grounded researchers, especially those who do qualitative studies, who want both to respect the integrity and silences of their respondents as well as to widen what is known about the intimate and personal, yet altogether social domain of sexual attitudes, desires and practices. The special groups may be (or *assumed* to be) more open and less inhibited in their willingness to talk about sexual practices. Researchers are constrained both ethically and practically from detailed probing into the sexual lives and fantasies of their mainstream (especially female and middle-class), presumably more reticent, subjects. However, this division replicates sexual stereotypes that stigmatize certain groups as "sexual" by definition, or in their essence, while perceiving others as sexual in only some hidden part of their lives, if at all (Petchesky, 2000).

As mentioned earlier, the sexuality of individuals and groups is a sensitive area to be studied and researched and requires innovative methodologies. Methodologies in sexuality research need to grapple with issues of power (including for example the differential power bases of the researcher and the researched) trustworthiness and interweaving of nuances and layers and the emergence of 'stories'. Methodologies should be congruent with the group being studied. For example, research with adolescents should be more creative, use participatory methodologies and empowering techniques. The equity principle should guide the choice of research methods, that is, those who do not know about sexuality, their bodies and so on, gain some information through the choice of research methods e.g. the FGD. Other ways of 'giving back' to respondents should be explored. Feminist and participatory research methods that are responsive and flexible are eminently suited for sexuality research. Sexuality research should be conducted in ways that respond to the self-defined needs of communities and individuals. Sexuality research studies should also situate the researcher by making explicit the theoretical standpoint from which he or she is engaging in this work.

Studies are required to evaluate various interventions, for example, strategies for empowerment of women to resist sexual violence and abuse, the training of health care providers on how to communicate about issues of sexuality, or comparisons of provider-client consultation process. Much of the research in the last decade has looked at the sexuality of the users of health services. Issues of providers also need to be examined. How does the sexuality of the providers of a service influence service provision? How does the class background of service providers shape their sexuality and in turn their communication about sexual health? How does sexuality operate in the workplace, in terms of sexual

harassment within the health system or between health care providers and clients?
Some of the other questions that researchers might ask are: How do the notions of power and gender interface with the concepts of sexuality, for example, sexual bargaining and sexual negotiation or sexual abuse across class and ethnic groups? How do changes over time and social and economic contexts shape norms around sexuality and expressions of these across generations? How does sexuality work through marriage for both men and women across all stages of their lives? How do various groups of women and men view the positive aspects of sexuality like pleasure, desire and fantasy? How do they express these positive aspects?

In terms of the effects of institutions on sexuality, researchers might examine the following: What is the effect of institutions like law, religions, educational and health systems, and media on shaping peoples' concepts of sexuality? How do these institutions interact with one another to produce social and personal definitions of sexuality?

Ethics: It is important for researchers to be aware of and guard against violating the rights of their research participants. There has been inadequate attention paid to ethical issues in the sexuality research carried out in India over the last ten years. Part of this could be because the complexity of the subject makes it difficult for researchers to address every potential ethical violation. There is also little material available in terms of ethical guidelines for research in this area. Social science research itself does not follow a standardised set of ethical guidelines. Recent attempts to correct this situation have been made by the National Committee for Ethics in Social Science Research that has brought out a set of ethical guidelines. The reviewers suggest that researchers receive some training in ethics, and that 'me - too' studies that add nothing new to the existing body of knowledge should be discouraged.

Conclusion: Most of the studies reviewed here have been conducted with the intention of ultimately developing strategies that facilitate behaviour change, especially with regard to safer sex practices vis-a-vis HIV and other infections, and, unintended pregnancy. There is an obvious and urgent need for in-depth research that yields accurate information concerning sexual attitudes, negotiations and practices. However, there is an equally pressing need to develop perspectives that go beyond the biomedical. In the context of the majority of HIV research occurring within the biomedical sphere, Vance (1999) emphasizes the fact that this perspective not only fails to adequately address complex issues of sexuality, but also serves to obscure them due to its underlying assumptions concerning the nature of sexuality. Research on sexuality must also lead to an increased understanding of the multiple ways in which the interaction of social, cultural, and psychological factors affect the experience and expression of sexuality.

REFERENCES

Berer, M., 1998. Sex, Sexuality and Sexual health. Reproductive Health Matters, Vol 6, Number 12, 1998.

Chhachhi, Sheba, 1998. Raktpushp (Blood Flower). In Margrit Shildrick & Janet Price (Eds), Vital Signs: Feminist Reconfigurations of the Bio/logical Body. Edinburgh: Edinburgh University Press.

Dixon-Mueller, R., 1993. The Sexuality Connection In Reproductive Health, Studies in Family Planning, 24 (5): 269-282.

John, Mary and Nair, Janaki (eds) (1998) A Question of Silence: The Sexual Economies of Modern India. New Delhi: Kali for Women Press.

Kabeer, Naila (1994) Reversed Realities: Gender Hierarchies in Development Thought. London: Verso.

Khanna, R., Gurbaxani, G., and Sen Gupta, K., 2000. Abstracts of Selected Research Studies on Sexuality and Sexual Behaviour in India since 1990. Women's Health Training Research and Advocacy Centre, Baroda.

Khanna, R. and Price, J., 1994. Female Sexuality, Regulation and Resistance, Focus on Gender: Perspectives on Women and Development, Vol 2, Number 2, June 1994.

Petchesky, R., (2000). Personal communication.

Price, J., (2000). Personal communication.

National Committee for Ethics in Social Science Research in Health, 2000. Ethical Guidelines for Social Science Research in Health, CEHAT, Mumbai.

Ram, Kalpana, 1998. Uneven Modernities and Ambivalent Sexualities. In Mary John and Janaki Nair (Eds), A Question of Silence: The Sexual Economies of Modern India. New Delhi: Kali for Women Press.

Rubin, G., 1984. Thinking Sex: Notes for a Radical Theory of the Politics of Sexuality. R. Parker and P. Aggleton (Eds.), 1999. Culture, Society and Sexuality: A Reader.

Sawicki, Jana, 1991. Disciplining Foucault: Feminism, Power & the Body. New York and London: Routledge.

Tiefer, L., 1991. Commentary on the Status of Sex Research: Feminism, Sexuality and Sexology. Journal of psychology and Human Sexuality, Vol. 4(3), 5-42.

Weeks, J., 1986. Sexuality. Ellis Horwood - Tavistock Publications.

LIST OF STUDIES REVIEWED

Abraham, Leena (2000): 'True-Love, Time-Pass, Bhai-Bahen...Heterosexual Relationships Among The Youth In A Metropolis', paper presented at the Workshop on Reproductive Health in India: Evidence And Issues, Pune, February 28-March 1, 2000.

Abraham, Leena and K. Anil Kumar (1999): 'Sexual Experiences and their Correlates among College Students In Mumbai City,' International Family Planning Perspectives, 25(3), pp 139-146, 152.

Agarwal, A; B Kaur and S. Kumar (1992):'Sexual Behaviour in a Group of Urban Females', Indian Journal of Psychiatry, 34(3), pp 236-244.

Allahabadia, Gautam; V R Ambiye; P R Vaidya et al (1990): 'Adolescent Sexuality, Pregnancy and Abortion', Journal of Obstetrics and Gynaecology, 40(2), pp 152-155.

Amin, Avni; Emily Fatula and Marie-Claude Grenon (1996): 'Men's Perceptions of the Illnesses of the Nether Area: Evidence from Qualitative Studies Conducted in the Santrampur Taluka of Panchmahals District, Gujarat', Working Paper No. 3, SARTHI.

Amin, Avni; Emily Fatula and Renu Khanna (1997): 'Attitudes and Behaviours of Men in Relation to Gender and Sexuality: Evidence from Qualitative Studies Conducted in the Santrampur Taluka of Panchmahals District, Gujarat', Working Paper No. 4, SARTHI.

Apte, Hemant (1997):'Adolescent Sexuality and Fertility: A Study in Rural Western Maharashtra,' Summary of Paper Presented at the Workshop on Research Related to the Male Involvement in Reproductive Health and Contraceptive Use, Population Council, Baroda, April 30-May 7,1997.

Bansal, Raj Kumar (1997): 'Sexual Behaviour and Substance Use Patterns amongst Adolescent Truck Cleaners and Risk of HIV/AIDS', Indian Journal of Maternal and Child Health, 3(4), pp 108-110.

Basu D P (1994):'Methodologies for Studying Sexual Behaviour', The Indian Journal of Social Work, LV (4), pp 573-588.

Bhattacharya, Sutapa and S.K. Senapati (1994): 'Sexual Practice of Sex Workers in a Red Light Area of Calcutta', The Indian Journal of Social Work, LV (4) pp 547-556.

Bhende, Asha A (1994): 'Study of Sexuality of Adolescent Girls and Boys in Underprivileged Groups in Bombay', The Indian Journal of Social Work, LV (4) Pp 557-571.

Biswas, Litan N; B. Manna; P.K. Maiti et al (1997): 'Sexual Risk Factors for Cervical Cancer among Rural Indian Women: A Case-Control Study', International Journal Epidemiology, 26(3), pp 491-95.

Chandiramani, Radhika (1998): 'Talking about Sex', Reproductive Health Matters, 12(6), pp 76-86.

Chandrakar, Nili (1999): 'Sexual Harassement against Women in an Educational Institution', Unpublished Paper Presented at the University Forum, M.S. University of Baroda, Vadodara.

Collumbien, Martine; Braj Das; Nabesh Bohidar et al (2000): 'Male Sexual Behaviour in Orissa', Paper Presented at the Workshop on Reproductive Health in India: Evidence and Issues, Pune, February 28-March 1, 2000.

DCT (1997): 'Situation assessment of the Sexual Behaviour in Nandnagar (pseudonym) Area'. Unpublished report by Deepak Medical Charitable Trust, Deepak Medical Foundation, Vadodara.

Evans, Catrin and Helen Lambert (1997): 'Health Seeking Strategies And Sexual Health Among Female Sex Workers in Urban India: Implications for Research and Service Provision', Social Science Medicine, 44(12), pp 1791-1803.

Family Planning Association of India (1993-94): 'A Study of Knowledge, Attitudes, Beliefs and Practices among Urban Educated Indian Youth', Sex Education Counselling Research and Training/Therapy (SCERT), Mumbai.

George, Annie (1998): 'Differential Perspectives of Men and Women in Mumbai, India on Sexual Relations and Negotiations Within Marriage', Reproductive Health Matters, 12 (6), pp 87-96.

George, Annie (2000),'Household Resources, Gendered Relationships, and Social Identities: Consequences Of Sexuality', Paper Presented at the Workshop on Reproductive Health in India: Evidence and Issues. Pune, February 28 - March 1, 2000.

Grenon, Marie-Claude (1996): 'Women's Health: Gender Relations and Illnesses Management Behaviour: Evidence from Qualitative Studies Conducted in the Santrampur Taluka of Panchmahals District, Gujarat', Working Paper No. 2 SARTHI.

Grenon, Marie Claude and Tazeem Mawji (1996): 'Women's Perceptions of Sexually Transmitted Diseases: Evidence from Qualitative Studies conducted in the Santrampur Taluka of Panchmahals District, Gujarat', Working Paper No. 1 SARTHI.

Joseph, Abraham; Srikanth, Ruth Archana et al (1998): 'Sexual Behaviour: Older Husbands Younger Wives', Unpublished Paper Presented at the Workshop on Men as Supportive Partners in Reproductive and Sexual Health: Narrating Experiences, Nepal, June 23-26, 1998.

Joshi, Archana; E. Kurien, A. Misra et al (1996): 'Socio-Cultural Implications of Menstruation and Menstrual Problems on Rural Women's Lives and Treatment Seeking Behaviour', Operations Research Group, Baroda.

Joshi, Archana, Mrinalika Dhapola, Elizabeth Kurien et al (1996-97); 'Rural Women's Experiences and Perceptions of Marital Sexual Relationships', A Working Paper, Operations Research Group, Baroda.

Khan, M.E; John Townsend, Ranjana Sinha et al (1996): 'Sexual Violence within Marriage', Seminar 447, Pp 32-35.

Khan, M: Irfan Khan and Nupur Mukherjee (1997): 'Males' Attitude Towards Sexuality and their Sexual Behaviour: Observation from Rural Gujarat', Summary of paper at the Workshop on Research Related to the Male Involvement in Reproductive Health and Contraceptive Use,' Population Council, Baroda, April 30 - May 7, 1997.

Khanna, Renu, Korrie Konig, Swati Pongurlekar et al (2000): 'Sexual Coercion and Reproductive Health Problems in Slum Women of Mumbai; Role of Health Care Profile', Papers Presented at Workshop on Reproductive Health in India: New Evidence and Issues, Pune, 28 February - March 1, 2000.

Maitra, Shubhada and Stephan Schensul (2000): 'Sexual Behaviour and Decision-Making among Married Muslim Women and Men in a Mumbai Slum', Paper Presented at the Workshop on Reproductive Health in India: Evidence and Issues, Pune, February 28- March 1, 2000.

Murthy, R S, and Mani Karott (2000): 'Street Boys' Perceptions of Sexuality and Sexual Behaviour', Paper presented at the Workshop on Reproductive Health in India: Evidence and Issues, Pune, February 28- March 1, 2000.

Mutatkar, R K and Hemant Apte (1999): 'Sexual Behaviour among Adolescents in Rural Western, Maharashtra', AIDS Research and Review. 1999, Vol 2. No. 2.

Nayar, Tania and S C Chawla (1996): 'Sexual Behaviour of Women in an Urban Resettlement Colony of Delhi', Radical Journal of Health, II (2/3), pp 133-139.

Rajagopal, S, N Kumar, R Ansari, et al (1997): 'Knowledge, Attitude, Behaviour and Practice of the Community on STD/HIV in Slums of Delhi - A Study of Govindpuri Slums', Centre for Operations Research and Training (CORT), Vadodadra.

Rao, Asha; Moni, Nag; Kingshuk Mishra et al (1994): 'Sexual Behaviour Pattern of Truck Drivers and Their Helpers in Relation to Female Sex Workers', The Indian Journal of Social Work, LV (4), pp 603-616.

Reddy, Narayana (1990): 'A Pilot Study on the Attitudes of Students, Teachers and Parents Towards Sex Education and Parenthood', National/Annual Convention, February, 1990.

Reddy, Narayana; Meera Shivshankar; Uma Mahalingam et al (1997): 'A Report on Select Urban (Madras) Sexuality', Paper Presented at the XXI National Conference of IASSTD & AIDS (Indian Association for the Study of the Sexually Transmitted Disease and AIDS), Chennai, February 8, 1997.

Sachdev, Paul (1997): 'University Students in Delhi, India: Their Sexual Knowledge, Attitudes and Behaviour', The Journal of Family Welfare, 43 (1), pp 1-12.

Savara, Meera and C.R. Sridhar (1994): 'Sexual Behaviour amongst Different Occupational Groups in Maharashtra', The Indian Journal of Social Work, LV (4).

Sharma, Anuragini and Vinit (1997):'Adolescent Sex Behaviour Survey', Journal of Development and Behavioural Pediatrics, 18(6), pp 399-404.

Sharma, Anuragini and Vinit Sharma (1996): 'Sexual Knowledge and Practices of College Girls in Rural Gujarat, India', The Journal of Family Welfare, 42(3), pp 19-26.

Sharma, Anuragini and Vinit Sharma (1998): 'The Guilt and Pleasure of Masturbation: A Study of College Girls in Gujarat, India', Sexual and Marital Therapy, 13(1), pp 63-70.

Sharma, Anuragini; Vinit Sharma; S Dave et al (1996); 'Sexual Behaviour of Adolescent Boys - A Cause for Concern', Sexual and Marital Therapy, 11(2), pp 247-151.

Sharma, Vinit; Rachana Sujay and Anuragini Sharma (1998): 'Can Married Women say no to sex? Repercussions of the Denial of the Sexual Act,' The Journal of Family Welfare, 44 (1), pp 1-7.

Sodhi, Geeta (2000): 'Seeking Gratification: Study of Sexual Behaviour Patterns of Adolescents in an Urban Slum', paper presented at the Workshop on Reproductive Health in India: Evidence and Issues, Pune, February 28-March 1, 2000.

Tikoo, Minakshi; Stephan Bollman and M. Betsy Bergen (1995); 'Knowledge Level of Youth in India Regarding Human Sexuality and AIDS', Journal of Sex and Marital Therapy, 21(4), pp 247-254.

Ubale, Usha, Alka Gadgil and Nandini Rau (1996-97): 'Adolescent Girls and Sexual Health': A Report of the Action Research Undertaken by the Brihanmumbai Municipal Corporation, Public Health Department and UNICEF, Mumbai.

Verma, Ravi; G Rangaiyan; R Singh et al (1998): 'A Study of the Male Sexual Health Problems in a Mumbai Slum Population', unpublished paper presented at Workshop On Men As Supportive Partners In Reproductive and Sexual Health - Narrating Experiences, Nepal, June 23-26, 1998.

Verma, Ravi: G Rangaiyan; Sumitra Sharma et al (2000): A Study of Sexual Health Problems and Treatment Seeking Behaviour among Men in a Slum Community', paper presented at the Workshop on Reproductive Health in India: Evidence and Issues, Pune, February 28-March 1, 2000.

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