Balancing local cultural values and donor expectations in institutional practice

*A case study of the NGO Light House
as an agent of HIV/AIDS prevention in Bangladesh*

Ane Aamodt Aadland

oslo university college
faculty of education
and international studies

Master thesis

Submitted in partial fulfilment of the requirement for the degree
Master of International Education and Development (NOMA)

November 2009

Acknowledgements

There are many people to whom I would like to express my gratitude. Firstly I wish to express my sincere gratitude to my interpreter Shilpi, and to all the people at Light House; at the three integrated health centers and at the offices in Bogra and Dhaka. The help and hospitality has been overwhelming and has made the research a great endeavor. All the information that were shared and the helpful assistance; I am grateful for everything. Thanks also to my respondents from implementing agencies and the Government of Bangladesh.

I want to thank my supervisor Heidi Biseth for her engagement and positive drive, for interesting discussions and for intellectually challenging me throughout the whole writing period. Many thanks also to Jean Baxen, Anders Breidlid and other NOMA coordinators, and further lecturers at Oslo University College and University of Cape Town, for inspirational lessons and workshops.

Within and beyond the academic, thanks to my classmates from Sudan, South Africa, Zambia and Norway for great inspiration and fellowship through the journey we have had together. Thanks for wonderful company. Also to all of you from the post-fieldwork seminars and at the reading hall; thanks for valuable feedback and lunch breaks. I would like to thank my parents and my brother for believing in and supporting my passion for this work. Gratitude in particular to my dad for reading and discussing, and to my aunt Ingerid for valuable discussions. A special thanks to Joseph for being my most patient companion, reader, friend, and for encouraging me throughout my Bangladesh journey and writing time.

Lastly I would like to thank my Bengali friends from my first trip to Bangladesh who made me want to come back and engage myself in portraying both the joys and the injustices of Bangladesh, and of the complex constructions of aid. To Light House, I hope that the findings of this study may be of some value to your important future work.

Oslo, November 2009
Ane Aamodt Aadland

Abstract

This study explores how a local NGO in Bogra, Bangladesh is balancing influences of surrounding, local cultural values and external donor assistance in its HIV/AIDS prevention practice. Having stayed in the country for some time earlier, I returned for my field work in the autumn of 2008. The NGO's name under study is Light House.

Informing my theoretical perspective is the work of A. Giddens, focusing on the tension between tradition and modernity. P. Berger and T. Luckmann's theory of the social construction of reality has been relevant to understand the way knowledge is established in the interplay between individual and community, presenting a model of interpretation of the Light House reality as continuously constructed between influences from local cultural values and donor expectations. In particular, a discussion of discourses of gender, sexuality and disease, linking it to HIV/AIDS, was vital to capture Light House's universe of meaning.

My methodological approach has been utilizing a combination of ethnographic principles and a case study design, being cautious to reflect on the possible misconstructions following the differences between my own culture of origin and the culture under study.

Light House is situated within the local community. This enables the NGO to specify HIV/AIDS preventive actions which both adjusts to and opposes to local cultural values, and it informs Light House to know obstacles from possibilities in its daily strategies. Local cultural values may direct the attention in certain directions and also limit the possibilities of action.

Light House receives their funding from external donors. Donors decide what to do and partly how to do it. Donors instruct the NGO of who is regarded as target groups, and influence by emphasizing espoused values in tune with values of the human rights. The donors also exert influence by exercising rather firm control through daily phone calls and frequent requests for management reports, revealing values-in-use which differ from their espoused values.

As a conclusion, the two-fold donor influence of human rights- guided espoused values portraying an orientation towards the individual and 'equality' on the one hand, and the values-in-use of 'charity' and control on the other, dominated Light House to a degree that reduced space for local initiative, long term planning, and locally derived strategies.

Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
CARE	Cooperative for Assistance and Relief Everywhere
FHI	Family Health International
GoB	Government of Bangladesh
HIV	Human Immunodeficiency Virus
IDU	Injecting Drug User
IHC	Integrated Health Center
MSM	Male who have Sex with Male
NAP	National HIV/AIDS Policy, Government of Bangladesh
NGO	Non-Governmental Organization
NSP	National Strategic Plan for HIV/AIDS and STD related issues (2004-2010), Government of Bangladesh
Norad	Norwegian Agency for Development Cooperation
OECD	Organization for Economic Cooperation and Development
STI /D	Sexually Transmitted Infection /Disease
UNGASS	United Nations General Assembly Special Session 25-27 June 2001
USAID	United States Agency for International Development
WHO	World Health Organization

Table of contents

PART I
Theory and methodology

PART II
Light House - influenced by local cultural values and donor expectations

1 Introduction and contextualization

1.1 Introduction

This study aims to examine influences of local cultural values and donor expectations on the institutional practice of the NGO Light House in Bogra, Bangladesh. The case concerns influences on Light House's HIV/AIDS prevention efforts. To reach this ultimate goal, the study focuses upon local cultural values in the Bogra society, in which Light House is situated and operating. The focus is on local cultural values which may be of main importance to Light House in their HIV/AIDS prevention work. In addition, the study focuses on expectations from the external donors to Light House. Within the term 'donors' in this study are incorporated the USAID, the Government of Bangladesh, and the management- and implementing agencies Family Health International and CARE Bangladesh.

The ultimate interest is Light House's practice as influenced by the local and the global. The NGO appears to be situated in a cross-pressure between local, 'traditional' values and more or less 'modern' liberal donor values. The NGO is constantly re-adjusting own institutional practice in its efforts to comply with expectations and communicate well to beneficiaries, local community stakeholders, and donors. The NGO operates as an intermediary institution, navigating within and between local cultural norms and external donor guidelines. Hence the importance of balancing the influences in its institutional practice.

Earlier, before engaging in this study I stayed in Bangladesh for 8 months working for an NGO through a youth exchange program. Through conversations and newspaper articles I got a picture of HIV and AIDS as a covert issue attached to stigma and discourses of silence. I find it interesting to focus on HIV/AIDS prevention in a country where the HIV rate is rather low and where people in general do not focus on the disease as a major problem, but where, according to international development agencies (WHO, 2008; World Bank, 2009; USAID, 2008), a huge epidemic may be experienced if not immediately prevented.

Aid may be constructed in different ways. After discussing with various people in Bangladesh I got a vague but sustaining impression of scarce communication and frequent misunderstandings between funders and recipients of assistance. Staff from local NGOs argued that if they could influence more in designing and implementing development

projects, this might possibly have resulted in more sustainable activities. External project planners were often investing in projects offering little practical effect in the local settings, due to both content of intervention and method of implementation, they argued. In recent times, after the end of colonization and World War II, aid from the West to the poor world has increased (Dengbol-Martinussen & Engberg-Pedersen, 2003). However, how may such aid function in practice? The structure of aid may need to be further explored.

In March 2007 I was invited to visit an NGO called Light House, as part of the youth exchange program. This NGO was founded and lead by Bengalis, but all funding was coming from external donors. One of their goals, staff emphasized, was to be economically and programmatically self sustainable to a larger extent. The NGO's special emphasis on HIV/AIDS prevention made a great impression on me since HIV/AIDS seemed a stigma-attached issue in society.

1.2 Contextualization

1.2.1 Background, Bangladesh

Bangladesh is one of the most densely populated countries in the world, in which 158 million inhabitants (UNAIDS/WHO, 2008) live on only 147, 570 square kilometers. 88.3 percent of the population is Muslim; 10.5 percent Hindu; and the rest are Buddhist, Christian, or of other faith. The official languages are Bangla (or Bengali), and English (CARE Norway, 2009). Life expectancy is around 63 years, and rate of literacy is approximately 46.8 percent for women, and 57.9 percent for men (UNAIDS/WHO, 2008). 90 percents of the country consists of rich alluvial plains fed by a vast network of waterways that culminate in the largest estuarine delta in the world. Four-fifths of the population earns under $2 a day and one-third earns less than $1 a day. Poverty is caused in part by natural disasters (regular severe cyclones and floods) that are exacerbated by political unrest and instability (Lindsey & Knight, 2006).

East Bengal was part of India till the end of the British colony in 1947. In 1947 India was split in two; India and Pakistan. Bangladesh was created through the independence war from West Pakistan in 1971 (Ruud et al., 2004). The country is now governed by parliamentary democracy. However, in January 2007 the Bangladesh army seized power in a military coup, apparently to save the country from political violence ahead of impending parliamentary

elections. Thus, a military-controlled caretaker government was running the country with only 10 Ministers under one Chief Advisor. The Health Advisor, who is the Chairman of the National AIDS Committee, looked after several ministries (GoB, 2008). After general elections in December 2008, one of the two major alliances, the Awami League-led alliance, was elected.

Bangladesh may be experienced as a country of a multitude of colors, sounds and fragrances, and also with huge contrasts: Poverty, corruption and injustice, but at the same time joy, kindness and helpfulness, and in the case of many; a major engagement for social and economic development in own country.

1.2.2 HIV/AIDS in Bangladesh

Bangladesh is still considered a low HIV/AIDS prevalent country. December 1st 2007 the Government of Bangladesh confirmed 1207 HIV infected persons in the country (GoB, 2008). International agencies have estimated that the number is likely to be between 7.700 and 19.000 (USAID, 2008; UNAIDS/WHO, 2008). Anyhow, the HIV prevalence in the adult population is presumably less than 0.01%. Bangladesh is densely populated, but within the Southeast Asian region Bangladesh continues to appear having one of the lowest HIV prevalence rates. It is, however, generally accepted that limited HIV testing facilities as well as social stigma and discrimination attached to HIV/AIDS contribute to an understatement of the real incidence (GoB, 2008; WHO, 2008).

International agencies state that Bangladesh is at a critical moment in the course of its AIDS epidemic, and that the country's vulnerability is very high (WHO, 2008; World Bank, 2009; USAID, 2008). The country borders with India and Myanmar and is in close proximity with Nepal, countries where the epidemic is severe (GoB, 2008). The epidemic is concentrated within certain environments. HIV prevalence among injecting drug users (IDUs) in Bangladesh is over 4 percent. Among IDUs in one neighborhood of Dhaka the HIV prevalence in 2008 was 10.4 percent (GoB, 2008). Also among male and female sex workers the percentage rate is high (World Bank, 2009). The awareness of HIV/AIDS in the Bangladeshi population remains quite low. In the 2008 Government report to UNGASS is stated that 59 percent of ever-married women and 42 percent of men of age 15-54 through a survey could not mention any way to avoid contracting HIV (GoB, 2008).

Sharing needles to inject drugs can easily spread HIV from one person to another. HIV is transmitted when infected blood from one person is left in a needle or syringe, which is then used by another person. HIV among IDUs can easily spread through their contacts into the general population. Some people who are addicted to drugs may trade sex for drugs or money. This may put them at greater risk for HIV, especially if they do not always practice safe sex. People addicted to drugs are often malnourished. Poor nutrition can be a serious problem for people with HIV, and may make them sick faster (CARE Bangladesh, 2007). HIV is easily transmitted through sexual intercourse. For male and female sex workers lack of safe sex practices with the use of condoms put them at special risk of contracting HIV and other sexually transmitted infections (GoB, 2008).

The World Bank (2009) wrote that the country is vulnerable to an expanded HIV/AIDS epidemic due to the prevalence of behavior patterns and risk factors that facilitate the rapid spread of HIV. Accordingly, risk factors may include a large commercial sex industry, sexually transmitted infections, low levels of condom use, needle-sharing among injecting drug users, injecting drug users selling blood professionally (and the blood may not get checked for HIV), limited access to health care, geographical situation and poverty, a general lack of knowledge, and a high level of stigma associated with people living with, or vulnerable to, HIV (World Bank, 2009). Youth, aged 15-24 years (23 million people in Bangladesh) are at particular risk of HIV infection because of their limited access to sexual and reproductive health information and services. There may be scarce communication between youth and parents concerning sexual matters. Discourses of silence in relation to HIV/AIDS may evolve from huge stigma towards infected and marginalized persons. Lessons on HIV/AIDS have recently been incorporated in the national school curriculum (from 2006), but teachers, as parental figures, are influenced by local traditions of silence on sexual matters (GoB, 2008).

AIDS is far more than a medical problem. The forces that shape and influence human behavior that is injurious to health are very complex and poorly understood (Hasnain, 2005). In recent years, increasing attention is being paid to the manner in which social and cultural variables influence risk behaviors related to HIV infection transmission (Hasnain, 2005; Baxen & Breidlid, 2009).

1.2.3 The role of NGOs and donor assistance

Globalization and new communications technology have opened up new opportunities for international advocacy work. Civil society actors, like local NGOs, have been active and successful in terms of mobilizing international public opinion about important issues like corruption, human rights, and development. Their presence at international negotiations has brought new perspectives to the debate, increased public attention and interest, and has added a political dynamism to the negotiations that would otherwise have been lacking (Norad, 2009).

Besides international NGOs, approximately 400 local NGOs are working in the field of HIV in Bangladesh. Most external funding for HIV activities is directed to civil society organizations. The initiatives have focused on prevention of transmission among high-risk groups involving mostly female sex workers, homosexuals, and injecting drug users (IDUs), (NSP, 2004). In recent years the Government has secured credit funds through the World Bank, the Global Fund to Fight AIDS, Tuberculosis and Malaria and other development partners to implement specifically interventions aimed at preventing the spread of HIV among these most vulnerable groups (GoB, 2008).

According to the Government of Bangladesh (2008), development partners, including multilateral bodies such as UN agencies, bilateral donors, international NGOs, and research organizations, may play a significant role in the prevention and control of HIV in Bangladesh, and building the capacity of government to plan, design, implement and monitor the national HIV program (GoB, 2008).

In Bangladesh HIV/AIDS seems to be constructed as a problem following the consideration of the disease as a worldwide problem by international agencies and forums such as the UN with its Millennium Development Goal number 6: "*Combat HIV/AIDS, Malaria and Other Diseases*" by 2015 (UN, 2009). Even though the incidence of HIV in Bangladesh is extremely low, the Government stated in its 2008 report to the UNGASS, following the Declaration of Commitment on HIV/AIDS, that the future demands a wide and accelerated response (GoB, 2008). Although there may be numerous issues regarded by Bangladeshi authorities as far more severe, they may aim to secure external funds due to the huge international focus on the disease.

Without long-term goals NGOs tend to lose direction, and stop learning from their own mistakes. A huge bureaucracy among donors, as well as donor demands for short-term results and large-scale service provision, may harm development and success of NGOs. On the other hand, donors who are flexible and sensitive may contribute to NGOs' success and thereby to development (Dengbol-Martinussen & Engberg-Pedersen, 2003).

1.2.4 Light House in Bogra

Light House is an NGO spread through regional centers and offices in villages and cities in Northern Bangladesh, with the main office situated in the city of Bogra. This study concerns first and foremost this main office and three drop-in centers within Bogra.

The geographical and social situation of Bogra and its implications for HIV/AIDS

Bangladesh is a country with geographical and social differences. Bogra is situated in the river-path surroundings of the middle, slightly north-west part of Bangladesh. Bogra town is commonly called the "capital of North Bengal" since most people are stopping there on their way to and from India and between local districts in Bangladesh.

By respondents Bogra was characterized as a vulnerable area to HIV due to the status of the town as an important gateway to the border of India. In India the HIV/AIDS percentage rate is exceedingly higher than in Bangladesh (GoB, 2008). The executive director of Light House (ED, LH, int. 28.08.08[1]) emphasized how the border implies vulnerability since HIV infected from the Indian side, as well as people smuggling and selling drugs, are crossing the border and resting in Bogra. HIV carriers may infect others, and the imported drugs may be stored in town and distributed from there, which in turn may put more people at risk of using HIV infected needles. Another factor may be that transport workers and truck drivers who go to the border to load and unload material may be engaging in sex before coming back to Bogra.

Bogra is surrounded by flat rice-fields and a multitude of rivers. Frequent floods make the banks of the rivers break, grasping houses and farming land along with them. The major Jamuna river floods in the north- eastern part of Bogra and is in particular creating instability. People are repeatedly left homeless, might try to find shelter and employment in the urban towns like Bogra and Rangpur, and may often have difficulties surviving. They may end up in

---

[1] See Appendix II for a code list.

6

prostitution, or in rickshaw-pulling or mini-taxi-businesses where injecting drug abuse is a problem. For these reasons the executive director of Light House emphasized the great importance of distributing HIV awareness around Bogra city (ED, LH, int. 28.08.08). Although Bogra is a vulnerable town, HIV is an important issue throughout Bangladesh. Be it a small or big town; all areas might be vulnerable to HIV/AIDS. The general population in Bangladesh has very scarce knowledge about HIV/AIDS. Therefore, Light House's work today is extended to several areas in northern Bangladesh (PM 1, LH, int. 01.09.08).

The NGO and the donors in focus

Light House describes itself as a non-political, non-profitable voluntary development organization. The main focus of its HIV/AIDS prevention is raising awareness and reducing the risks and vulnerability of the high-risk, target groups. Light House's vision is to "emerge as a leading regional NGO with special expertise in HIV prevention, ensuring good governance and poverty alleviation with increased funding coming from [its] own sources" (Light House, 2008a). Light House's challenge is at least two-fold. One challenge is to communicate adequately locally. Another challenge is to perform according to expressed and tacit donor expectations.

The fund from USAID directed towards homosexuals and female sex workers is flowing directly to their implementing agency Family Health International (FHI) in Dhaka. FHI hands out fund and management strategies to Light House. FHI and Light House are in (more or less) collaboration trying to make the guidelines suit the local culture, however in line with overall guidelines of the USAID and the *National HIV/AIDS Policy*, Government of Bangladesh (NAP, 1997) and *National Strategic Plan for HIV/AIDS and STD related issues (2004-2010)*, Government of Bangladesh (NSP, 2004). Since July 2005, Family Health International (FHI) has managed USAID's Bangladesh AIDS Program, working with 21 local organizations to provide a "coherent approach to outreach among the most vulnerable". Drop-in centers branded as *Modhumita* provide health services for vulnerable populations in strategic HIV and AIDS "hotspots" (FHI, 2009a). Two of three Light House centers that this study focuses on, are such Modhumita centers of FHI.

The third centre, targeting drug users, is funded by the World Bank/ Government of Bangladesh/ UNICEF and managed by CARE Bangladesh, who works most directly with Light House. The fund from the Government of Bangladesh is provided through loans from

the World Bank. The Government has, with regard to this project, decided upon UNICEF as their implementing agency. UNICEF cooperates with CARE Bangladesh which here is their management agency. Hence, UNICEF hands out the fund to CARE, which implements (together with Light House) with additional guidelines and strategies. Light House is one of several NGOs receiving funds from these donors for similar projects in Bangladesh.
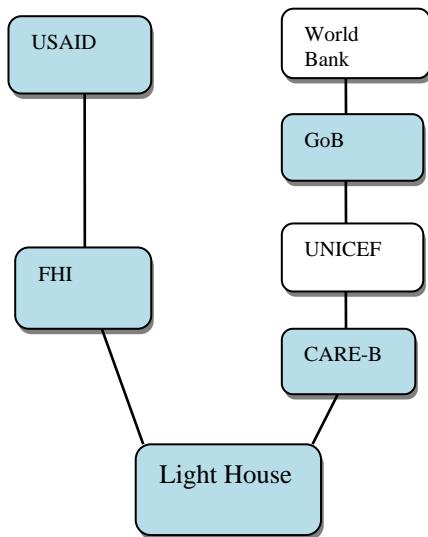
In this research the term 'donors' incorporates the fund-providing donors USAID and the Government of Bangladesh, along with the implementing agencies Family Health International and CARE Bangladesh.

1.3 Statement of the problem and research questions

Statement of the Problem
How do local cultural values and donor expectations influence the institutional practice of Light House in Bogra, Bangladesh, in relation to their HIV/AIDS prevention work?

'Local cultural values' will be studied as performed priorities of behavior within the Bogra society, of vital importance to Light House's efforts in HIV/AIDS prevention. 'Donor expectations' will be studied in the format of values, incorporating both espoused values presented by donor institutions, and also values-in-use which may be revealed through performed practice in the cooperation and communication with Light House.

Research questions
1. Which local cultural values are of special relevance to Light House and their HIV/AIDS prevention activities in Bogra?

2. What are espoused values and values-in-use of the donors giving programmatic and economic assistance to Light House?

3. How does Light House balance influences from local cultural values and donor expectations in its practice?

Objectives
- To analyze how a local NGO operates in an interplay between the local social context and donor guidelines.

- To examine influences and challenges for an NGO related to aid to HIV/AIDS projects within a Bangladeshi context.

Aims
- To shed light on how a local NGO copes with local cultural values and external donor expectations in its practice.

- To contribute to a reflection on possible tacit and implicit challenges to Light House, relevant to their future strategies.

9

Part I
Theory & Methodology

The task of identifying influences on the local work of Light House in Bangladesh demands certain theoretical frames of reference. To get an analytical grip regarding the relationship between international and local discourses, a bracketing of certain main conceptual theories is needed. The relevant theories presented in this part constitute an analytical framework guiding my interpretation of the empirical data.

Of implication for the research process and the final product is the choice of methodology, i.e. the set of methods, the rationale, and philosophical assumptions that underlie this particular study. After presenting the theoretical framework is the time to turn attention towards the research methodology.

2 Theoretical Framework

Bangladesh is in many ways still a traditional society. However, the country is being exposed to increasing international influences exemplified by a globalized economy, extensive aid programs, Internet and international mass media. Features of these influences may be subsumed in the term 'modernity'. In this perspective a discussion of Anthony Giddens' (1991) contribution in clarifying the concepts of tradition and modernity is considered a relevant point of departure. However, it becomes increasingly evident that the dichotomy between 'tradition' and 'modernity' is a purely analytical divide. Hence, it becomes more and more invalid to operate with traditional and modern "societies" in empirical analysis, as "cultures" are neither closed to the outside, nor homogenous within (Eriksen, 1998).

To comprehend the Light House reality, balancing local and foreign discourses in its practice, a relevant perspective may be utilizing Berger and Luckmann's (1966/1991) theory of reality as socially constructed. This may present a fruitful approach to understand Light House's self reflection and construction of their experienced reality.

A brief discussion of discourse and power will introduce a debate on gender, sexuality and disease. Foucault (1975/1995) claims no meaning exist outside of discourse. He emphasizes that individuals have already been spoken for, and that everything is powered through discourse. Butler's (1997) notions on power invoke the agency of the individual. She writes that all individuals have power within to construct one's own identity in a constant dialectic process between internal power and the discourse. The discussion of power and discourse is of interest in grasping Light House's and its targeted beneficiaries' perceived reality.

Part of the focus of this study is how Light House comprehends and develops its HIV/AIDS prevention approach through the influence of both traditional and more tolerant discourses of gender, sexuality and disease. HIV/AIDS is more than anything else a social disease; it is spread through interaction and is socially interpreted and understood in relation to common discourses. It is a matter of fact that Light House might not have addressed HIV/AIDS prevention if not for external donor expectations and concerns. However, the disease has become of interest for this study as the studied Light House projects were turned upon fighting it. Evolving questions may be, 'what are the NGO's conceptions of the disease and what discourses may have influenced these conceptions'?

An NGO like Light House is situated within a local community sharing cultural premises and values with its surroundings. At the same time the NGO is exposed to donors who also represent patterns of values. Hence, an analysis of culture and values is highly relevant.

Bangladesh is receiving guidelines and means through extended aid from external donors who foreground the *Universal Declaration of Human Rights* (UN, 1948) and its principles in their espoused aims. Light House is expected by donors to emphasize human rights' values in their local community work. Thus, a brief discussion of the human rights is also relevant.

Accordingly, the chapter will discuss the following theoretical perspectives:
- Tradition and modernity
- The social construction of reality
- Culture and values
- Discourses of gender, sexuality and disease
- Human rights

2.1 Tradition and modernity

Light House is built on traditional principles *and* modern principles. The relationship between traditional and modern values and how this relationship is negotiated within Light House is of interest in the search for influences that constitute the identity of the organization. Settled between conservative Mosques and the Internet, between traditional communal rituals and modern principles like human rights' individualism, Light House experiences the challenges of being in a tension spot between tradition and modernity.

Tradition may be perceived as a means of sustaining security, and once it is threatened, the offended will react with resistance. Modernity breaks down the protective framework of the small community and of tradition, replacing these with much larger, impersonal organizations (Giddens, 1991). Giddens (1990: 105) characterizes tradition as meaningful routine, where "time and space are not contentless dimensions" the way they are in modernity. On the contrary, tradition is related to "being-in-the-world"; an ontological security in that "it sustains trust in the continuity of the past, present, and future, and connects such trust to routinized social practices" (Giddens, 1990: 105).

In modernity the individual handles the time of her/his lifespan. "Time which carries us along implies a conception of fate like that found in many traditional cultures, where people are the prisoners of events and pre-constructed settings rather than able to subject their lives to the sway of their own self-understanding" (Giddens, 1991: 72). The perspectives of time and space move from being localized in tradition to being globalized in modernity. Time and space in the postmodern era are influenced by Internet and mass media. This way modernity cuts across borders. The move from a localized identity to a cross-geographic identity is one of the features of modernity. On the level of the self, a fundamental component of day-to-day activity is simply that of *choice*. Modernity confronts the individual with a complex diversity of choices and at the same time offers little help as to which options should be selected (Giddens, 1990; 1991; 2006).

Following Giddens (1991), in modernity individuals have no choice but to choose lifestyle. Individuals must create who they want to be. There is much more determinism in the local space of tradition. In modernity one is not as passive. *Reflexivity* is a key feature in making oneself (Giddens, 1991). Reflexivity may be described as continuous reflection upon one's

reflection in order to improve oneself. 'What to do? How to act? Who to be?' are focal questions for everyone living in circumstances of modernity. However, choice leads to risks and doubts. Doubt is accordingly also a main feature of modernity (Giddens, 1991). The 'freedom' of modernity is paralleled by a looming crisis of meaning. In traditional settings, the meaning of existence is established in more or less unchanging institutions. For instance, people are highly expected to conform to expectations from religious values, social layer and gender stereotyping. The reflexivity of own self is low – the self-understanding is decided by membership in social layer, religion, gender, and family.

In discussing modernity more specifically, Giddens (1991) explains distinctive features by referring to Rainwater's (1989) notions on self-therapy. Distinctive features are:

- The self is seen as a reflexive project, for which the individual is responsible. An individual *is*, what s/he *makes* of her/himself.
- The self forms a trajectory of development from the past to the anticipated future.
- Self-identity as a coherent phenomenon, it presumes a narrative: the narrative of the self is made explicit.
- The reflexivity of the self is continuous, and it extends even to the body: One may choose how to treat own body. The reflexivity of the self pervasively affects the body as well as psychic processes. In the spheres of biological reproduction, with genetic engineering and medical interventions of many sorts, the body is becoming a phenomenon of choices and options.
- Self-actualization implies the control of time – essentially, the establishing of zones of personal time.
- Self-actualization is understood in terms of balance between opportunity and risk. There are opportunities for self-development in the world which becomes full of potential ways of being and acting (Giddens, 1991).

Giddens (1990; 1991) explains modernity as a post- traditional order. This may however be disputable. Reading Giddens' classifications as descriptions of real societal developments may prove wrong in many cases. Communities develop in a complex way, mixing new and old, foreign and domestic aspects within their cultural patterns. Instead of calling tradition and modernity distinct historical periods, they may rather be understood as cultural codes. Key

concepts labeled as "modern" could be individualism, rationality and "progress". The emphasis is on individualism, on the individual's right to be creative, to be critical and to exercise individual capabilities. Describing tradition, the emphasis could be on communitarian discourses (Breidlid, 2002).

In Bangladesh, in rural villages marked by traditional ways of life, TV apparatuses showing international programs are widespread. In accordance, it has been pointed out that, "local groups often reshape their local identities when meeting challenges related to globalization processes, but they do not abandon these identities to become entirely globally oriented" (Stromquist & Monkman, 1998: 21).

Gyekye (1997) points out that the dichotomy between tradition and modernity is simplistic and rooted in false assumptions which fail to acknowledge the fact that many aspects of tradition are inherited, cherished and maintained in modernity. There is a continuous, dialectic relationship between the discourses of tradition and modernity. This leaves an image of complexity, challenging the simple dichotomy. All societies experience change over time, faster or slower. Modern societies are not completely deprived of traditional values and these values are often regarded as important, also in view of developing a sound society (Gyekye, 1997; Breidlid, 2002). There are not only conservative and reactionary elements in a society which values traditional values. A society without traditional roots is often looked upon as an unstable society (Breidlid, 2002).

Giddens (1991) explains traditional settings as rural, unscientific, and resistant to change, pitted against modern settings which are scientific, change-oriented, dynamic and urban. These characterizations are value-laden, favoring "progress", leaving tradition in dark shades of being not yet "enlightened" (Breidlid, 2002). The dichotomizing of tradition and modernity is, in general, highly problematic also as it risks failing to understand the extreme complexity of cultures, and how cultures continuously are created and re-created. Extending this line of thought to developmental work the notions of Crewe and Harrison (1998) are interesting. They state that simplistic dichotomizing of tradition and modernity survives because it provides an uncomplicated framework useful for development planners by concealing social processes such as how phenomena are continuously re-created, contested, negotiated and altered. This is similar to Gyekye's position as it upholds the view that polarized views of

tradition and modernity as discrete phenomena do not adequately conceptualize the continuity and partial mixture of the two in most societies.

While it is acknowledged that tradition is often subsumed in modern practices, and vice versa, tension can exist where communities are mainly guided by traditional values and younger society members are influenced both by traditional and modern values. This makes difficult the challenge of navigating their way within social and cultural practices that are fluid and sometimes contradictory (Breidlid, 2002). Light House in Bogra deals daily with challenges of this sort. The tensions faced in the interplay between traditional and modern values inevitably marks Light House, as well as the broader, fluid Bogra community in the process of a social construction of meaning.

HIV/AIDS is a disease built on and surrounded by modernist constructions, such as choice, risk, and individual self-creation (Giddens, 1991). HIV/AIDS may by some be interpreted as a 'modern' influence on the more 'traditional' Bogra setting, spread through 'modern ways of behavior'. Baxen (2006) highlights that HIV/AIDS cannot be discussed merely as a disease but rather as a signifier, a symbolic bearer of a host of meanings deeply associated with individual and collective identities (Baxen, 2006).

Studying the NGO in Bogra I need to utilize theoretical concepts to comprehend the local surrounding culture, influences from greater society, and how Light House comprehends the disease of HIV/AIDS, as it is both influenced by local and external discourses. In this endeavor the concepts of tradition and modernity may prove influential, bearing in mind that the concepts are theoretical constructs and represent a mere analytic divide. The Bogra settings will be analyzed as a mixture of cultural codes displaying a complex community marked by both tradition and modernity in its puzzle of social constructions of its reality.

2.2 Social construction of reality

A theory of society that respects the complexities of different cultural codes, values and norms is Berger and Luckmann's *The Social Construction of Reality* (1966/1991). The authors uphold that actors interacting together form, over time, typifications or mental representations of each other's actions, and that these typifications eventually become habitualized into reciprocal roles played by the actors in relation to each other. When these

reciprocal roles become routinized, the typified reciprocal interactions are said to be institutionalized. In the process of this institutionalization, meaning is embedded into individuals and society. Knowledge and people's conception of (and therefore belief regarding) what reality 'is' becomes embedded into the institutional fabric and structure of society, and social reality is therefore said to be socially constructed. Thus, Berger and Luckmann's (1966/1991) position clearly poses the view that reality is un-accessible as objective entity. Knowledge is constructed and institutionalized images of 'reality', not of reality in itself.

Berger and Luckmann (1966/1991) have developed a general model for the sociology of knowledge. Berger and Luckmann's model may be summarized through three basic expressions about the human being and the society.

- The human being is an acting subject. Through its actions the human being is directed outwards. This way the human being creates its own surroundings. Berger and Luckmann name this process *externalization*.
- The society is a human product. The actions of human beings manifest itself as something objective, independent of the human being. The process is being called *objectivation*. The objectivation may include different types of phenomena of immaterial and material character (societal institutions, buildings etc.).
- The human being is a product of society. In turn the objectivated frames take place in the thoughts and imaginations of the human being, and establish frames for the further actions of human beings. Berger and Luckmann call this process *internalization* (Berger & Luckmann, 1966/1991).

The human being creates its world through *externalization* (the acting individual, language, institutions, symbolic systems). The individual creates society, but the individual acts "freeze" within society and establish expectations which return to the individual as expectations. The next step is therefore that society "creates" the individual through the *objectivated* meaning that the individual itself has been part of creating. Now the individual is exposed to 'social stocks of meaning' (c.f. Berger & Luckmann, 1995) which is met by *internalization.* Internalization is what happens when an individual learns something so well that it becomes a natural part of her/him. The dialectic process between externalization, objectivation and

internalization is the "engine" in the human socialization and creation of identity (Berger & Luckmann, 1966/1991).

A certain parallel to this theory may be found in phenomenological studies, which have a basic understanding of our lives and experiences as *situated*. This means that humans always are situated within contexts and that these contexts are guiding our experiences. The phenomenology has as its basis the subjective experience. It seeks an understanding of the deeper meaning in the experiences of the individuals. Realities *are* what people comprehend that they are (Scott & Marshall, 2009).

Berger and Luckmann (1966/1991) emphasize that the human being is a culture-creating and culture-interpreting being. Different individuals and groups have different views of the world, different perceptions of the surroundings and of themselves and others. The understanding of reality is built through social processes. How we construct an understanding of reality happens through a social interaction, either through personal or symbolic interaction. The social construction of reality is a dialectic process where the human being both is co -creator *and* product of its social reality. Berger and Luckmann (1966/1991) show how the members of society first establish subjective knowledge about themselves and the society through the process of socialization (subjectivation), and then how this knowledge is becoming institutionalized and made available and common (objectivation).

One reality seems to be the overarching reality, the reality which Berger and Luckmann call the reality of everyday life. It is simply being taken for granted and is manifested through routines. Berger and Luckmann (1966/1991) explain what they call the *objective social reality* as the actual existing world outside of the individual. This reality seems not to need any form of acceptance, even though people may express different traits, one has to take it for granted. The *symbolic social reality* however consists of different symbolic expressions of the objective reality, such as TV programs, adverts, art and literature. What is important to notice in this relation is the individual's ability to conceive and divide between different spheres of symbolic reality. Our human behavior is being framed by appearances and actions consisting of gestures, movements, words and objects that have a meaning that exceeds themselves. That an object is symbolic means that it contains a particular meaning for people in different social groups. A ring on the right hand may for many be interpreted as meaning "married". However, in other societies a symbol like that might mean something else. Everyday life is a

life within language shared with others and empowered by the same language. An understanding of meanings embedded in language is therefore vital to understanding the reality of everyday life in a given society.

Institutionalization is explained by Berger and Luckmann (1966/1991) as a standardized, meaningful and norm-regulated way to do a certain action. The institutionalization has four elements:

1. Symbols and definitions of situations which create common meaning in the situation
2. Roles (behavioral expectations)
3. Sanctions (make sure that the expectations are being followed)
4. Legitimation (justify what is happening)

Institutions can be reified, for instance family or marriage. Through reification the institutions' world seems to melt together with the world of nature. Roles may be reified, for instance when people say: I have no choice, I have to act like this because of my status as husband, dad, general, archbishop, leader, gangster, etc. Identities may be reified; woman, Jude, thief, poor, rich, Christian, Muslim, etc. The individual is identifying her/himself totally with her/his socially given typifications.

Society exists both as an objective and a subjective reality. The society is a continuous dialectic process of externalization, objectivation, and internalization. To live in a society means to take part in its dialectic processes. Both the objective and the symbolic reality mentioned above serve as material in the construction of the subjective social reality of the individual. Through the subjective reality of the individual the individual's comprehensions of the objective and symbolic reality is being directed. The individual is an active, creating co-actor through the process of melting the objective and the subjective reality.

The way Berger and Luckmann (1966/1991) describe how meaning is established modifies the harsh dichotomy of 'tradition' and 'modernity' by Giddens (1991). Light House is an institution placed within meaning generating processes in the Bogra society as well as in cooperation with donors and governmental instructions. The theory of the social construction of reality may in this regard prove helpful in understanding the meaning generating processes taking place within the organization.

On a more detailed level, concepts and theories of studying the local community will be of use. Culture and constructs of the local community are the premises which Light House has to regard with utmost sincerity, in its efforts to perform well.

2.3 Culture and values

At the heart of this study is the need for interrogating terms like 'culture' and 'cultural values'. Interrogating these terms is not only fundamental to the integrity of HIV/AIDS research, but also to that of the efficacy of HIV/AIDS intervention programs (Baxen & Breidlid, 2004). Without a critical engagement with the concept of culture it may either be misinterpreted as fixed and static, essentialized or conflated with ethnicity and language.

The Bogra society upholds traditionally founded value patterns. Communities which are marginally exposed to external influence are nonetheless gradually going through changes. This study adopts the stance that change occurs in all societies, independently of external influence, through the creation and recreation of the social world by people's actions.

Culture is a contested concept and defined in a multitude of ways. The social anthropologist Arne Martin Klausen (1992) defines culture as ideas, values, rules, norms, codes and symbols which individuals receive from the former generation and deliver on to the next generation – usually slightly changed. Culture defined in this way is of vital interest as it puts the focus on how cultures are constantly changing and re-created. Gyekye (1997: 217-218) puts it like this: "No human culture is absolutely unchanging, totally refusing to take advantage of possible benefits that often accompany encounters between cultures. Absolute changelessness is therefore impossible and cannot be considered a necessary condition of any human society".

Aiming to describe particular features of the Bogra culture it may be useful to briefly present how the Indian caste system may have influenced the Bogra society. The land which is now Bangladesh was part of India until 1947, and Bangladeshi societies are likely to be influenced by the caste system of their Indian neighbors. Research on 'caste' has always been intimately bound to the study of Indian societies, and it has been common to regard the caste system as something distinctly Indian (c.f. Eriksen, 1998). However, there have been strong arguments against isolating the caste system only to be a particular aspect of Indian culture and society. Several attempts have been done of identifying features of the caste system which make it

comparable with social ranking orders other places in the world (Eriksen, 1998). In his study of the *Pathan* society of Northern Pakistan Fredrik Barth (1981) described the layered social system of the Swat valley. Although the Pathans are Muslims, they are still influenced by their Hindu neighbors. Similarly to the caste system the Pathan society also operates with "despised groups", which in many ways corresponds with the "untouchables" in India. However, unlike India, the caste membership of the Swat valley does not imply that the members necessarily belong to the profession which the caste membership implies (Barth, 1981). In Bogra the society might be approached as layered in a similar way as in the Swat valley. The 'sweepers' and the 'lower workers' in Bogra may be characterized as to be in a similar situation as the sweepers of Swat and India.

Further in the attempt of describing some cultural features of Bogra through theory it may be useful to draw on Dimmock and Walker (2000), who present a model of different cultural dimensions based on the dimensions introduced by Hofstede (1991). The model has six dimensions, of which two are of special interest in understanding features of the Bogra culture as opposed to features of some donor cultures:

The dimension of *Group-oriented versus self-oriented cultures* understands whether people within a given culture are focused on the self or their place within a group. In group-oriented cultures the collective mind is strong. Group-oriented cultures value harmony, face-saving compromises and equality of reward distribution among peers, all of which are values associated with Asian societies. In self-oriented cultures, such as some Western societies, people regard themselves as individuals first, and members of a group second. In self-oriented cultures people are compared on the basis of what they achieve individually. Another dimension of Dimmock and Walker (2000) is that of *Fatalistic versus proactive cultures.* It reflects how the fatalistic society, which accepts things as they are, is opposed to the proactive society, which is more open to change. It addresses how different societies and cultures react to and handle uncertainty and change. In proactive societies individuals believe they have some impact and control over situations and over change. In fatalistic cultures people believe that 'what is meant to be is meant to be'. Uncertainty is regarded as uncomfortable and people seek to reduce it and limit risks by hanging on to traditional ways of behavior or practice (Dimmock & Walker, 2000). These notions parallels Giddens' (1991) theories to some extent. The cultural dimensions presented highlight how different societies construct their reality and how they react to foreign influence. In general, group-oriented and fatalistic cultures display

patterns of tradition, while self-oriented and proactive cultures represent modern thinking. However, the cultural models of Dimmock and Walker (2000) needs to be understood as mere theoretical models.

What happens in the HIV/AIDS awareness meetings of Light House in the local community, at the chalk-face in schools, in the Friday sermons at the local Mosque, is easy to leave unattended in the attempt of describing culture. However, *these* are the places where it is possible to capture the culture displayed *in practice*. Failure of many HIV/AIDS prevention programs may partly be due to the lack of culturally appropriate programs, but also because developers of programs dare to critique often harmful cultural and social practices. It is vital to gain an understanding of the situated context in which knowledge, attitudes, practices and interventions are produced and reproduced, and take into consideration the discursive nature of perceptions and practices regarding the HIV/AIDS pandemic (Baxen & Breidlid, 2009), hence the importance of a careful balance between the adoption of and the critique of local cultural values in HIV prevention.

Culture denotes the patterns of thinking, feeling and judging reality prevalent in a group. "Value" is the concept that subsumes the cultural dimension most complete, being the main component that culture is constructed by. Schwartz (1999) defines values as conceptions of the desirable that guide the way social actors (organizational leaders, policy-makers, individuals) select actions, evaluate people and events, and explain their actions and evaluations. In this view, values are trans-situational criteria or goals, ordered by importance as guiding principles in life. Schwarz argues that cultural values represent the implicitly or explicitly shared abstract ideas about what is good, right, and desirable in a society. These cultural values, like for instance freedom, prosperity or security, are the basis for the specific norms that tell people what is appropriate in various situations. The ways that societal institutions like for instance the family, education, economic, political, religious systems function, their goals and their modes of operation, express the priorities of cultural values. For example, in societies where individual ambition and success is highly valued, the organization of the economic and legal systems is likely to be competitive. In contrast, a cultural emphasis on group well-being is likely to be expressed in more cooperative economic and legal systems.

Because cultural value priorities are shared and upheld in social institutions, they guide the judgement of socially appropriate behavior and the justification of behavioral choices (go to war, punish a child, talk openly about HIV/AIDS). The explicit and implicit values that characterize a culture are displayed to societal members through everyday exposure to customs, laws, norms, scripts, and organizational practices. Thus, adaptation to social reality and informal socialization are just as central to the transmission of cultural values as is formal socialization (Schwartz, 1999).

Argyris and Schön (1978) argue that values may be approached in two ways – as espoused values and as values-in-use. Schein (1982) stresses that once values are taken for granted through repetitive practice they turn into preconceived basic assumptions. Values-in-use and basic assumptions share the feature of being influential on actions, yet being hidden to the conscious mind. Accordingly, values may be studied along two tracks of investigation. On the one hand values are conscious verbal valuations expressed by groups or individuals. The study of values in this respect implies descriptions and measurements of peoples` self-expressed likes and dislikes, and/or moral convictions. On the other hand, values are nonverbal valuations more or less unconsciously expressed through actions. Values of the latter kind are for others to interpret on behalf of the actor (Argyris & Schön, 1978; Schein, 1982).

Rocheach's (1973) definition of 'value' is one of the most cited points of departure in value research. He states that a value is an enduring belief that a specific *mode of conduct* or end-state of existence is personally or socially preferable to an opposite or converse mode of *conduct* or end-state of existence. This way Rocheach (1973) emphasizes that a value is what is preferable in different situations. He is however not covering in his definition tacit, unreflected values which are only revealed through *practice*. This study adopts the stance that values are constructs of worth, being espoused in language as goals, ideals and preferences, or extracted from actions trough processes of interpretive sense-making. Values in this point of view are expressions of intentionality and show a close, but not closed interrelationship with action.

Culture is a wide concept, and discussing the Bogra culture in its totality is far beyond the scope of this study. Instead, the study focuses on the area of interest which is Light House's

everyday reality. This leads to the importance of studying more complete the cultural discourses of gender, sexuality and the disease of HIV/AIDS.

2.4 Discourses of gender, sexuality and disease

The following section will explore different discourses that have been highly influential to how the Bogra community, international donors, and successively Light House, have come to understand and socially construct the disease of HIV/AIDS. A brief discussion of power and discourse will introduce the discussion.

2.4.1 Discourse and power

Giddens (2006: 117) defines discourse as "the ways of talking and thinking about a particular subject that is united by common assumptions". In other words discourse may be defined as common shared assumptions and understandings about a particular subject and the ways we are thinking and talking in relation to this subject. The way we are thinking and talking is never in a vacuum, isolated from discourse. Words are not just words but bearers of discursive meaning. Discourse shape what we think and how we talk.

Foucault (1975/1995) claims there is nothing before discourse. He emphasizes that individuals have already been spoken for, that one may not act outside of discourse, that everything is powered through it. In *Discipline and Punish* (1975/1995) Foucault discusses the concept of *panopticism*; that individuals are always aware of the presence of the structure, and cannot act outside of it. Foucault's (1975/1995) account of *power* is clearly stated in the proposition that 'discursive formations' constitute power over social objects, including human bodies. Following Foucault's conception of discourse and power, a question to ask would accordingly be; who created the discourses in the first place, if not individuals themselves?

Modifying Foucault's (1975/1995) views, Judith Butler (1997) explains power as being both internal and external. She describes power as an interrelationship between the power within, and the power of the discourse. Individuals use their internal power to create their identities, and act in a constant relationship with the external power of the social discourse. This way individuals continually reproduce the discourse. Butler's approach is not too far from the attempt of creating a bridge between individual action and the power of the structure that is

found in Berger and Luckmann's (1966/1991) model of externalization, objectivation and internalization.

Butler's (1997) view on power invokes the agency of the individual; all have power within to construct one-self, to create one's identity. Power is used to construct the self, and not merely something being exerted on the subject from outside. A relevant question is, however, if Butler mainly argues within patterns of modernity, regarding individuals as free in democratic societies. Is her conception of power relevant to the poor people, to girls and women, and to the socially stigmatized and excluded people in the traditional and socially layered Bogra society?

2.4.2 Discourses of gender

The early European discourse of gender was particularly influenced by religion. The Church played a vital role in constructing the common interpretations of gender, being the judging institution in relation to what was moral and what was sin. It was a masculine and heterosexual discourse. In the 19th century Europe science challenged the Church as the authoritative voice of the "truth". Gender was expressed in terms of natural and biological difference. Gender was approached as closely connected to sex; to the biological differences between women and men (Segal, 1997).

In more recent times, in the 1970's, sociological and psychological interest was focused upon demonstrating that the differences between women and men could not be accounted for by biological difference alone and that the culturally dominant ideas about masculinity and femininity were stereotypes which corresponded only crudely to reality. In the social sciences today the term 'gender' most commonly refers to the socially constructed roles of women and men which are attributed to them on the basis of their sex (Scott & Marshall, 2009).

Similar to this approach, Butler (2004) explains gender as something which is not naturally given but rather socially and culturally constructed. Being 'male' or 'female' is socially *created*, we construct ourselves through the interrelationship between internal and external power. Butler stresses that gender is a performance, not a state of being. Gender is a discursive performance, and it is a mistake to suppose that either 'men' or 'women' are groups with their own specific interests or characteristics (Butler, 2004). Butler is influenced

by postmodern thinking in the way that gender is seen not as a fixed category but as a fluid one, exhibited in what people *do* rather than what they *are*.

The hegemonic gender discourse in Bogra seemed to be particularly influenced by the traditional, masculine ideals, based in religious and bio-medical discourses. If using a more constructionist approach to gender, following Butler, and viewing gender as something that is 'done', then it is also something that we should fight to 'undo' when it is used by one group to exert power over another (Butler, 2004; Giddens, 2006). Stereotyped expectations concerning masculinity and femininity may act as barriers to both men and women, limiting life choices and options. This again may limit social development and change.

Traditional discourses of gender have implications for the spread of HIV/AIDS (Baxen, 2006). As discourses of gender are closely connected to discourses of sexuality, women are often taught to leave the initiative and decision-making about sexual matters to men, as the male need is expected to predominate. Women do not think they can refuse sexual activities or demand their husband or male partner to use condom regularly, which in turn may infect them (Baxen, 2006; Rahman, 2005).

As gender plays an important part in instructing roles and behavior afflicting the spread of HIV/AIDS, it is natural to discuss the related discourses of sexuality.

2.4.3 Discourses of sexuality

Discourses of sexuality have been highly influential in shaping perceptions of a disease which mainly spreads through sexual intercourse. Thus also, sexuality discourses are influential on the work of Light House. Sexuality has been said to be at the core of our being, the most natural thing about us, yet also the most difficult to explain (Baxen, 2006). If gender is socially defined, what is socially constructed or culturally defined about *sexuality,* one may ask. Sexual behavior is argued to be primarily dictated by the genetically and physiologically defined differences between 'male' and 'female'. That way however, our anatomy becomes our destiny. In recent times scholars argue that sexuality is representing the body as an inner force which fix and define who we are. This way of approaching sexuality is a typical modern concept (Segal, 1997).

Parallel to the early constructions of gender; in pre-industrial Europe the moral around sexual behavior was a religious and spiritual issue. Sex was only meant for reproduction and within marriage between two people of different sexes. Men had the agenda, and women were to be submissive. With the growth of the scientific study of 'sexuality' in the 1800's, science replaced the Church as the authoritative voice on sexual matters. The science was speaking of 'nature' and biology (Scott & Marshall, 2009; Segal, 1997).

In some contemporary cultures sexuality has become a subject of great interest and of intense debate. New social movements have put the focus on how sexuality discourses have been suppressive, used for profits, and not in accordance with principles of freedom. Feminism, gay and lesbian movements, and a massive visibility given to images of and discussions about sexuality in popular culture, media and the public sphere, have brought the sexuality discourse into the headlines. The damages associated with the threat of HIV and AIDS infection, and the strong opinions which are expressed on all sides about these issues in both popular argument and scholarly theorizing, have added to the public interest (Segal, 1997).

In academic discussions the divide between popular and academic sexual discourses has been called the 'essentialist' versus the 'constructivist' debate. On the one hand, 'sex' is what comes naturally, with everything taken for granted. On the other hand, 'sex' is a fictional unity, within discourse. When looking more closely at competing theoretical understandings of sexuality, the different positions range from the common language of biology to more recent forms of social constructionist theory. The latter emphasizes the cultural construction of sexual conduct – we are thought to have a stable pattern of sexual behavior and desire, usually in line with gender norms. From psychoanalysis to post-structuralism and recent 'queer' theory, stability in sexual behavior is something one should never expect to find. In this line of thought sexual life and its social codes are seen as forever followed by conflict and contradiction (Scott & Marshall, 2009; Segal, 1997).

In addition to the controversies between popular and academic discourses are the political disputes over sexuality as a site of personal power and social regulation. One example is feminism, which views sexuality as a means of men's power and control over women's bodies and pleasures. Gay and lesbian theorizing have also used insights from Foucauldian theory, to suggest that sexuality is the key area of social regulation and control in modern times, primarily in the service of the reproductive family unit (Segal, 1997). Foucault

(1976/1990) was critical of earlier definitions of "normal sexuality" as the heterosexual attraction between two different sexes. He emphasizes that sex is not just a behavior leading to orgasms, but the most powerful form of social regulation in modern societies. Power works through discourse and this can limit agency on the part of women. Sexuality is viewed as an apparatus of controlling the body, because we have come to see in sexuality the truth of who and what we are, as it is one of the basic narratives through which our identities are formed (Foucault, 1976/1990).

Sexuality is more than a physiological affair. It inhabits symbolic and psychic meanings, and generates a multiplicity of emotions. Sexual feelings and sexual attraction may be contradictory and irrational. Through the tension and movement between essentialist and constructivist discourses of sexuality, and through the shifts between biological and cultural definitions of sexual identity, one may come to understand sexuality as a complex area (Segal, 1997).

Discourses of gender and sexuality are relevant in the attempt of understanding how HIV/AIDS can be socially constructed. Traditional discourses are more relevant in understanding the present construction of HIV/AIDS in the Bogra society than in some contemporary, pluralistic Western communities where the discourses are 'liberalized' or modernized in direction of gender equality and freedom of sexuality. In Bogra the masculine and heterosexual discourses of gender and sexuality seem to prevail through the appreciation of traditional and religious values. Expectations towards 'masculinity' and 'femininity' may contribute to the spread of HIV. Butler (2004) would say that individuals construct one-selves, but perform the expected. She would say that sexuality and gender is a performance. Men may be expected to be aggressive in order to be "real men". Women may be expected to be submissive and leaving the decision-making to the male partner. This may threaten new-thinking and open discussions on how to act in the confrontation with the disease. This exposes the dilemma and challenge to Light House – negotiating and balancing donors' expectations and local cultural discourses on HIV/AIDS.

HIV/AIDS must be approached as a disease situated within discourse, as everything else. To give a broader picture of how the disease has been studied, and thereby constructed, a discussion of discourses of disease follows.

2.4.4 Discourses of disease

HIV/AIDS is closely linked to gender and sexuality, and the epistemological orientations in early research on the disease were embedded in moral and medical discourses. Both moral and medical discourses keep on constraining the nature of the epistemological questions posed in research on HIV/AIDS today (Baxen, 2006).

The *moral* discourse is slightly judgmental, representing among others the religious discourse on sin and punishment. One of the main notions is that the infected has been conducting a sin, and God makes them suffer from it by punishing them with the illness. The *health and medical* discourse is more of a matter of fact- discourse which privilege positivist, quantitative frameworks. Medical information concerning how one gets infected, what happens with the physical body, and how to prevent oneself from the disease, is the knowledge provided (Baxen, 2006). Commonly, HIV/AIDS education provides medical knowledge in addition to related quantitative knowledge about numbers of infected persons, what happens with a society's economy if the disease spreads, and so forth. Information provided in the Church/Mosque tends to focus on moral (Baxen, 2006; Hattas, 2009).

Overall however, the one and most obvious discourse surrounding the disease is that of *silence* (Baxen, 2006). I understand Baxen the way that silence follows the discourse of deviance or abnormality in that the HIV infected are constructed as one of 'the others'; the abnormal, the weak, the infectious. The disease, and the infected people, is met with distance, quietness, and fear of the unknown. The infected become members of a "non-category", not regarded as equals in society.

It seems like HIV/AIDS has become a global, social problem surrounded by silence. Baxen and Breidlid (2009) stress that, the main discourses of disease neither deal with social context nor identity creation. They lack an understanding of social processes, of how we construct own and other's identities within a social, fluid context. We need to ask questions about *why* behavior change does not take place, why there is a sexual pressure among youth, why the sex workers of Bogra have to work, why the drug addiction is extended in Bangladesh. We need to understand that people who inform others about the disease are part of the discourse themselves, and may not dare to speak openly about matters of sexuality and gender (Baxen & Breidlid, 2009). Baxen (2006) draws upon Judith Butler (2004) when she states that

28

teaching is a performance. Prevention workers are members of the cultural, social counter-discourses of society. To understand how a local NGO performs its work it is vital to understand that it is not acting in a vacuum, apart from the discourse itself.

One may ask why the disease continues to spread in Bangladesh. An answer could be because HIV/AIDS is not looked at as a social problem which has implications for the whole society, and the prevention focus is merely towards high-risk, deviant groups. Hence, HIV continues to spread through an ignorant, general society. It is therefore vital to avoid any simplistic approach to the pandemic. Baxen (2006) describes HIV/AIDS as much a social construction as a disease affecting the physical body. She highlights that HIV/AIDS is as much about sexuality, morality, politics, social marginality, dominance and power as it is disease. She argues that common to all diseases is their social, political and ethical situation. Of consequence and social significance are the meanings and interpretations people give to the root causes of disease and illness, she continues (Baxen, 2006).

It has been suggested that the ways in which we understand HIV/AIDS is often more indicative of our broader societal discourse of politics and economy than of any salient features of the disease itself (Sontag, 1990). The discourses of tradition and modernity may seem to play an important role here. When HIV/AIDS is blamed on the 'modern' behavior of women or homosexuals, and when control is reasserted over women's bodies in virginity-testing through the contemporary reinvention of traditional practice, it is an expression of an anxiety over the relationship between tradition and modernity (Baxen & Breidlid, 2009). In Bogra HIV/AIDS is occasionally blamed on the 'modern' behavior of young women, 'irreligious' behavior of men using drugs and alcohol, or practicing homosexuality, or having extramarital sex. This may be expressions of a broad societal anxiety over the relationship between tradition and modernity.

Overall, Light House staff had an approach to HIV/AIDS as a social, "down to earth" problem which needs to be approached in various ways. The NGO is tacitly influenced by moral-, health-and medical-, and silence- discourses, but at the same time staff emphasized that, in order to prevent the disease, a critical consideration of social constructions of disease is important.

Light House is operating on behalf of international funders and the Government. Donor influence on the local work of Light House is evidential especially as donors are referring to the human rights (UN, 1948) as main guiding principles through guidelines. The tendency to present the human rights as 'universal' rights and values is a feature of the donors, influencing Light House. Thus, it is of relevance to shortly present approaches to the human rights and their relative position among donor values.

2.5 Human rights

December 10th, 1948 the General Assembly of the United Nations passed *The Universal Declaration of Human Rights* (UN, 1948). The principles of the declaration are highly emphasized by the donors to Light House. In this study the human rights principles are considered an expression of modernity, or rather of Western influence, in the way that they foreground overarching individual rights and responsibilities.

On the one hand it is possible to claim that human rights are universal goods that should be accomplished around the world. The human rights should not be seen as products of one particular historical type of society. On the other hand it is possible to object that the human rights indisputably are developed in Europe in modern times, and that the United Nations' "universal" human rights declaration from 1948 therefore is everything but universal, being more of a true child of Locke and the theory of natural rights. The human rights show a focused concentration on individualism, egalitarianism, and on equality between genders, etc. It may be considered an ethnocentric abomination to claim that the Western postulated human rights state universal goods that apply to Asian societies in equal importance to Western societies. This may prove to conceal a variety of cultural differences (Eriksen, 2004).

The anthropologist Alison Dundes Renteln (1990) explored data from a couple of hundreds societies and found that there is a multitude of variations between societies in regard to what is held as right and wrong; what kind of punishment that is regarded as legitimate in relation to crimes, and what is considered a serious crime and what is not. Some societies have death penalty for witch-craft, some have no norms about "freedom of speech". On the other hand, Richard Wilson (1997) argued that the debate around human rights has reached every little corner of the world, and it has become highly problematic to claim that cultural differences is

a reason not to respect them. Even in the traditional, rural surroundings of Bogra most people have ideas about the meaning of human rights. Interpretations of the human rights around the globe are however far from universal (Wilson, 1997).

A leading tendency in the West seems to be a "natural school", viewing the Human Rights as *given*. Even the name "The *Universal* Declaration" points to the rights as God-given, or given by nature, etc. However, taking the rights for granted in a universal way may prove disrespectful to societies leaning on deeply rooted traditions of cultures different from the West. In the end the human rights may be viewed as being a Western construction, being held as a moral guideline in the whole world, but being practiced in a variety of different ways, being adjusted by local traditions and cultures (Dembour, 2006).

A necessary precondition to understand the function of human rights in different societies, is that they are prone to be 'hijacked' by governments and bureaucrats. The notion is that governments may calculate that giving the population principles of rights is in their own interest in order to pacify people, in order to maintain their power. Human rights suddenly appears a very hollow phrase, with little pretention to universality (Haarscher, 1993; Dembour, 2006).

The dominant conception of human rights is that rights are intuitive. Everybody has human rights simply because of being human beings. This view is contested simply by observing practice. A declared right is meaningless until it is carried into practical consequences. This critical stance is interesting, facing the human right inspired policies of the Bangladesh Government. From Light House's position it is of interest to know in which ways the human rights principles are intended from the donor and Government positions to direct practice. A critical scrutiny of law enforcements and economic policy may reveal the factual status to which extent the principles are carried out in practice.

Human Rights are still undisputedly highly valuable. As standards introduced to the global society, they are widely recognized. In regarding the human rights as binding obligations, people may claim their rights in a variety of contexts, appealing to their "human rights". Reports of tragedies and harassments may be commented as violations of the rights, functioning as global standards understood globally.

2.6 Summary

The task of this study is to reach an understanding of how the local NGO of Light House in Bogra is influenced by local cultural values on the one hand, and by donor values on the other hand, and how the NGO balances the influences in its practice. Having spent months at the organization collecting empirical data, the theoretical framework constitutes a frame of how to go about analyzing the material.

The concepts of tradition and modernity signify important dimensions of cultural developments in societies. The concepts shed light on the different traits of the Bogra society in terms of both tradition and modernity, but the dichotomy must be used purely as a theoretical scheme as it conceals the complexity which is a striking fact in the Bogra community.

A supplementary theoretical view is regarding the local culture, the donor cultures, and the culture of Light House as arenas where social constructions of reality are developed and practiced. Reality is internalized by members of the cultures and slightly changed over time. Light House is a participant in expanding views and values, but is simultaneously part of the local culture and the aid structure; thus the NGO is challenged to interact in accordance with prevailing views.

Local culture consists of patterns of values, norms and meanings, and represents the specific traits of the Bogra community. The cultural constructions of reality may be made more concrete and specific studying small parts of practice, interpreting the values within the choices of action. For instance, through discussions of reifications of social patterns and social roles broader master-servant cultural structures may be traced.

Discourses of gender, sexuality and disease are of special importance in my efforts to understand Light House, since the organization has its mission linked to the fight against HIV/AIDS. The view that the disease is more than a medical question demanding information and treatment, as it is also a cultural and social phenomenon of stigma, repression and guilt, is a vital factor in understanding the Light House's efforts.

Light House is receiving project guidelines and financial means from donors. The expectancy to be part of official program efforts in the HIV/AIDS prevention area means exposure to

donor values. These values are to some extent informed by the human rights. The practical implications of the human rights principles to Light House are of interest in this study.

3 Methodology

The methodological framework and the theoretical perspectives a researcher chooses depend largely on his/her worldview and the topic of the investigation. My background of work within an NGO in Bangladesh and Norway, with my longstanding interest in development issues, played a role in choosing the topic for my thesis. The previous work and interest gives me some prior experience and perspectives that may be influential. After getting an invitation to stay and study at Light House for my research, planning and preparing, the practical field work in Bangladesh was conducted between the first week of August 2008 and the third week of October 2008. This period entailed nearly two months at Light House in Bogra, and three weeks in Dhaka close to the Dhaka Light House office and donor offices. The extended analysis has been done in Norway.

Clifford Geertz (1973) wrote, in relation to the issue of interpreting culture: "What we call our data are really our own constructions of other people's constructions of what they and their compatriots are up to" (Geertz 1973: 9). This means that knowledge is subjective and relative. This research focuses on cultural values of local culture, values of donors and ultimately the practice of an NGO. Of methodological importance in the study of values, as in any study, are the values of the researcher herself. In fact my values are contributing to my choice of research area and the formulation of my research questions, my choice of approach, design and methods, my practical fieldwork, my interpretations and analysis, and ultimately my conclusions (Bryman, 2004). Thus, it is of vital importance to perform extended self-reflection throughout the process. Even in trying to describe and interpret culture from an insider's perspective, knowledge will always be subjective and relative.

3.1 Design of the study

There is a clear division between a robust and objectivist ontological approach, and a consciousness- and experience-oriented, interpretive view of ontology and epistemology (Alvesson & Sköldberg, 2000). This division is related to the dichotomy between the quantitative and the qualitative paradigms. The concerns of my research questions need explanatory and interpretive answers, hence situating my study within the qualitative paradigm. Qualitative research has an inductive view of the relationship between theory and

research, whereby the former is generated out of the latter. The epistemological position may be described as interpretivist, meaning that there is no knowledge outside of the knower. The ontological position may be called constructionist, which implies that social properties are outcomes of the interactions between individuals, rather than phenomena 'out there' and separate from those involved in its construction (Bryman, 2004).

Qualitative, or 'reflective research', has two basic characteristics: *careful interpretation* and *reflection* (Alvesson & Sköldberg, 2000). Careful interpretation implies that all references to empirical data are the results of interpretation. Alvesson and Sköldberg (2000) state that "[t]his calls for the utmost awareness of the theoretical assumptions, the importance of language and pre-understanding, all of which constitute major determinants of the interpretation". The second element, reflection, "turns attention 'inwards' towards the person of the researcher, the relevant research community, society as a whole, intellectual and cultural traditions, and the central importance, as well as problematic nature, of language and narrative (the form of presentation) in the research context" (Alvesson & Sköldberg, 2000: 5-6).

A major focus in this research is on interpreting values in relation to the specific case of Light House in its HIV/AIDS prevention practice. The study is designed as a qualitative case study utilizing elements from ethnography. Ethnography and the qualitative case study are reflective approaches which focus slightly differently. In this study a combination has been useful.

Alvesson and Sköldberg (2000: 45) suggest '*ethnography*' to be "an anthropologically oriented method based on close contact with the everyday life of the studied society or group over a fairly long period of time and addressing cultural issues such as shared meanings and symbols". Ethnography commonly emphasizes on analyzing aspects of the broader culture through a naturalist approach and through gaining an emic perspective of the people under study (Alvesson & Sköldberg, 2000; Bryman, 2004).

In a *case study* the focus is on in-depth analysis of one or more *cases*. The emphasis tends to be an intensive examination of the setting (Bryman, 2004). By focusing deeply on one social setting a case study may contribute to a type of knowledge which may not be generalized, but instead gives an important understanding of social processes which may be highly valid in other cases. The case study is a contribution to the creation of knowledge about understanding

social processes in general (Flyvbjerg, 2004). While the advantage of quantitative, large samples is breadth, and their problem is one of depth, the situation for qualitative approaches is the reverse.

If considering my previous period in Bangladesh an important part of the ethnographic process of understanding cultural codes, this period may be considered an indirect part of my study. If so, the study might classify to be an ethnographic project. However, my ultimate focus is on the specific case of Light House. Philosophical orientations of ethnography such as naturalism and the importance of an emic perspective have been guiding the research, however kept within the format of a case study.

3.2 Research methods

The main office building of Light House is situated not far from the Bogra centers under study. When living at a guest room at this building for almost two months the daily observations and informal discussions were vital in getting a picture of the practice and challenges of the NGO.

Of great importance in gathering data concerning local cultural values was the participant observation of everyday life and informal conversations with local acquaintances and Light House staff at all levels. In addition interviews and focus group discussions with staff and beneficiaries at Light House have been vital in tracing patterns of cultural values in the society in general.

In addition to local cultural values, the ultimate interest of the study needed a focus on donor expectations, in the format of values. Espoused donor values have been revealed through documents, reports and articles. Both espoused values and values-in-use of the donors were also revealed through interviews and informal discussions with Light House staff and donor representatives. Values-in-use were specifically revealed through the observed *practice* in the constant cooperation and communication with Light House.

More accurately, data has been collected through participant observation (almost three months), semi-structured interviews (13 in total) with leaders, project- and centre managers, outreach workers and peer educators of Light House, and donor representatives. 4 focus group

discussions have been conducted with beneficiaries of Light House[2]. Data has also been gathered through document analysis. The reason for applying these methods was the need of sensing the everyday logic, customs, reasoning and practice of the NGO, and the influencing values of local culture and donors.

3.2.1 Participant observation

One of the main data gathering methods used was participant observation, which by some scholars is aligned with ethnography as a research approach. Participant observation implies taking part in the social settings while observing them, immersing oneself in a group observing behavior, listening to what is said in conversations both between others and with oneself, and asking questions (Bryman, 2004). Gold (1958) classifies the various participant observer roles with regard to the level of participation in the social setting. In this study my role has been Gold's *observer-as-participant*. As an observer-as-participant my identity as a researcher has been known to all throughout the fieldwork. I have not actively joined in the practical work of Light House. However, I have participated in the social settings by being present, interviewing the participants, observed, and taken part in discussions. Throughout the fieldwork I have written down my impressions and observations, and have later returned to my observation diary for more reflective analysis.

3.2.2 Interviews

Semi-structured interviews were conducted in English and/or Bangla with staff at Light House and with donor representatives. Semi-structured interviews imply that the researcher has a list of questions or some topics to be covered, but respondents have a great deal of leeway in how to reply (Kvale & Brinkmann, 2009). Questions of interest there and then were added to the interviews and questions did not always follow in the order they were written down. The interview process was explorative and flexible in that interviews were conducted in the informants own offices or common rooms, and at times suitable for the informants themselves. In addition, the focus was on how respondents understood the issues and what they wished to elaborate on. This was grounded in the need for a flexible approach allowing the discovery of unforeseen data.

---

[2] For an overview over respondents and focus groups with a code list; see Appendix II. For interview guides used in interviews and focus groups; see Appendix III.

In a couple of cases at the centers a staff member from a superior position wished to be present at interviews, presumably to adjust the answers given by beneficiaries. I realized the presence of the person would influence the degree of sincerity, and I had to ask the person to leave.

Important to stress is that respondents in varying degrees gave relevant answers in relation to this study, thus not all respondents are quoted throughout the findings and analysis chapters.

3.2.3 Focus group discussions

The focus group discussion is a form of group interview with several participants, with an emphasis on interaction with and within the group and the joint construction of meaning. The questioning has an emphasis on one fairly tightly defined topic (Bryman, 2004). Focus group discussions may reveal "the ways in which individuals discuss a certain issue as members of a group, rather than simply as individuals" (Bryman, 2004: 346). I was interested in how participants were responding to each other's views and co-creating views out of the interaction.

We found that it was best to sit on the floor in the participants' own rooms. The familiar environment and the presence of friends made the discussions free and open. Through later interpretation I discovered that an orientation towards community could be discussed as a local cultural value, due to the general group orientation which proved specifically evident during the focus groups.

All focus groups were conducted in Bangla, with help from my interpreter. This ensured that everyone could easily take part, since few knew English. The participants argued with each other, challenged what others said and filled in with comments to support different views. All four focus group discussions were recorded for later auditing and discussion with my interpreter, and for transcription of important sections.

3.2.4 Document analysis

In gathering data relevant to my research interests, especially in mapping donor espoused values, I have turned to documentary sources of information. Main documents used are

documents tied to the web pages of Light House, CARE Bangladesh, Family Health International, USAID and the Government of Bangladesh; the *National Policy on HIV/AIDS and STD Related Issues* (NAP, 1996), the *National Strategic Plan for HIV/AIDS 2004-2010* (NSP, 2004); the *Universal Declaration on Human Rights* (UN, 1948); the *UNGASS Declaration of Commitment on HIV/AIDS* (UNGASS, 2001); and the *Paris Declaration on Aid Effectiveness* (OECD, 2009). In addition newspaper articles have been used.

Qualitative research focuses on interpretation of texts. My fieldwork, consisting of interviews, focus groups and observation, resulted all in written texts, presenting the material for analysis. In my study the qualitative content analysis approach has been used; the searching-out of underlying themes during and after thorough reading of the documents (Bryman, 2004). "Criteria for evaluating the quality of documents are: authenticity, credibility, representativeness; and meaning. The relevance of these criteria varies somewhat according to the kind of document being assessed" (Bryman, 2004: 396). These criteria have been guiding my approach to the document analysis. I have thus treated the documentary sources somewhat similar to my empirical data-texts (interview transcriptions and observation diary), but still respecting documentary sources to be different from my own material.

3.3 Sampling

A question of importance is if my choice of respondents would give me relevant knowledge or not. Since my research questions deal with three slightly different interests, I had to find individuals who could give me information relevant to these. *Snowball sampling* may be described as an approach where the researcher makes initial contact with a small group of people who are relevant to the research topic and then uses these to establish contacts with others (Bryman, 2004). A mail to the executive director of Light House was sent a few months before the intended fieldwork, and I was welcomed to conduct my research. When in Bangladesh he established a contact with the assistant at the Dhaka office, and I travelled to Bogra with further contact information. There, the office manager became my special guardian. I lived at the main Light House building and it was easy to get in contact with further employees. Staff brought me to the integrated health centers in town, and introduced me to the centre managers, who in turn introduced me to outreach workers, peer educators and the mere beneficiaries. The people who were willing and had the time to talk with me were

selected. The people in leading positions at Light House had telephone numbers to their contact persons within the implementing agencies and the Government. I contacted these and organized meetings. This is snowball sampling in practice.

Of importance to the quality of the information given to me, was that my interpreter, and the cleaner/cook at the Light House office, the family of the office manager and other friends in Bogra, became important informants. Through informal conversations I was granted additional and important understanding.

Finding respondents was not difficult within Light House. However, some respondents might have held back information by not daring to speak from the heart. Even though I assured that the data collection was only for the purpose of my thesis, they might have believed I acted on behalf of donors. Nevertheless, being from the West may have made the process of getting access to respondents easier, as the value of hospitality and friendliness towards strangers appeared important in Bogra. The only person that was difficult to get access to, was the representative from the Government of Bangladesh.

The strength in my selection is a broad representation of all beneficiary- and staff-levels within Light House and of both implementing agencies' and Governmental donor levels. There might be a slight imbalance in my selection since I have interviewed far less donor representatives than representatives of local Bogra culture and Light House. However, I consider the interviews with donor representatives sufficient for the purpose of the study, especially when considering the supply of documentary sources. Overall I regard the information given by my chosen respondents as relevant, giving broad, partly contrasting but sufficient data for analysis.

3.4 Trustworthiness and authenticity

Although treated differently the questions of reliability and validity are equally important in quantitative and qualitative research. Validity may be defined as the ability of the researcher to produce true knowledge about the phenomenon under investigation. In data collection validity means that an item measures or describes what it is supposed to measure or describe (Kvale & Brinkmann, 2009).

Some writers have suggested that qualitative studies should be judged or evaluated according to quite different criteria from those used by quantitative researchers, since the qualitative and quantitative paradigms seek to produce different types of knowledge utilizing differing methods. Lincoln and Guba (1985) with their criteria *trustworthiness* and *authenticity* offer an alternative to the originally quantitative criteria validity and reliability. This research has made use of these alternative criteria.

3.4.1 Trustworthiness

Each aspect of trustworthiness has a parallel with quantitative research criteria (Bryman, 2004).

- *Credibility*: Parallels internal validity – i.e. how believable are the findings?

- *Transferability*: Parallels external validity – i.e. do the findings apply to other contexts?

- *Dependability*: Parallels reliability – i.e. are the findings likely to apply at other times?

- *Confirmability*: Parallels objectivity (or biasness) – i.e. has the researcher allowed her/his values to intrude to a low (or high) degree?

It has been noted that in qualitative investigation *the researcher is the instrument* (Patton, 1990). Hence the previous provision of information about the experience and perspectives of me as a researcher which I have been bringing to the field is of a certain importance. A consideration of the social implications of my actions as a researcher may counteract biases in the process.

1. Credibility

Briefly explained *credibility* refers to the status of the findings as believable (Lincoln & Guba, 1985). Particularly evident in the credibility criteria is the significance of the stress on multiple accounts of social reality. "If there can be several possible accounts of an aspect of social reality, it is the feasibility or credibility of the account that a researcher arrives at that is going to determine its acceptability to others" (Bryman, 2004: 275).

Techniques recommended to increase credibility are also recommended to increase the originally quantitative criteria of *construct validity* (Yin, 2003). Construct validity should be considered important any time a researcher makes inferences from observations to abstract

concepts, regardless of the research being quantitative or qualitative. The set of indicators used to interpret and describe a construct in a research may be a biased sample of the possible indicators of a construct, with serious "construct underrepresentation" as a consequence. A communicative dialogue with interpreter and respondents, a documentation of the research process, and triangulation, may be fruitful ways to get information about both credibility and construct validity (Kleven, 2008). Important is to show that presented data and analytical considerations are believable and not constructed in biased ways from the researcher. In the project I have sought to increase the credibility through detailed auditing and discussions with my interpreter concerning a major part of my material. By discussing preliminary findings with a member of the Bogra society I tried to reach a more credible account. The communication through emails with some of my respondents in the analysis period, with questions of interpretation, has served the same purpose.

In addition to this, a technique which may also increase credibility, also utilized in this research, is the use of *triangulation*, which partly means utilizing more than one method. More accurately, triangulation helps to eliminate biases which could occur if one relied exclusively on one data collection method, source, analyst, or theory (Bryman, 2004).

2. *Transferability*

Transferability refers to what extent the findings may apply to other contexts. Instead of attempting to generalize findings qualitative research should aim at extrapolation (Patton, 1990). The researcher may speculate on the applicability of the findings to similar, yet not identical, situations. This study does not aim to generalize, rather it attempts to provide information of some challenges faced by Light House in the interplay between local community and donor values. I sincerely believe social processes revealed through this study may be applicable to other NGOs within Bangladesh or similar contexts in dealing with external donor assistance.

3. *Dependability*

As a parallel to reliability, Lincoln and Guba (1985) propose the idea of dependability. Dependability demonstrates that the operations of a study – such as the data collection procedures – can be repeated, with more or less the same results. In order to increase the dependability the researcher may adopt an 'auditing' approach (Lincoln & Guba, 1985). Yin (2003) proposes the idea of creating a case study database consisting of notes, documents,

materials and narratives. Peers could then act as auditors, to establish how far proper procedures are being and have been followed. Another way to increase dependability is to ask interview questions more than one time, in different ways, if the researcher feels s/he has not fully understood the answers given by respondents (Bryman, 2004). I have tried to increase the dependability of the study with the help from a database as described above, peer reviews, the assistance from my interpreter and a focus on deeply understanding respondents during the interviews.

4. Confirmability

The level of confirmability depends on to what extent the researcher has avoided his/her values to intrude to a high degree. In any research trying to "escape" own values may be an impossible ideal. Many theorists actually emphasize that it should not be an ideal at all (c.f. Bryman, 2004). The researcher's preconceptions will inevitably color the interpretation of the object of study. Because of this, an objective picture is unobtainable – least of all in the study of foreign cultures. Accordingly, the ethnographic researcher should reflect on his or her culturally derived personal preconceptions (Hammersley & Atkinson, 2007).

In the focus of this study on how different value systems communicate and influence each other it would be naïve to exclude my own value system from consideration. I have attempted to do the research conscientiously. Thus the analysis chapters (4, 5 & 6) are attempting to provide a balanced discussion of the various findings.

3.4.2 Authenticity

In addition of the trustworthiness criteria Lincoln and Guba (1985) suggest criteria of *authenticity.* These criteria ask if the research fairly represent the different viewpoints among member of the social setting, if it may help members to arrive at a better understanding of their social milieu and appreciate better the perspectives of other setting members. It has been important for me attempting to duly represent the various viewpoints among members of the social settings I have studied. I also hope my research may act as an impetus to members of the organization to engage in action to change their circumstances. In my study this would first and foremost mean members within Light House, and members of the donor agencies. In addition, the study aims to address the research community concerned with relationships between NGOs and donors.

3.5 The role of the researcher

An ethnographer stays for an extended period in a cultural context, searching for meanings and values, trying to gain an insider's perspective, and seeking a holistic perspective. In the following I account for the concepts of 'naturalism', and an 'emic perspective', and how I encountered them in practice.

3.5.1 Naturalism

Participant observation and relatively informal conversations are main approaches of reaching a *naturalist* focus, which implies that the research is performed in ways that respect the nature of the setting and of the phenomena being investigated. Actions and accounts should be studied in an everyday context, in its 'natural state' (Hammersley & Atkinson, 2007).

A challenge to a naturalist approach is that the researcher disturbs the setting. I experienced situations challenging the access to undisturbed cultural practice. Initially, encountering beneficiaries at the centers I was hindered from glimpsing their everyday life, simply by me being a foreigner, and initially an unfamiliar person, influencing their focused attention. First time when in Bangladesh, an extended period of time was needed to learn the language, dress codes, and adapt to local ways of thinking, counteracting some of the challenges of cultural distance.

My knowledge of Bangla, my gender and origin may have influenced the access to respondents and information. Knowing Bangla helped in gaining access. As a woman I was welcomed into the female sphere, but as a foreigner I was also allowed into the male sphere. At the same time I was restricted from full participation in both groups, because I was a non-native of the country, or rather, from the West, conceived of as representing the donor culture. This might have influenced to whom I got to talk and the reliability of the answers received. Important however, in discussing naturalism, is the recognition that any picture of cultural practice will never be holistic.

3.5.2 Emic perspective

Important for the ethnographic researcher is to develop an *emic* perspective; an insider's perspective, as far as possible. The purpose of this is the aim of understanding the cultural

content close to the cultural insider's own experience. This demands personal involvement and flexibility on behalf of the researcher (Fetterman, 1989; Hammersley & Atkinson, 2007). What the researcher previously took for granted as knowledge about the host society may turn to be unreliable. In addition, areas of previous ignorance may take on great significance. In the process of learning how to participate in the host society, the researcher gradually becomes able to interpret a culture from an insider's perspective. In Geertz' (1973: 14) words, the object of ethnography is to "…sort winks from twitches and real winks from mimicked ones". However, coming from a not-knowing position, trying to trace patterns of preconceptions hidden to the members of the community themselves, is a rather vast challenge. This kind of interpretation calls for an awareness of the theoretical assumptions, and a reflection on the importance of language and pre-understanding, which constitute major determinants of the interpretation.

A challenge in gaining an emic perspective is balancing between being too distanced and going native. With the concept of 'going native' is meant that after some time the ethnographer comes to an understanding of social, cultural codes and values, which become normalized and familiar to him/her. When the researcher stays for a long time it may become difficult to approach cultural features in an objective, distant and analytical way (Bryman, 2004). After some time spent in Bangladesh, altogether about a year, I came to an understanding of values and ideas in the culture, and it became more normalized and familiar. However, the awareness of the possible traps of distance and proximity has hopefully resulted in a sound balance, between being too distanced and going native.

3.6 Language: Interpretation and constructing a text

The philosophical hermeneutics of Gadamer (1975) has been influencial on ethnography. This tradition emphasizes the process of understanding as inevitably reflecting the pre-understandings of the interpreter. Interpretation of texts, and understanding of the social world, is in this tradition not regarded as a matter of capturing social meanings in their own terms; the accounts produced should be regarded as constructions that reflect the socio-historical position and background of the researcher (Hammersley & Atkinson, 2007). Alvesson and Sköldberg (2000: 2) stated that if you "give ten different researchers the task of investigating one and the same non-trivial research question, you will get ten different

results". My challenge consisted in bridging the cultural gap between my own pre-understandings, and my respondents in a rural, or urban, Bangladeshi setting.

Interpretation of local language

In Bogra a family I know well helped me find an interpreter. To get access and answers close to reality, I was lucky to find a female interpreter at my own age with knowledge of English and relevant academic background, and as a plus I was slightly acquainted with her from before. During my fieldwork she was studying for a master's degree in social sciences, and was personally interested in the research we were conducting. Being two girls would make interviews less difficult for both the female and some of the male respondents at the centres. The discussions with my interpreter made it easier for me to discover important details and tacit meanings in the Bangla language, and to approach issues with new eyes.

My interpreter was of vital help and importance in contributing to asking the questions to the participants in an understandable way, in the process of separating the many voices which at times overlapped each other in the recordings, in translating details which I could not grasp, and by giving inputs on what she thought was the meaning behind what was said. The discussions during and after listening to recordings of the focus groups were of major importance to my understandings and interpretations of the material. Details which had passed me during the discussions were brought to the surface and discussed in light of my interpreter's insider knowledge of Bangla and the culture. In using many of my interpreter's understandings I acknowledge that some of my approaches to respondent quotes might be colored by her interpretations.

Interestingly, in interviewing and discussing with some of the Light House beneficiaries they used slang expressions that even my interpreter could not comprehend. It was local dialects, my interpreter stated, from the street milieus of the respondents. This points to the relative degree of authenticity of my project, as of any project – a total rendering of all meanings involved is neither obtainable nor researchable.

Constructing a text

Constructing a text necessitates an awareness of power and preconceptions. Hammersley and Atkinson (2007: 205) stated that "[h]ow we write about the social world is of fundamental importance to our own and others' interpretations of it". When conducting a qualitative study

the researcher should be aware of the possibility that s/he may bring those which are studied to silence, the way s/he writes about the group being studied. Power of the word is power of definition (Bourdieu, 1991). The methods 'ethnography' and 'case study' are in themselves cultural products. They are methods and expressions of ways to view the world, products of Western ways of thought and Western culture. The hidden exercise of power through the construction of texts is a constant challenge to the conscientious researcher.

In my data collection approach and through procedures of analysis, I am aware of my own role in singling out some concepts, findings and patterns, and in leaving others out of focus. Constructing this text is my responsibility, and an act based on my own understanding. Hopefully, the possible one-sidedness may be counteracted by the rigor of the methodology applied and the discussions of interpretation with both interpreter and scholarly environment.

3.7 The process of analysis

My data has been analyzed through thematic analysis. This approach may be regarded as closely connected to the grounded theory approach to qualitative data analysis (Glaser & Strauss, 1999). According to Boyatzis (1998), thematic analysis is a process of encoding qualitative information. A theme is a pattern that occurs in a specific text and can be used to describe or interpret an aspect of the phenomenon under study. The use of thematic analysis involves sampling, developing themes and codes (Boyatzis, 1998). The two main limitations of thematic analysis are projection and isolation of the text from its context. Projection is understood as attributing to the text something that is actually the researcher's own attitudes and emotions. Roberts (1997) claims that thematic analysis has the risk of "violating the text" in the sense that it may isolate the text from its context. This will always be a challenge where the transcribed data are moved to another setting for analysis. In this research the discussions with my interpreter were highly important in avoiding projection, and to some extent also context isolation.

My transcribed material, together with my observation diary, constituted between 200 and 250 pages of data material, and was the primary source for analysis. Documents and newspaper articles constituted an additional material for analysis. The textual material was read many times to develop relevant themes for analysis. This demanded a lot of time before

certain patterns and themes became evident. These constituted the base for further analysis. Through discussions concerning possible additional interpretations of my material with others, I sought to test out if my themes were tenable. The material was reviewed in light of every category. Throughout the period of analysis I worked with theory comprehension and -development related to cultural values and the interplay between local and global discourses. My theoretical perspective was changed and reformulated throughout the process of analysis.

3.8 Ethical considerations

Research has increasingly been confronted with demands of ethical considerations and moral integrity. A number of ethical principles should guide academic research. In Norway, The National Committee for Research Ethics in the Social Sciences and the Humanities has published a series of principles guiding ethical research relevant to my type of study[3].

Among especially relevant principles guiding my research, are: All participation has to be voluntary. All participants should be informed about the content and scope of the research, and about the right to withdraw from further participation whenever s/he wants. After the data is collected it must be treated with confidentiality, and unless there is an explicit agreement to the contrary, the participant's identity should not be disclosed. Of special consideration to my study is showing respect to attitudes of the respondents, especially when these deviate from great society. Some of my respondents shared a stigmatized and suppressed life, which made me cautious in my fieldwork approach, and later on in analyzing their situation.

Becoming a researcher does not mean that "one is no longer a citizen or a person, that one's primary commitment to research must be sustained at all costs" (Hammersley & Atkinson, 2007: 229). In situations where great injustice is practiced, the challenge arises to the researcher of leaving his/her distance and become agent. In this study the challenge has been personally being touched by life stories and -situations of respondents, and thus considering to what degree challenging general, unjust power relations is valuable to the concerned individuals.

---

[3] www.etikkom.no, retrieved 07.09.2009.

The researcher assumes responsibility for the respondents of the study. In this obligation it is an established principle to accept a descending degree of responsibility, regarding the weakest in the greater need of protection, and the resourceful and publicly exposed person at the opposite end of the scale. This principle has been of relevance to my study. I have accepted a responsibility of securing my informants from the vulnerable parts of society against recognition, while being more direct in rendering information from leaders and donor/government representatives.

Any research must be cautious to differentiate between "facts" and interpretations. This has also been considered throughout the research.

3.9 Methodological limitations

What information did I *not get* using these methods? What have they hindered me from seeing, and what have they added (exaggerated the importance of)? This is difficult to answer, thus the significance of being as transparent as possible, both in the choice of theoretical framework, research methodology and in the analysis. A critical approach is reflected in the way facts, statements and conclusions are treated. All the data sources that are utilized should be evaluated. For instance, how reliable are the statements and conclusions of an informant? Are the sources representative of what is known about the problem or do they represent a particular interest or a particular view?

All chosen methods have their restraints. Travelling very far (both in geographical distance and in culture) to find respondents and subjects of my research, represents in itself a great challenge to standards and principles of research. Thus, it has been important to choose methods with care, knowing that no methods are all-encompassing. It is a question if research on cultural phenomena in effect is a research on the researchers own pre-conceptions.

Bridging the gap and translating social constructions from one culture to another poses inevitable methodological challenges that only partly have been overcome in my study. Another possible critical remark is that my methods only create subjective information. But, in line with a core assumption underlining the study, reality is constantly created through constructions within language. I uphold that philosophical principles of ethnography and the

case study design represents the most adequate methodological approach in relation to my research interests.

In the following, theoretical framework and methodology will give perspectives to the understanding of how Light House balances influences in its practice.

Part II
Light House – influenced by local cultural values and donor expectations

Light House may be understood as balancing different social stocks of meaning in its practice (Berger & Luckmann, 1995), negotiating between major discourses. Accordingly, to analyze Light House's obligations, the three findings- and analysis chapters (4, 5 & 6) will deal with the three separate interests of my research questions.

Chapter 4 will discuss findings related to cultural values in the Bogra society, aiming to answer my first research question. The local cultural values will be linked to the broader concept of tradition, as they are revealed through traditional features such as an orientation towards community, a socially layered structure of society, and a focus on religious norms. Also local values related to gender and sexuality may be linked to tradition as the religiously and bio-medically originated masculine and heterosexual discourse is dominant, determining how people are to live out their gender and sexuality in direct accordance with their biological sex, leaving little room for personal choice in constructing oneself. These mentioned features of tradition play a major role influencing and forming the work and the approach to HIV/AIDS of the NGO, as it is both geographically and socially situated within the Bogra society.

Chapter 5 will concentrate on research question 2, on values of the donors. Within the term 'donors' are incorporated the fund-giving donors USAID and the Government of Bangladesh, as well as the project designing management agencies Family Health International and CARE Bangladesh. Donor values are discussed both as the ideal, espoused values, and also as the values-in-use; the values revealed through practice in the everyday communication with Light House. Espoused values may be found in the national HIV/AIDS policy (NAP, 1996) and strategic plan (NSP, 2004), in the reports and statements at the donors' internet pages and in the written project guidelines. Espoused donor values may be linked to the broader concept of modernity as they are connected to a focus on the individual, notions of equality, and to some extent a constructionist approach to gender and sexuality. An interesting perspective is how values-in-use may express forms of *orientalism* (Said, 1995) and picture the economic agenda

of the worldwide aid business. Both espoused values and values-in-use are contributing factors, although in different ways, in shaping the practice, and the HIV/AIDS discourse, of the NGO. Light House has to deal with both the written principles and the sometimes contradictory, practiced daily control.

In chapter 6 the analysis will focus on the major interest of the study; the practice of Light House; how the NGO is navigating within the cross-pressure between expectations of the local society and the donors, and how it finds its own solutions to challenges. The NGO is continuously exposed to the slightly conflicting value interests and constantly re-adjusting own institutional practice in its efforts to comply with expectations and communicate well. Also within the donor discourse there may be found conflicting values which create the necessity for Light House to navigate carefully in order to fulfill the programmatic expectations of following the human rights' principles, and also the expectations related to behavior in the constant, direct communication with the donors. Issues discussed in the chapters 4 and 5 will be elaborated on again in chapter 6, in the light of Light House's practice.

Through these three chapters I hope to give a relevant description of local cultural values, donor expectations, and finally of how Light House as an institution is influenced by, cope with, and find solutions to, challenges.

4 Cultural values in the Bogra society

According to Berger and Luckmann (1995) every society contains socially objectified and processed stocks of meaning. "[These] are preserved in historical reservoirs of meaning and administered by institutions" (Berger & Luckmann, 1995: 18). In traditional societies this social meaning contains more elements of super-ordinate values which are valid for all throughout society. This implies that such societies are reasonably homogenous, and the possibilities of crossing social borders are low. It is reason to believe that the Bogra society has strong elements of tradition in this regard.

A value may be explained as an enduring belief that a specific mode of conduct is personally or socially preferable to an opposite mode of conduct (Rocheach, 1973). Culture denotes patterns of thinking and behavior being expressions of value systems and shared meanings. The endeavor of this study is to reflect upon Light House in its efforts to carry out its mission within the Bogra community. This activity is staged in a society with local expectations, norms and codes, developed in close connection with cultural values. Local cultural values are thus of great importance in understanding some of the choices, challenges and ways of acting that marks the activities of Light House.

This chapter will elaborate on the cultural values of the Bogra society that have major implications for the groups most vulnerable to HIV/AIDS. Individuals from these groups constitute the main beneficiaries of Light House. The discussion will give a frame of reference in understanding the situation of Light House in their work with HIV/AIDS vulnerable people within the local context. Cultural values in Bogra may show features of tradition, as some are developed through a social orientation towards community, a socially layered structure of society, a focus on religious norms, and an approach to gender and sexuality informed by masculine and heterosexual discourses.

Through this study I see the value of thorough observation of practice in order to understand cultural values. The following chapter is not an attempt of giving names to phenomena in the society which in reality are highly complex. It is rather an attempt of describing certain features of the Muslim majority's culture in Bogra and how they may have implications for the everyday reality of the groups most vulnerable to HIV/AIDS and for Light House in their work. I might however not be able to avoid creating a too black-and-white picture out of

complex discourses. The Bogra culture seems to me a mixture of traditional and modern features, and a mixture of individual meanings. Seen from a Western point of view some of the cultural features might be interpreted as 'negative'. However, highly prominent cultural values which are not discussed in this study are values of friendliness, openness towards strangers, great hospitality, calmness and patience, beauty, pride, laughter, colors, loud music, delicious food, and values of a direct and open way of communication. All this signifies the Bogra society more than anything else, in my view. However, capturing the total picture reveals a complex web of values as it contains grief and happiness, suppression and freedom in a great mixture. The sex workers told me about hardships and daily worries during focus group and interviews, but when we chatted the moment after, they joked, laughed, and ran around playing. The social group acted as an extended family, and children were running around playing between the many mothers. My respondents appeared not at all only as victims of suppressing cultural values in their daily lives, but also as powerful individuals.

4.1 Orientation towards community

The Bogra society values the family unit and the local neighborhood as networks for mutual cooperation, fellowship and hospitality; features which may be subsumed under the value of community. Members of the Bogra society experience security through the mutual cooperation within the family unit and between people of the same social milieu.

Within the marginal Bogra communities I visited there was a strong sense of community. People within different social groups valued living closely together and sharing possessions and responsibilities, and seemed to have a strong sense of belonging to their own particular community (Observation diary, 27.08.08).

The value of community may lead to complex social and economic cooperation. One of the families I visited in Bangladesh on my first journey was the family of the rickshaw driver Hasan and his wife Mila[4], their children and Hasan's mother. Being altogether six persons they lived for only around 70 Taka[5] a day. Everyone in the family was doing some work to get the daily income; even the children knotted cigarette papers in the afternoons. Surprisingly to me, as I was convinced that such a poor family would have a very simple economy, and

---

[4] Fictive names
[5] 70 Taka (BDT) is approximately 6 NOK; 1 USD

that everything would be turned upon surviving from one day to the next, I found that the family had various economic relations to many people. If they had money to spare, they explained they would lend out to the neighbors, and in turn they could borrow from them. The same applied to family and close friends. They would buy food on tick, and when they needed a larger sum, for example by acute illness, they would borrow from the rickshaw owner. How well the family would manage themselves in the long run seemed to depend largely on how Hasan and Mila juggled the various relations.

Such a complex economy, which involves family members, friends and neighbors, is a typical feature of the value of community throughout society. One may claim that extended social relations are vital to live a good and safe life. Sharing and cooperation extends to various aspects of life, and is also prominent cultural features within higher social layers.

The importance of extended social relations may be problematic for people without families or general, social acceptance. The most HIV vulnerable groups of Bogra who live in the outskirts of society and are socially excluded from their families may experience little security, both financially and socially. However, they experience mutual trust within their own limited, social milieu, and thus manage to get support and help from peers in difficult situations (Observation diary, 14.09.08).

The orientation towards community seems to extend to the anthropology, the comprehension of what a human being *is*. Similar to various definitions of 'collectivism' (Scott & Marshall 2009), the group rather than the individual becomes the fundamental unit of social, political, and economic concern. The collective becomes in some form the primary unit of reality and standard of value. In Bogra, the understanding of human beings as "brick stones" in the larger construction of a community or group, seemed the prominent.

The executive director of Light House put focus on the general society, not the individuals in HIV prevention work. "If HIV spreads in Bangladesh people will be workless, lose their lives, and everything will be ruined. The country will lose workforce. In order to save the country, save lives, save the society, we should work for HIV prevention" (ED, LH, int. 28.08.08). He emphasized the importance of awareness to the society at large, rather than only specific direction towards individuals in a target group approach. This approach may to some extent illustrate a local orientation towards community.

55

In group oriented societies like Bogra individuals may have less opportunity to make deviating, and still socially accepted, personal choices concerning lifestyle, marriage or occupation. As East Bengal was part of India until 1947, the Hindu caste system has been highly influential on the Bengali society. In the Indian caste system the individual is only meaningful in terms of a circumscribing totality. Also in Bogra, the "common good" seemed to be the ultimate standard of moral value, and the wishes of the extended family and the norms of the social layer in which the individual is born, were strong guiding factors in decision making (Observation diary, 20.08.09).

In close relation to this is individuals' surrender to destiny, the comprehension that one may not be able to change her/his own life by personal will only. Giddens (1991) describes modern comprehensions of the self the way that the self is seen as a reflexive project, for which the individual is responsible. In Bogra the common good is valued more than individual preferences; thus it is possible to claim that the self is more related to destiny than choice. As Dimmock and Walker (2000) argued; in fatalistic cultures people believe that "what is meant to be is meant to be". One should not stand up against one's destiny. Using a line from Monica Ali's novel *Brick Lane* (2005: 13) women seem to be advised to be "quiet in heart and mind, receive the grace of God, and treat life with the same indifference as it would have treated one in return" (my translation). With the reliance on fate nothing may be changed, and one only has to endure it all. Such reliance on fate seemed to be a cultural value of Bogra, and may be closely connected to both the group orientation of society and the socially layered social structure, which will be discussed next.

4.2 Features of a socially layered society

A striking feature pervading the whole Bogra society seemed to be the *master-servant* way of thinking. Bangladesh is influenced by the religious and historical legacy of the Indian caste system. The caste system incorporates a ranking ordering of individuals according to given status and gives regulations on how members of different castes should interact. The social layers of Bogra seemed not as strict and well-defined as in the Indian caste system. Children are not born into a caste with a set name and linked to a particular occupation. But still, an all-pervading class- or layered structure of society appears a prominent feature.

In practice, there is no functioning public social security system in Bangladesh and the poor and middle class populations of Bogra have to balance economy and social relations carefully to manage illness and crisis in a society where the state does not pick you up if you fall. Many people have to share little resources. This furthers an environment where persons' self interest may lead to suppression of people of inferior rank. Respondents would say the hierarchal societal structure where power belongs to upper layers is a way of making society work together as a whole. With the value of community within social layers people are not presented to a liberty resulting in individual responsibility for own luck, in the liberal way of Western societies (Observation diary, 24.09.08).

In the Bangla language, persons older than yourself should be addressed by a special polite form of the personal pronoun (*apni*), even within your own nuclear families. In conversations with equally aged, or younger persons, or persons of lower social rank, the less formal personal pronoun *tumi* is used. However, the value of politeness is important, and elderly persons of lower rank are often approached with *apni*. Many words exist for 'aunt' or 'uncle' depending on what family position or social status the aunt or uncle has, ordering the hierarchy of status within the family. With this status follows social rules. The way language is used underlines social status relations. The master-servant orientation seems to influence most aspects of life, from the small, everyday ways of greeting, talking with and behaving towards various people to the broader ways of comprehending the world, through which people are valued in relation to social layer.

Low income correlates with little education. People seem to have little chance of moving across social classes. Examples of people of low-income occupations may be servants, fishermen, weavers, sex workers, shoe polishers, rickshaw repairers, helpers in restaurant kitchens, waiters, tailors, shopkeepers, gate-guards, and rickshaw pullers. Their total existence is colored by uncertainty, though in various degrees. 'Sweepers' is the term used for persons of lowest social rank who does work like street- and floor cleaning and emptying latrines. "Sweepers are viewed as inferior in the society, they are not appreciated as social people. They are illiterate. People think ill of them like they think of MSMs [i.e. homosexuals]", my interpreter explained. "People do not want to have anything to do with them" (I, 16.08.08). Influence from the Indian caste system is evident, as sweepers in India belong to the lowest caste.

The family I visited on my first journey had extended social and economic relations through family, friends and neighbours, but help from the state or from people of higher social layers would not occur. The rickshaw driver emphasized that he would wish politicians and rich people would look at them as equals, and that they would care about how they were doing and stop arguing about 1 Taka[6] after a rickshaw ride.

A story may illustrate the all-pervading class structure: During my research in Bogra I used some of the afternoons to go to the market in town, to buy fruit or just have a break, usually along with a couple of volunteers at the office or my interpreter. One afternoon I went with Nazma[7], the cleaner/cook at the office, who used to come to my study room to chat in her breaks. I realized Nazma was overwhelmed that I would let her go with me. When leaving the office people were wondering why we went together. They said to me: "You do not need to go with her. You can go with me, when I am finished with my work". We were stopped three times on our way out, and even though Nazma had done all her duties for the day I was in her presence offered to go with someone else. While at the market we experienced reactions on the fact that we were together there. I knew from my previous stay in Bangladesh that it was not correct behavior to spend time with servants, but I wanted to challenge the layered system which in my eyes is problematic, and Nazma really wanted to go. In the end however, when back at Light House, Nazma got the blame for having accepted to go (Observation diary, 20.08.08). The day after I asked two of the people at the office why the reactions towards her were so harsh. One of them stated: "It is Bengali culture. It may for some seem strange that a servant shall be in company with a foreign girl like that" (PM 1, LH, Tea break 21.08.08). Nazma's place was at the office or at her home, some few hundred meters from the office building.

In India several attempts have been done to dispose of the caste system, but in spite of major social and cultural changes the system is still prevalent. When the Indian sweepers sweep the streets, they prove that their caste's members in fact are impure. At the same time they have to sweep the streets because they are regarded as impure. In this manner the symbolic and the social are linked together. The two levels – social representation and practice – are mutually strengthening each other (Eriksen, 1998). Similar processes strengthen the social positions of

---

[6] 1 Taka (BDT) is approximately 0.08 NOK or 0.014 USD
[7] Fictive name

the sweepers, the sex workers, and also the servants, of Bogra. They are regarded as impure, and are kept within their situation because of the impurity of their work.

The social position of the poor upholds their educational ignorance. This leads to the general perceptions that people of lower layers are not capable of acting or reasoning much, that they are inferior beings. Lower workers may contribute to this discourse themselves, when for instance a sex worker is saying "we are not civil" (SBSW2, focus group 13.09.08). The fact that Nazma got harsh reactions on the market trip made me not want to challenge the discourse in similar ways anymore. I have however come to appreciate that Nazma knowingly challenged the discourse, fully aware of consequences she would have to face. She explained to me that a trip to the market mattered more than risking more of her usual treatment.

It is a question whether Butler's (1997) conception of internal power is relevant to the poor people, to girls and women, and to the socially stigmatized and excluded people in the socially layered Bogra society. In my view the answer would be yes, it may apply well. Butler argues that persons exercise internal power just by *being*. The acknowledgement of own agency may be missing, by result of the restrictions and the social exclusion that follows any attempt of acting against the discourse. But the power debate of Butler may be understood on a deeper level, as she states that all individuals make choices even by keeping quiet. The discourse is re-created also by quietness. The problem for the poor, the women, and the sex workers in Bogra is not that they lack "internal power" but that the restricting social discourses are strong.

My immediate response to the practice of the master-servant orientation is that it is problematic, that it shows no justice, and that valuing all human beings as equals is the only just practice. In theory it seemed most Bengalis owned the same apprehension, though many thought it interesting that I was preoccupied with this. People generally treated other people politely, but as the society is practically structured such values get a meaning on another level. People at Light House expressed to find it a great value to help vulnerable, outcast groups like drug users, sex workers and MSMs. In Islam one of the five pillars, i.e. principles, concerns giving to the poor. A difference in Islam from Hindu views is that the poor do not have themselves to blame for their reincarnated social situation. There seemed to be a conflict between espoused will or sense of good, and a practice where the social representation and practice mutually strengthens each other, the way that some social groups become inferior

beings who need to be "helped" through the master-servant orientation. However, *servants'* job, even how poor they are, is to serve, and have to be helping; not helped. The social structure hinders lower rank individuals to gain dignity and equal rights the same way as the elites.

4.3 Focus on religious norms

Religion is commonly discussed as a typical collective phenomenon in the society which does not exist as an aspect in the individual person, but needs a community in order to exist (Eriksen, 1998). The Muslim community of Bogra seemed to highlight rather conservative religious norms as moral standards.

A common approach to HIV/AIDS in Bangladesh, also presented by the Government, is that since Bangladesh is a predominantly Muslim country and people follow the religious norms meticulously, HIV/AIDS would not be a problem (Rahman, 2005). My respondent from CARE Bangladesh argued that since Bengalis maintain religious suits and regulations this is one of the important factors of why the prevalence of HIV/AIDS is so low (R, CARE Bangladesh, int. 29.09.08).

Religion is strongly believed to be a preventer of HIV/AIDS. Islam is held to consider it unnecessary and immoral to take drugs or alcohol, engage in homosexual practice or sex for other purposes than children. The executive director at Light House stressed that "following religious ethics people believe that drug use, practicing homosexuality and extramarital sex is sin, is illegal; that God will punish them after death, and that God will never love them if they deviate from the rules. Religious ethics are absolutely acting as a preventer against HIV", he argued (ED, LH, int. 29.08.08). In Bogra, disease, and particularly HIV/AIDS, seemed of some to be interpreted as punishment from God. Implications of such perceptions of morals are strong for HIV infected who may face stigma and feelings of guilt, and who in turn may drop speaking openly about their infection.

Thus, a problematic effect of religious ethics may be the contribution of making the HIV vulnerable and infected people stigmatized in that they are considered immoral. Deviating from religious norms may result in communal condemnation. Religion may act as both a *preventer* of HIV/AIDS, and at the same time a *stigmatizer* towards infected and vulnerable

persons. As a stigmatizer religion prevents the MSMs, sex workers and drug users from daring to speak about their problems and actively become part of a solution for HIV prevention. Religion may this way be approached as a cultural feature which keeps HIV/AIDS a discourse of silence and therefore contribute to the *increase* of its spread.

Statistics tell about real practices which do not always conform with religious norms (Rahman, 2005). My CARE respondent confirmed and stressed that "even though we are religious people and we are maintaining religious rules and regulations surveys show extramarital sex and drug use is common in Bangladesh" (R, CARE Bangladesh, int. 29.09.08).

The Bogra area was described by many respondents as one of the most religiously conservative areas in Bangladesh. Differences in religious practice between Bogra and Dhaka could particularly be observed during the month of Ramadan; the month of *roja* (the Bangla word for fasting). When the sun sets after a long day where people are not supposed to eat or drink, people gather in the streets or at home to do *iftar*, the breaking of the fast, which means enjoying a small meal of dates and various fruits and sweet cakes. At the Light House office in Bogra was organized a delicious *iftar* meal for all the employees and volunteers one of the evenings, even though not all staff were Muslim. This may indicate that many in Light House are sincere Muslims, respecting religious moral values. In Bogra most people did not eat or drink water the whole day, not even many of the brick workers sweating on the roof. The heat was tough but it was reckoned as a weakness to drink water. In Dhaka I found many Muslim people drinking and even eating during the days of Ramadan, hence the religious discourse in Dhaka seemed more liberal than in the rural city of Bogra.

As mentioned, one of the five pillars – or life guiding principles – in Islam is called *zakat*, and implies paying an alms or 'charity tax' to benefit the poor and the needy. Zakat is the compulsory giving of a set proportion of one's wealth to charity. It is regarded as a type of worship and of self-purification. Zakat is suggested to help acknowledging that whether one is rich or poor is God's choice, so one should help those he has chosen to make poor (BBC, 2009). The poor high-risk individuals that constitute the beneficiaries of Light House are stigmatized and marginalized. Even though no direct link can be made between the *zakat* and the practice of Light House, the *zakat* may possibly contribute to make Light House's projects approved of and understood better.

61

With the idea that God has a plan, and has the overall responsibility for everyone, it would presumably lead to religion being rather fatalistic. Religion in Bogra might to some extent hinder individual choice, and might implicate that HIV/AIDS is God's will. Particularly informed by religious interpretations are traditional discourses of gender and sexuality. Thus, it seems natural to discuss values regarding gender and sexuality as a prolongation of this chapter.

4.4 Masculine and heterosexual discourses of gender and sexuality

In Bogra prevailing discourses of gender and sexuality seemed to be traditional, masculine and heterosexual discourses which may well be informed by religious norms and, later, by a medical science focused on biology. Discourses of masculinity and heterosexuality may make both men and women vulnerable to acquiring HIV.

A gendered orientation seemed to exist across religious orientations. I attended a three-days' gender seminar for Christian youth organized by a Christian NGO (02.-05.10.08). During one of the seminars a girl participant raised her hand and told a simple story about her girlfriend that had been out walking while some boys had hindered her to pass and started harshly insulting her. Two of the male seminar participants immediately raised their voices and exclaimed with irritation: "But what was she doing in the street in the first place?" Other boys agreed, immediately putting the blame on the girl who had done nothing else than walking in the street by herself. Still this was considered inappropriate female behavior.

The social construction of gender in Bangladesh showed clear features of tradition. Men seemed to possess the economic responsibility of feeding their families and the responsibility of assuring that family members' actions suited local expectations of tradition. Decisions could be made for women and girls without their consent. Daughters were taken out of school rather than sons if the families had financial problems. Girls seemed expected to be quiet in the presence of elderly and male persons. All the same, gendered norms of Bogra and Dhaka seemed to differ. In the late afternoon streets and paths of Bogra it was not likely to see women, while in Dhaka women were easily moving around. In Bogra girls were dressed in *salwar kameez* or the traditional *saree* while in Dhaka some girls would wear jeans and T-shirts (Observation diary, 06.10.08).

Gendered violence in Bangladesh is a product of traditional social, cultural and religious values that maintain patriarchal attitudes in different levels of society and limits empowerment of girls and women. It may refer to any private or public action that may be expected to result in physical, sexual or psychological suffering. Gendered violence touches all spheres in a woman's life, her possibility of self determination and productivity, her possibility of taking care of herself and her children and with that her total situation regarding health and quality of life (Sarker; in Ribeiro, 2007[8]). Women in Bangladesh are taught to leave the initiative and decision-making to men. Regarding sexual matters women may be unable to refuse sexual activities or demand that their husband or male partner uses condom regularly as they cannot afford to jeopardize his support (Rahman, 2005).

Sexual intercourse is one of the main modes of transfer of HIV/AIDS. A common interpretation of Islam seemed to be that Islam denounces homosexual practice, and that sex is only meant for the purpose of children, within marriage. In addition, open discussion on issues of sexuality seemed a taboo. Almost all HIV/AIDS prevention projects in Bangladesh focus on those already infected or on people of the most HIV vulnerable populations: In practice it may become the task of the homosexuals, the drug users and the sex workers to prevent the disease from spreading throughout Bangladesh, since they are the ones receiving information on the topic. They are guided to tell about HIV and how it is spread to clients and peers, not sharing same needles, and using and promoting condoms.

4.5 How local cultural values may affect the groups most vulnerable to HIV/AIDS

Homosexuals, sex workers and drug users are reckoned by both Light House and the donors to be the most vulnerable persons to get HIV/AIDS in Bangladesh, and are the groups to which the prevention projects are directed. The following is an attempt of describing how these groups specifically are affected by the cultural values presented.

---

[8] Both writer and rewriter had unfortunately difficulties finding the original article; thus only the secondary source is used.

4.5.1 MSMs

'Males who have Sex with Males' ('MSMs') was the common expression used describing men practicing homosexuality. The term seemed from time to time sidelined with 'male sex workers'. In this study the term MSM will be used regarding men with homosexual tendency, who also may have earned their living as sex workers.

Persons with homosexual tendency in Bangladesh live difficult lives, almost double lives – half in public, half in the shadows. They cannot tell about their sexual tendency in public (Buncombe, 2008). Within the Light House centre it seemed however, interestingly enough, unproblematic to discuss sexuality. Most of my respondents at the MSM centre were illiterate and had low-income jobs. To get more income they worked as sex workers in the evenings. Their customers were male students, rickshaw pullers, police or soldiers – everyday people (OW 1, MSM centre, LH, focus group 14.09.08). It seemed to be dangerous work. My respondents explained that after sex, customers often refused to pay the agreed price, and there was constantly a threat of violence (Focus group, 14.09.08). The strong social expectation of getting married and finding a family seemed difficult for these men as they could not tell about their status as homosexuals to their wives and children; that would mean social exclusion. Since marriage often took place when these boys were very young, not all were aware of their homosexual tendency before entering into marriage. The family of one of the respondents at Light House lived in a village outside of Bogra, while the husband lived and worked in town, where he also had a male partner. That relationship was about love, he expressed.

The male sex workers at Light House expressed a wish to escape the commercial sex business but stated that the key factor in keeping them in the trade was the difficulties getting well-paid jobs. "The general population does not wish to work with MSMs, they do not know our feelings, and they do not want to know either. People may not tolerate that we behave in feminine ways." (OW 2, MSM centre, LH, focus group 14.09.08). Another respondent expressed: "It is difficult for us to move anywhere. That is why you will not see any MSMs in the streets during the day time. Many people hate us because we are different, they cannot tolerate us" (OW 4, MSM centre, LH, focus group 14.09.08). Some of them had a gentle and sometimes gracious way of moving their arms, and some liked doing embroidery and other

so-called female activities. It seemed the masculine, heterosexual discourse was prominent in Bogra as there seemed to be little room for femininity in a man's behavior.

One of my respondents at the Light House centre expressed anxious feelings when he said "I have asked myself and God many times; 'why are we MSMs?' Biologically we are men but our behavior is like women's, and we fall in love with persons of the same sex. It is very difficult to be so different from other people" (OW 1, MSM centre, LH, focus group 14.09.08). One of the focus group discussants pictured the heterosexual sexuality discourse when stating that "it is a bad, however uncontrolled habit to be homosexual" (OW 3, MSM centre, LH, focus group 14.09.08). By saying this, he contributed to the discursive formation. The other focus group participants agreed to his view. The worst they felt they were doing in their daily lives was practicing sex, and they spoke of engaging in sexual intercourse with another man, regardless of love, as a bad, but uncontrolled habit (Focus group, 14.09.08).

Homosexuals in Bangladesh seemed to live on the edge of the conservative Muslim society. In addition homosexual practice is not allowed by law in Bangladesh (CommonLII, 1860, section 377[9]). The MSMs explained they were vulnerable to harassment and violence also from police and persons from law enforcement agencies. The project manager at Light House (PM 1, LH) told a story illustrating fears of an MSM.

> "Through our lab we found an HIV positive client. At first we tried to refer him to a care- and support organization for HIV infected individuals. He was not convinced at first, and told us frightened: 'What they will do there is shooting me or killing me with injection!' Our counselor counseled him and after some time he agreed to go to the organization to receive care and support. After some time a friend of the same person came to the Light House centre and expressed the same worries: 'Why are you referring him to that other organization, are they in time going to shoot him because he is HIV positive and MSM?' Our counselor also counseled this friend and invited him as well to visit the support organization. After going there he came to us and said he was pleased. Now he knows support may be given" (PM 1, LH, int. 01.09.08).

MSMs may be hesitant to seek help as a result of stigma towards HIV infected people and national laws prohibiting homosexual practice.

In Bogra the strong community orientation seemed to value the family unit and the discursive perception that one's sexuality and gender is determined by biology, and not a matter of

---

[9] *"Whoever voluntarily has carnal intercourse against the order of nature with any man, woman or animal, shall be punished with imprisonment for life, or with imprisonment of either description for a term which may extend to ten years, and shall also be liable to fine."* (CommonLII, 1860; Imaan & Alam, 2008).

personal choice or preference. Islam was held to denounce homosexual practice, and so did national laws (CommonLII, 1860). There seemed to be a lack of privacy in the local society where the value of community may find it a communal task to see through what was decent or not.

4.5.2 Female sex workers

In Bangladesh, no legislation has been passed since independence (1971) that recognizes commercial sex as a profession. Furthermore, the society considers sex workers as fallen women who do not deserve social dignity or recognition. Without legal protection under Bangladeshi law, sex workers have to struggle daily for their survival (Ara, 2005).

Poverty, low household income, large family size, parents' inability to pay dowry, high costs of arranging a daughter's marriage and lack of educational and employment opportunities cause girls and women from poor families to become victims of trafficking and to take up commercial sex work. According to customs, a daughter or daughter-in-law who is sold into a brothel or raped will lose her social acceptance, rendering her family unable to accept her back into their home. Families fear social exclusion if they help a sex worker daughter or a wife. Thus, left without options, girls and women may resign themselves to a life of commercial sex work. There are also a large number of divorced, separated and abandoned women who try to support their family and children through commercial sex work (Ara, 2005). Women may possess little education. Within a discourse of masculinity it might be considered inappropriate or even impossible that a woman could feed their family through "men's work".

One respondent stated: "We earn money to client's choice. We cannot say anything. Clients are rickshawalas, truck drivers... not rich people; rich people will not choose us, since we work from the streets. We want to say a fixed price but we may be tortured if we do so, and no-one is there to help" (SBSW 1, focus group, 08.09.08). They are to be chosen, they cannot state the price, and they put themselves in a position as if they have no choice in these matters. Local cultural values make it difficult for these sex workers to take the lead in their own lives.

"All people say: Change your lives, come back to our society. But when we try to change back to society, the society cannot accept us. So we cannot change. [...] We are not civil" (SBSW 2, focus group 08.09.08). In discussing what could make the sex worker's lives easier they put forward a wish to get socially accepted as equal members of society. The society seems to condemn the people of the trade, craving that they change profession in order to get acceptance as society members. At the same time the social discourse pushes the sex workers back in the trade again whenever they make an effort to change way of income. If one time sex worker the society stamps you as always a sex worker. In a similar manner as the casteless in the Indian caste system they are being put aside as outcasts of society.

Still, they expressed dreams of change. Focus group discussants expressed the need for help to change their situation. "We want to change our lives. If Light House, some other NGO or the Government would give us opportunity to earn money in a right way, we could change our lives. It could be courses on handicrafts, sewing, or garments labor. This life is not safe and we cannot escape it on our own" (SBSW 1, focus group 08.09.08).

Female sex workers expressed the following worries: "Our biggest worry is that we need a personal house. Fridays create a lot of problems. The whole day we stay within the railway station and the railway people and door-to-door salesmen know that we are staying there and they disturb us. If not at the railways we stay at the Cinema Hall (SBSW 3, focus group 08.09.08). The Integrated Health Centre-in-charge manager at the centre expressed that there is a mental pressure on these people's daily lives. They will have to buy food, clothes etc for the money they earn, and are totally dependent on working enough (IHC-i-c 1, LH, int. 07.09.08).

The female sex workers expressed sadness and loneliness in the lack of families. In the Bangladeshi society the family unit is playing an important and vital role in the everyday life and in the creation of personal identities. The lack of families or family acceptance was emphasized in the discussions. "We have no personal house, no family". "I had only my brother. Three days ago he died in a road accident". "I had a husband. He hit me yesterday". "I was tricked to become a prostitute. A woman tricked me" (Female sex workers and peer educators, focus groups 08.09.08) One respondent expressed: "I want my son to be literate. I want to build my family but it is impossible because my husband doesn't allow me to come

home to the family. I was tricked to go into prostitution and my husband said I was no good girl. My son is nine years old" (SBSW 4, focus group 08.09.08).

The sex workers stated that they explain the importance of using condoms to clients. At the same time they may not use condoms in sexual intercourse with their loved ones, surveys show (TL, LH, int. 24.09.08; R, CARE, int. 29.09.08). They may act that way to demonstrate for themselves that their loved one is someone special, and not a customer. Thus, sexuality should be approached as more than biological intercourse, and in addition as an emotional phenomenon, linked to the social reality in which the sex worker lives.

4.5.3 Drug users

Other individuals highly vulnerable to HIV/AIDS in Bogra are individuals addicted to drugs. The practice of many peers repeatedly using same needles and syringes is a major factor in the spreading of HIV/AIDS. Drug users are also stigmatized as immoral, as taking drugs is regarded as irreligious behaviour, or sin. Furthermore, using drugs is also against Bangladeshi law (Imaan & Alam, 2008). As a consequence, "[i]t is not legal to sell needles and syringes without prescription in Bangladesh. Illegal shops are there though, selling needles for a high price" (IHC-i-c 2, LH, int. 13.09.08). Without the opportunity to buy syringes easily the solution for the injecting drug users may be to share needles and use them many times each; hence increasing their vulnerability to HIV.

My respondents of the drug users at Light House seemed indifferent regarding getting tested for HIV at the Voluntary Counseling and Testing centre of Light House (Drug users, focus group 13.09.08), even though it is actually open and for free, also for family members (IHC-i-c 2, LH, int. 13.09.08). The project manager (PM 2, LH) stressed: "Drug users may be afraid of getting tested for HIV. They fear stigmatization if it becomes known that they are HIV positive" (PM 2, LH, int. 06.09.08). A major problem for the drug users seemed to be that they could not reveal that they were addicts at home, to their families, as drug use was regarded as irreligious behavior and bound to shame. In addition, "it is very difficult for drug users to discuss the topic of HIV/AIDS in their families" (OW 1, DU centre, LH, int. 11.09.08). It is not evidential that, even if the drug users would check themselves for HIV and found HIV positive, they would tell anyone about it. None of my respondents at any of the centers would tell me whether they were HIV positive or not, expressing that such

information is confidential. Outreach workers at Light House kept trying to get beneficiaries to test for HIV. This is important to hinder spread of the disease, at least so that drug users start being careful with injection practices, and start using condoms. It was important to convey that HIV may easily be spread both through syringes and sexual intercourse.

Drug use happens frequently among students (both male and female), and among rickshaw-pullers and mini-taxi-drivers having to deal with the polluted air and the noise (DU 2, focus group 13.09.08). The drug users I spoke with had the wish of generally improving their lives, with a wish to develop their own businesses. The biggest worries in their lives were expressed as being money, or lack thereof, a lack of control over own lives, and social acceptance.

The drug users' centre manager (IHC-i-c 2, LH, int. 13.09.08) argued that it was highly important to change certain underlying values in society along with an alteration of laws which prevent drug users from seeking help and discussing their problem.

Drug users become victims through their abuse, and may face a life viewed as fallen individuals in the layered society. In addition to the harms of drug dependency the addicted may face the stigma following their 'irreligious' behavior. National laws may furthermore make them silent, preventing them from seeking help. The outreach workers at Light House stressed the importance of listening, giving out free syringes and condoms, guiding the drug users to change syringes continuously, and guiding them to go for counseling at the Light House centre. The outreach work needs a long process of counseling. "We have been there ourselves. We know that we need to be patient" (OW 1, DU centre, LH, focus group 13.09.08), one of the outreach workers stressed.

4.6 Summary

Cultural values of the Bogra society of special interest to the Light House reality are revealed through community orientation, layered social structure, emphasis on religious norms, and masculine, heterosexual discourses of gender and sexuality. The cultural values are shaping the lives of the target groups of Light House; the homosexuals, the female sex workers and the drug users, representing major influences on Light House's conceptualization of its task and mission. Giddens (1991) characterized traditional societies as societies which orders life within relative set channels. Berger and Luckmann (1995) characterized traditional societies

as societies with a fixed set of super-ordinate values. Within the Bogra society traditional values were influential. However, the society consists of individual voices, powerful in themselves, and I discovered original and "wise", new-thinking approaches/ minds, challenging the prevailing discourses, both among the target groups and staff at Light House.

5 Values of the donors

The Government of Bangladesh seeks to fulfill its commitment to the UNGASS Declaration (2001) and reaching the Millennium Development Goals (MDGs) with special reference to MDG 6: "*Combat HIV/AIDS, Malaria and Other Diseases*" by 2015 (UN, 2000) (NSP, 2004). The donors to Light House focus on principles of the *Universal Declaration of Human Rights* (UN, 1948). The human rights and the UNGASS declaration (2001) value equality and focuses on the individual. Donors to Light House particularly emphasized gender equality and tolerance towards sexuality.

Values may be approached in two ways – as espoused values and as values-in-use (Argyris & Schön, 1978). On the one hand values are conscious verbal valuations expressed by groups or individuals. On the other hand, values are nonverbal valuations more or less unconsciously expressed through actions. Values are constructs of worth, being espoused in language as goals, ideals and preferences, or extracted from actions trough processes of interpretive sense-making. Thus, the study will also attempt to give a picture of "practiced values", related to donor control, principles of effectiveness and measurable results, short-term commitment, and a charity-approach at the expense of empowerment.

Although the actual fund is given by USAID and the Government of Bangladesh, the term 'donors' in this research incorporates also the implementing agencies Family Health International and CARE Bangladesh. The project does not attempt to create a picture of common values in the global aid agenda as it is only dealing with the four donor agencies of interest to the relevant HIV/AIDS projects. Values of the donors seem not as unanimous as cultural values of the Muslim population in Bogra. Hence, the focus will be on 'donor values', not 'cultural values of the donors', since the donors do not have a common cultural value-frame through which they operate. With the different donors come different preferences and guidelines, and values-in-use.

5.1 Espoused values

With espoused values is meant the verbally announced values of the donors, found in public documents and speeches. Donors hold the *Universal Declaration of Human Rights* (UN, 1948) as guiding principles, both through documents and in the communication with Light House.

The Government of Bangladesh is using the term 'human rights' but seems to keep it a hollow phrase. The human rights seem far down on the list of its priorities. The observation and protection of human rights may be handicapped by the lack of any independent institution to promote and protect human rights or to monitor human rights abuses in Bangladesh (Hossain & Siddiqi, 2007). Nevertheless, principles of the human rights' declaration (UN, 1948) are espoused basic principles of the Government, and a number of the human rights have been copied into the Bangladeshi constitution (GoB, 1972; Imaan & Alam, 2008). Human rights are also stated as basic principles of the USAID, FHI, and CARE Bangladesh. Hence, basic principles of the human rights will be dealt with as espoused donor values.

As an example, USAID seeks to make a difference in the lives of the poor in Bangladesh by focusing on promoting human rights (USAID Bangladesh, 2005). According to USAID systematic violations of basic human rights remain a considerable concern in Bangladesh, especially for women and children. USAID Bangladesh emphasizes the importance of supporting activities that strengthen civil societies in dependent oversight, monitoring and advocacy capacities to assist in checking human rights abuses (USAID Bangladesh, 2005).

A brief discussion of the *National HIV/AIDS Policy* (NAP, 1996) in Bangladesh and the *National Strategic Plan for HIV/AIDS 2004-2010* (NSP, 2004) may be of relevance in picturing donor espoused values. The policy (NAP, 1996) is created by the National AIDS Committee and seeks to follow the "Global AIDS Strategy [and] universally recognized principles of ethics and humanity" (NAP, 1996: 12). The strategic plan 2004-2010 (NSP, 2004) is created through the National AIDS/STD Program (NASP) in collaboration with development partners such as the UN and CARE Bangladesh. Hence, values of these papers will be elaborated on as donor values. The papers are products of cooperation between the Government and global agencies, and seem to be influenced by values of the international HIV/AIDS agenda.

The National HIV/AIDS Policy (1996)

The National HIV/AIDS Policy (NAP, 1996) contains the overall principles regarding HIV/AIDS which all donors must pay regard to. It incorporates and upholds respect for the Universal Declaration of Human Rights (UN, 1948), the Constitution of Bangladesh (GoB, 1972) and other international human rights instruments (NAP, 1996). It upholds a number of named rights, and undertakes to protect fundamental rights of persons affected with HIV and AIDS. The policy statement undertakes to device a national program for prevention of HIV and AIDS as part of the national health system, and to involve government sectors and NGOs in the process (NAP, 1996).

The policy (NAP, 1996) presents three models of law analysis. The models are connected to the proscriptive, the protective and the instrumental roles of the law. The policy recognizes that existing laws which criminalize intravenous drug use and homosexuality are restrictive and obstruct the implementation of prevention strategies. Some examples of general *proscriptive laws* are: Prohibiting sale of condoms; making it an offence to possess needles; closing brothel houses. As a result of such proscriptive laws, higher risk individuals are unwilling to come out in the open, fearing adverse legal consequences. People at risk are driven underground. Further examples of proscriptive laws are highlighted in the policy, such as broadcasting laws restricting dissemination of information linked to sexuality (NAP, 1996). The policy advocates that proscriptive laws should be removed, and states that for a policy to be effective it requires more than just prohibition.

With *protective laws* the aim is protection of individuals in society. The aim of the law is to promote human rights of the individuals. The advantage of the protective laws is that these may draw out the target population and encourage them to cooperate with the policies (NAP, 1996). The policy (NAP, 1996) makes a number of suggestions for enactment of protective laws, such as human rights laws giving legal effect to rights like the right to privacy, anti-discrimination laws giving remedies for discrimination in employment, housing, access to health care, etc, against HIV sufferers, their families and friends (NAP, 1996).

The *instrumental role of the law* is where it takes a proactive role and aims to change underlying values and patterns of social interaction. This would include provisions that increase the right to information so that people will know how to protect themselves from

73

infection. The means would be through enacting laws to ensure access to information by groups at a social and economical disadvantage. Further, the aim would be to remove legal regimes that encourage economic dependence of women through land ownership and marital property laws or laws denying access for women to paid employment. Some useful suggestions in the policy for instrumental laws include laws requiring brothel owners to insist clients use condoms, laws promoting empowerment of women to increase their socio-economic independence, and laws relating to consent to sexual relations by women in order to prevent offences of rape against marginalized populations (NAP, 1996).

As briefly discussed, the HIV-related legal framework in Bangladesh is vague, with outdated laws or without necessary supporting laws or regulations to ensure that the principles are adhered to. Some laws are also applied in a haphazard fashion (Bondurant et al., 2007; Imaan & Alam, 2008). The policy (NAP, 1996) argues that harming laws that prohibit homosexual practice and drug use need to be altered. Through the maintenance of such laws and the negligence of any existence of sex trade, it is however possible to reveal the Government's tacit values within a traditional discourse. My respondent from the National AIDS/STD Program of the Government stated that the Government has "relaxed the law" only to grant donor organizations a possibility to implement globally recognized projects in Bangladesh (R, NASP, GoB, int. 29.09.08).

The National Strategic Plan for HIV/AIDS 2004-2010
The strategic plan of 2004-2010 (NSP, 2004) recognizes that one of the key bars to an effective response to the HIV/AIDS issue is to adverse impact of discrimination and stigma. It also recognizes that protection of human rights must be at the centre of the HIV/AIDS prevention and control effort in Bangladesh (NSP, 2004). The national AIDS/STD program is aiming to take care of the response to the epidemic. It exercises its stewardship in partnership with national and international NGOs and civil society. The stewardship also involves partnerships with the UN (NSP, 2004).

Through this brief presentation of the national policy (NAP, 1996) and strategic plan (NSP, 2004) espoused donor values are presented. The papers are to some extent created through the cooperation between the Government of Bangladesh and international agencies such as the UN, with the aim of paying attention to global AIDS strategies and human rights' (UN, 1948)

principles. Aiming to present espoused values more in detail, the following discussion will focus on the donor orientation towards the individual.

5.1.1 Orientation towards the individual

In modernity there are opportunities for self-development which becomes full of potential ways of being and acting (Giddens, 1991). In self-oriented cultures, as Dimmock and Walker (2000) argue, such as some Western societies, people regard themselves as individuals first, and members of a group second. 'Individualism' is at once an ethical-psychological concept and an ethical-political one. As an ethical-psychological concept, individualism holds that a human being should think and judge independently, respecting nothing more than the sovereignty of his or her mind; thus, it is intimately connected with the concept of autonomy. As an ethical-political concept, individualism upholds the supremacy of individual rights, the principle that a human being is an end in him- or herself, and that the proper goal of life is self-realization (Branden, 1984).

Modern anthropology approaches the individual as a reflexive project, for which the individual itself is responsible. This approach upholds that we are what we *make* of ourselves (Giddens, 1991) and is common for modern, liberalistic and capitalistic Western societies. Donors are emphasizing human rights principles by focusing on quality services for individuals in their work.

A 'right' is a moral or legal claim to have or get something or to behave in a particular way (Oxford Advanced Learner's Dictionary, 2005). In article 1 of the *Universal Declaration of Human Rights* (1948) is stated that "All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood" (UN, 1948). The individual is not primarily valued as brick stones in the larger entity of a group, but is regarded in itself as the primary entity. The question evolves, how may the donors implement human rights guided projects directed towards individuals in countries like Bangladesh, where the group rather than the individual is the primary entity and standard of value.

The donors put emphasis on quality services for individuals of the target groups. I understand it as this is partly done out of a comprehension of the human being that differs from the local

anthropology. The donors are focusing on the modern, so-called "universal" human rights of every individual life in the way that they focus on 'quality services' for the individual drug user, MSM or sex worker. To give an example of the donor focus on individuals the following story from Family Health International (FHI, 2009a) is relevant.

> Lovely is a sex worker in Bangladesh. Like many impoverished rural women, she went to the city seeking work but ended up on the streets. She is one of hundreds of sex workers struggling to survive in the northeastern city of Bogra. "When we found Lovely, she was anemic, slept beside the street dogs, and had unprotected sex," said her outreach worker, Musammat Aktar. […]
>
> Musammat took Lovely to a Light House health center to bathe, relax, and learn how to read and write. "We taught her how to negotiate condom use to protect herself from infection," recalled Musammat. Lovely soon understood the importance of her personal safety and health and sought treatment at a Light House STI clinic.
>
> Light House has changed Lovely's life for the better in other ways as well. She now regularly showers and goes in for checkups and treatment at an integrated health center. Lovely has learned conflict resolution skills to keep her safe on the streets, and she knows how to use male and female condoms. As a peer educator, Lovely uses her new skills and knowledge to protect herself and her peers from STIs and HIV (FHI, 2009a).

Family Health International focuses on individuals most vulnerable to HIV by promoting condoms, training peer educators and emphasizing the management of sexually transmitted diseases (USAID Bangladesh, 2009). By telling a story where the focus is on Lovely, it is evident that the centers focus on prevention, treatment and rehabilitation with the aim of returning *each patient* to a healthy, productive life (FHI, 2009a).

Donors' message is that individuals ought to be free, independent and democratic. Everyone has rights, simply because they are human beings. CARE puts it this way:

> People of the "lowest" category of the wellbeing ranking (as assessed by poor rural communities), especially those people trapped in a set of unequal power relations, [need to become] able to *sustainably overcoming the barriers that prevent the fulfillment of their rights*. The path of change [should be] focused on *reduced exploitation by and dependency on others*; the creation of spaces for the very poorest to participate in *local governance* and development processes; [as well as] access to resources and services (CARE Bangladesh, 2008, emphasis in original).

This is an example of how donors value the individual as free and independent. CARE Bangladesh (2008) states that there is a need to grant the poorest an opportunity to escape

dependency on others, and be granted the rights they possess equally as any of those they are dependent upon. The apprehension of the human being found in donor statements like this seems to be that the natural state of a human being is to be independent and free of speech. When an orientation towards community or a poor social situation hinders individuals from open participation and independency, their situation should be altered (CARE Bangladesh, 2008).

In modernity the individual handles the time of her or his lifespan. Oppositely, "[t]ime which carries us along implies a conception of fate like that found in many traditional cultures" (Giddens, 1991: 72). Modernity confronts the individual with a complex diversity of choices and at the same time offers little help as to which options should be selected (Giddens, 1991). The donors seem to think in patterns of modernity in the way that individuals should be viewed as the master of own choices. Donors focus on the importance of individual choice-making, fronting that all individuals need to be made aware of their "power to choose". On CARE's international internet pages are pictures of women. The text beside the front woman is: "I Am Powerful"; and: "She can plant the seed of change. If she can get the seed" (CARE, 2009). A path of change in CARE's present work in Bangladesh is stated to be focused on women exercising greater choice in decisions affecting their lives (CARE Bangladesh, 2008).

In *practice*, it seems like the donors already treat the HIV/AIDS high risk populations in Bangladesh in a way which corresponds with how they communicate with "Western" people. In practice it appears as the donors regard the groups most vulnerable to HIV/AIDS as poor, but anyway free, democratic people that can easily speak out. However, for these groups this is not necessarily the case, just as the written and espoused concerns of CARE (2008; 2009) emphasize. The high risk individuals may act out of expectations of the broader family, rely on destiny, and trust that God has a meaning with everything that happens, being deeply rooted within the local cultural values of their society.

5.1.2 Equality and empowerment

'Equality' may be defined as the state or quality of being equal; correspondence in quantity, degree, value, rank, or ability. Similar to definitions on egalitarianism, 'equality' is commonly based on the belief that every human being should have the same rights and opportunities (Stanford, 2002). In article 1 of the human rights' declaration (UN, 1948) is stated that "[a]ll

77

human beings are born free and equal in dignity and rights". In article 2 is stated that "[e]veryone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status". The donors to Light House foreground the value of equality for all in their activities, regardless of social status (NAP, 1996; NSP, 2004; CARE Bangladesh, 2008; FHI, 2009a; USAID Bangladesh, 2005).

The Norwegian agency for development cooperation (Norad, 2009) argues that in societies where a significant alteration of power relations is required to achieve development, it is essential that development work is based on international rights and conventions ensuring poor people's access to basic resources and social services such as health and education. Similarly, the donors to Light House argue in light of the human rights and Western democracy- orientation.

CARE Bangladesh (2008) emphasizes that the most marginalized groups in Bangladesh should have secure and more viable livelihoods and be treated as equal citizens by the state and society. CARE's work focuses "deliberately and explicitly on people's efforts to achieve the minimum conditions for living with dignity. We recognize the poor, the displaced and victims of violence as having inherent rights essential to livelihood security – rights that are validated by international law" (CARE Bangladesh, 2008).

The principle of equality within the human rights emphasizes that all human beings are equals in dignity and rights. The implication for the human right guided donors is that poor and marginalized people need to be rescued from torture and inhuman treatment and granted their rights as human beings. This seems to be the very basic donor approach to equality. As an extension of this approach donors emphasize the value of empowerment, not only charity-aid, to the beneficiaries. To become equals in dignity the poor need to 'be empowered' to self-sufficiency. This relates to the donor focus on equal cooperation, partnership and community ownership of the HIV/AIDS program. The aid business is aimed to be a business between partners which results in development for all parties.

"In order to reach core development goals, such as strengthening local ownership, increasing development actors' accountability to their target groups and reaching farther out and deeper down to new recipients, it will remain crucial to achieve reciprocal partnerships" (Norad,

2009: 6). CARE Bangladesh believes that true partnerships are based on a shared vision regarding the objectives and purpose of the work undertaken together, along with shared contributions of resources, shared risks and shared control of program and financial information (CARE Bangladesh, 2009a). Furthermore, a partnership in the modern sense seems built on mutual cooperation, trust, communication and equality between partner members. One of CARE's programming principles is to promote empowerment, both for the beneficiaries and for partner organizations, and for CARE themselves (R, CARE Bangladesh, int. 29.09.08).

5.1.3 Gender equality, and a tolerant approach to sexuality

Light House staff stated that the donors foreground gender equality through principles like "equal pay for equal work" (PM 1, LH, int. 01.09.08). In article 23 of the Human Rights (UN, 1948) is stated that "[e]veryone, without any discrimination, has the right to equal pay for equal work". Donors also promote gender equality by emphasizing the importance of female leaders and employees in the NGO. USAID and Family Health International guides Light House to convey messages like "*your* body is *your* life" to homosexuals and female sex workers at their centers. CARE Bangladesh emphasizes empowerment and agency creation for girls, shown for instance by their slogan "I Am Powerful" (CARE, 2009). Girls need to be empowered and made aware they are in charge of their own selves.

In the national HIV/AIDS strategic plan (NSP, 2004) is stated that gender must be approached as a social construct and that gender discourses influence people's vulnerability to HIV and how the society responds to the epidemic. The national HIV/AIDS policy (1996) recognizes that laws against women's land ownership and homosexual practice must be put aside. These notions show that also the Government of Bangladesh seems to verbally appreciate modern approaches to gender and sexuality. My respondent from the Government stated that "in the cultural context of Bangladesh we may not address sex education, but we have integrated the issue of HIV/AIDS to the school curriculum. Even in the curriculum of religious institutes, like the Muslim *madrashas*, this has been integrated" (R, NASP, GoB, int. 29.09.08).

USAID, FHI and CARE seemed to emphasize the promotion of gender equality in their work, and were thus complying with the international 'trend'. Many organizations with HIV programming have begun integrating multiple gender strategies. USAID (2009) reported that

increasing the involvement of men, especially young men, in gender-based programming should remain a high priority, even though it represents a challenge. Addressing gender-based violence should be considered a key component in HIV programming (USAID, 2009). USAID seek to promote positive masculinities for boys. They acknowledge that traditional masculine and heterosexual discourses are harmful and may increase the spread of HIV/AIDS. Discourse change is important, and they seek to involve boys in this effort. USAID suggests that boys should be taught at an early age that men and women are equals since harmful attitudes about females formed in childhood stay with both sexes through adulthood. Boys also need the opportunity to develop new notions of masculinity that challenge misconceptions and offer positive models of behavior (USAID, 2009).

CARE Bangladesh (2009a) seeks to work to increase awareness of gender inequities, and to change the conditions that create and maintain them in the communities. *Gender analysis* will be integrated, ensuring women's participation in identifying and prioritizing problems, in project design and in project implementation (CARE Bangladesh, 2009a).

Through the message "*your* body is *your* life" USAID and FHI[10] seemed to have a rather tolerant approach towards sexuality in focusing on MSMs and the empowerment of their self esteem. The donors may first and foremost have the eradication of HIV/AIDS as their goal, and may not have focused on homosexuals if this group was not a high risk group for the disease.

Donors argue that efforts to involve both men and women in HIV prevention have shown that containing the spread of the virus may require fundamental changes in societies' expectations of men and women. Traditional masculine, heterosexual discourses contribute to increase the spread of HIV/AIDS. Donors emphasized that boys and girls, men and women, hetero- and homosexuals, and trans-genders need to be involved in projects promoting discursive change.

---

[10] USAID is the U.S. official development agency, and FHI its implementing partner.

5.2 Donor values-in-use

Donors focus on the individual, espouse the values of equality which aim to incorporate 'equal partnerships' and gender equality, and show a somewhat liberal approach to sexuality through the focus on MSMs. In addition, donors forefront principles like aid 'relevance', 'effectiveness', 'local ownership', 'empowerment' rather than 'charity', and 'sustainability'.

However, this study argues that even though these values and principles are espoused and aimed, the practice may result in little effectiveness and little sustainability. The approach of the donors may lead to un-equal partnerships, little local ownership, and 'charity' at the expense of empowerment.

Values-in-use may differ from the proclaimed, official values (Argyris & Schön, 1978). With donor values-in-use in this study is meant the values implicit in the donors' practical cooperation and communication with Light House. Beneficiaries and staffs at Light House may experience donor values-in-use through the experienced daily expectations from donors. Unlike espoused values, the values-in-use may prove the more significant for Light House's daily practice.

Pierre Bourdieu (1991) introduced the concept of 'symbolic power'. Symbolic power may be described as a kind of concealed power where the dominant group defines the world or "reality". This makes hierarchies disguised as natural by both the dominating and the dominated groups. 'Symbolic power' is a relevant concept regarding donors' tacit comprehension of own superiority in the meeting with Light House.

In the communication between Light House and donors a discourse of 'us' and 'the others' seemed to exist (Said, 1995; Crewe & Harrison, 1998), which neither the donors nor Light House may be fully conscious about. A "we-know-better"-approach seemed to prevail in the overall aid-discourse. The heritage from the time of colonization and the Western creation of 'us' and 'the others', where 'the others' (the people of the Orient/ the colonies) were created as inferior, might still be influential. Both 'we' and 'the others' may continue to socially construct the world in this picture. The aid discourse seemed built on an approach that 'we' need to help 'the others' who are poor and inferior to 'us'. The relationship between donors and local NGO seemed marked by a 'giver-recipient' orientation (which in fact resembled the master-servant dichotomy of Bogra culture), despite the espoused donor aims of cooperation

and equal partnerships. The donors seemed the "active" part, and the local NGO the "passive". Although 'empowerment' is espoused as a main goal of aid, a 'charity'-approach seemed to guide the general aid discourse.

Donor values-in-use were revealed through a strict control and a lack of full trust towards Light House. Family Health International were phoning daily to make sure the guidelines were followed, and the Light House team leader and project managers were continuously expected to give written and oral reports. The donors could come unexpectedly to visit the office, and Light House staff was then expected to put their present work on hold, guide around and give reports to the donors; and sometimes these visits would take days. The donor principles of 'effectiveness' and 'distinct results' seemed in practice to mean a lot of paper work for Light House staff, who reported that this was time-consuming and that the time could have been used in far better ways in the field. The schemes used for the reporting of results were made internationally, they were detailed, and the language consisted of "Western" terms and could easily be analyzed as "civilization" into Western language and culture. If the local NGO would not manage English well enough to fill in the forms correctly they would presumably face difficulties keeping the donors funding. The donors focused on quantity. The funding were only secured for three years at a time, and Light House staff spoke of insecurity and little opportunity to create empowerment and sustainability, both in the case of beneficiaries and in the case of the NGO as an organization. In the end the aid seemed built on economic interests of the giver. The U.S. Government through USAID sought support of own economic industry through guidelines restricting Light House to use only U.S. branded goods in their work.

Presenting donor values-in-use proved to be a complicated research challenge. Through the observed practices, the challenge occurred of singling out values behind the practices. Donor values-in-use and implications for Light House will be further analyzed in section 6.5.

5.3 Summary

It is possible to differentiate between espoused values and values-in-use. Espoused values are the values that are actively supported and presented as good and desirable. Values-in-use are more or less unconscious values that are shown through practice, by interpretation by the researcher.

Espoused donor values are related to a focus on the individual, equality and empowerment, and 'modern' approaches to gender and sexuality, through an emphasis on the human rights principles (UN, 1948). The espoused donor values deviate in many respects from cultural values of the Bogra society where the orientation towards community, the master-servant orientation, the focus on religious norms and traditional constructions of gender and sexuality are prominent features. Donor values-in-use are found through controlling practices and the need for 'effectiveness'. Altogether donor values deviate from the local cultural values, putting Light House in a challenging situation.

6 Light House

> *[T]he generation and efficacy of culturally sensitive intervention programs is not only a matter of understanding the community, but of how the organization offering the intervention operates (Baxen & Breidlid, 2004: 21).*

The quote acknowledges the importance of understanding both the community and how organizations offering interventions operate in making effective culturally sensitive intervention programs. Organizations offering interventions may in this study both imply Light House and the donors, as they cooperate in doing so. The importance of understanding how organizations operate in creating functional strategies and interventions outwards, is highly relevant to my study. Seeking to reach an insider's perspective during and after the fieldwork through my interpretation, I hope to describe Light House close to Light House's own conceptions of its reality. In addition I discuss certain issues from a more 'outsider' angle, in a way that hopefully may prove helpful for the organization in recognizing challenges.

Initially my focus was to examine how externally guided assistance may influence and possibly disturb local practice. However, through my fieldwork I soon discovered that Light House finds its integral solutions in a constant dialectic process between cultural values of the broader culture and the donors' values. Light House is not exclusively a local NGO guided by donors, but also an institution which makes its choices and constructs its own reality in the interplay between local cultural values, donor values, and ultimately individual voices within the NGO itself (Berger & Luckmann, 1966/1991).

Globalization has lead to a situation where local and global discourses may be interrelated in complex ways. The constant creation of new cultural practices in the interplay between the local and the global is a trademark of contemporary societies and institutions (Eriksen, 1998). Voices in the religious Bogra may doubt the morality of the institution's practice. On the other hand, donors may accuse Light House of ignoring donor principles and being too preoccupied with subscribing to local values (PM 1, LH, int. 01.09.08; TL, LH, int. 21.09.08). In its intermediary position, Light House needs to create its own solutions to challenges from both sides and balance its strategies adequately.

Donors frame the strategy of eradicating HIV/AIDS in Bangladesh. They select the target populations and instruct the prioritized areas of action. Light House may not have preferred HIV prevention as part of its development work if not for donor preferences, due to the limited HIV problematic. This way the overall influence of donor expectations on Light House's practice is vast. The local society on the other hand, is influencing by expectations grounded in cultural values, traditions and norms for behavior. Light House is thereby both guided to operate according to donor expectations and at the same time to perform locally in socially acceptable, culture-sensitive ways. The executive director of Light House particularly expressed the need to respect local cultural values in implementing donor guided projects. "If we do not ruin the culture, if we do not harm the aboriginals or offend religious people, I believe we can carry on our activities" (ED, LH, int. 29.08.08).

Furthermore, the executive director of Light House described necessary factors for project success: "If we deploy appropriate staff among appropriate community people, then they will manage the projects efficiently. If we may not involve some community people in the projects properly, then the projects will not succeed. Definitely everything requires the community's acceptance, and the acceptance from those that we work for. At the same time our staff should have some dedication. If we can match the two ingredients; community acceptance and dedicated staff, then the projects may succeed" (ED, LH, int. 29.08.08). It may not be obvious how to interpret the executive director's notions of the importance of acceptance from 'those that we work for', as he may either mean beneficiaries, or donors. Anyhow, with his statements he portrayed Light House's dependency on the general society's acceptance for the focus of its practice. The staff in particular needs to be comfortable with and dedicated to work with rather stigmatized groups and issues generally regarded as shady.

Simplifying dichotomies such as 'tradition – modernity' and 'community orientation – focus on the individual' are problematic because they may lead to a lack of understanding of the complexity of cultures; how cultures are influenced by others, constantly changing, and comprising many often contradictory voices. However, to answer my research questions I have focused on significant features of the local society and the donor expectations in order to reveal if the value systems deviate and how. Light House appears as situated in a somewhat clash between orientation towards community and a focus on individuals, between influences of a layered society and a focus on equality, and between traditional approaches to gender and sexuality and more liberal approaches. It is difficult to escape the simple logic of

dichotomizing in the effort of creating a picture of how the priorities differ. However, all cultures are complex and influenced by others, and it is impossible to talk about modernity as separate from tradition and the other way around (Breidlid, 2004; Gyekye, 1997).

As the Norwegian Agency for Development Cooperation (Norad, 2009) puts it, local actors' accountability, and thus responsibility goes in several directions. "Organizational accountability goes […] upwards towards donors and national governments; downwards towards target groups and local partners; inwards towards one's own members; and outwards towards other civil society actors" (Norad, 2009: 13). This study focuses on the at least two-fold challenge of Light House; to communicate adequately locally, and to perform according to donor espoused and tacit expectations.

6.1 Influenced by community orientation and a focus on the individual

In societies where tradition is challenged with modernity the emphasis on individual autonomy may have far-reaching consequences as it may mean breaking away from communitarian bonds, representing a challenge to established values and norms (Breidlid, 2002). In the eyes of a person in Bogra the Western individualism might be interpreted as leading to basic, communitarian values falling to pieces, and thus to a threatening crisis of meaning (Berger & Luckmann, 1995). The modern establishment of discourses claiming universal relevance, such as through the *Universal Declaration of Human Rights* (UN, 1948), may happen at the expense of traditional, communitarian discourses (Breidlid, 2002).

In the community-oriented Bogra where social networks are important to secure life through mutual cooperation, Light House provides drop-in-centers where vulnerable, marginalized people may come to gather with fellows in similar situations. There is an open invitation to gather and experience fellowship through games, playing music, or watching television. Children of the female sex workers may safely run around playing with the girls that are awake; hence getting a family-like support. Family Health International brands their Light House centers *Modhumita* (sweet friend) centers. The brand name is meant to speak to patients' need for belonging, care and trust (FHI, 2009). Family Health International and Light House seemed to act in a fruitful accordance with the important local value of community in this respect.

Donors focus on the value of individual autonomy. However, the message that all individuals ought to be free and independent may be rather incomprehensible to many. Local cultural values hold the group as moral standard and the master-servant hierarchies within it as functional. In practice it may be unprecedented that girl individuals in Bogra should make choices concerning marriage or occupation. Donors tend to target girls and marginalized individuals with their 'power to choose' message. Similar to the donors, Light House respondents argued for an alteration of general attitudes, regarding the 'power to choose' message as important. However, they also stressed that in promoting discursive change a broader approach is important. 'Modern' messages from external actors to marginalized individuals may not function well as the common man in the street listens to local friends, the fathers of the families to other fathers at the local tea-break place.

6.1.1 Main focus on the general society or to individuals of high-risk groups?

Light House runs its projects in accordance with donors and the national HIV/AIDS policy (NAP, 1996) and strategic plan (NSP, 2004). A main principle seems to be providing quality services for individuals from high-risk populations. The executive director of Light House stressed that "some few NGOs in Bangladesh are working with mass media campaigns, or with schools and students. However, ninety percent of all HIV directed funds go to projects aimed at the high-risk populations" (ED, LH, int. 28.08.08). This almost exclusive donor focus on individuals from high risk populations may be explained as influenced by an orientation towards the individual as the primary standard of value, and as an appreciation of the human rights' promotion of dignity and rights for people living under inhuman circumstances. However, it is evidently also a result from a consideration of individuals from the high risk groups as constituting the core of the problem, following their position as 'infectious'. Light House respondents discussed the nearly exclusive donor focus on high risk individuals as rather narrow. They argued that a more fruitful approach for preventing HIV in Bangladesh would be targeting also the general society, widening the focus of attention also to the broader community. Light House thus directed a slight critique to the donor focus.

6.1.2 'Bottom-up' or 'top-down' strategies, or both?

Light House respondents further stressed that the very limited national and international awareness through media (newspapers, TV, and Internet) may not function as awareness to the masses. These attempts may reach only selected individuals, here within the upper social layers. "What is good in Bangladesh is that we are speaking more or less one single language throughout the country. One may be able to reach the whole country through posters, leaflets or newspapers. What makes it difficult is the illiteracy. People may not be able to *read* the posters, leaflets or newspapers" (TL, LH, int. 21.09.08). As a result of illiteracy and poverty also messages through modern forums like TV and Internet may not be comprehended properly, and may not reach to local farmers (TL, LH, int. 21.09.08; ED, LH, int. 29.08.08). In addition, the few pages in schoolbooks may not be fruitful in practice. An initiative was taken in 2006, to include the subject of HIV/AIDS into the national school curriculum. However, school teachers may be reluctant to teach about issues of sexuality and disease, and instead urge students to read the pages at home (R, NASP, GoB, int. 29.09.08; TL, LH, int. 21.09.08).

Smith et. al. (1999) discuss social discourse as a factor in the efficacy of intervention programs, noting that information about HIV/AIDS tends to be disseminated through rumor and gossip, and recommend that interventions target social networks (Smith et. al, 1999). Interestingly in this relation is the initiative of the Bureau of Health Education at the health ministry of the Government in 2007 where "a renowned Bangladeshi magician traveled to 220 riverside locations by boat, communicating HIV and reproductive health messages to otherwise hard to reach rural communities" (GoB, 2008: 21). This initiative appears to be in line with Light House's philosophy. Light House staff argued that in order to reach the general, Bangladeshi society, the approach needs to consider local cultural values of community-orientation, and *practically make use* of them. By engaging local social networks, building awareness from grass-root level and upwards, Light House expressed its strategy of action. Light House respondents stressed that the general man in the street may be the main actor to prevent the disease from spreading, as it is actors in the general population that buy sex and are married to injecting drug users. They are as much a part of spreading the disease as the targeted high risk groups are (TL, LH, int. 24.09.08; PM 1, LH, int. 01.09.08; PM 2, LH, int. 06.09.08).

In addition to the present activities of donors and NGOs, prevention activities may include long-term projects and campaigns for farmers and general community people in rural areas, and more extensive advocacy meetings for police, health personnel and teachers, and at Mosques (ED, LH, int. 29.08.08). In addition direct and extensive communication through more outreach workers and peer educators who go home to people is important, respondents stressed (PM 2, LH, int. 06.09.08; IHC-i-c 2, LH, int. 13.09.08).

In an attempt of creating broader understanding in Bogra Light House has created a team consisting of people from various public sectors in town. They called it the *Project Facilitating Team*. Through this initiative Light House has used its knowledge and closeness to the local community in a way that differs from the donor approach. The project manager (PM 1, LH) stressed: "Light House finds that more involvement of people in general is important. Due to this thinking Light House has formed the Project Facilitating Team. The team has 15-20 members from several social sectors. It is administrators, civil sergeants, journalists, police administration workers, local level social workers, and religious leaders. We have found people from all society stakeholders' and social work areas" (PM 1, LH, int. 01.09.09). Light House aimed to create ripple-effects throughout society through discussion across sectors. The aim is that team members at their local work places in turn speak about HIV and values that may harm HIV infected or vulnerable groups.

As discussed in section 4.3, moral discourses seemed influential in Bogra. Team members of the Project Facilitating Team were personally navigating within these discourses, and could find it difficult to take an active role advocating a more open approach. The project manager (PM 1, LH) continued:

> "My experience and main understanding is that the Project Facilitating Team only works automatically, not taking an advocating role. Team members become aware about HIV/AIDS and the social constructions surrounding it, and they take initiatives to message this to others. They want to help, or rather help to create a better environment for an easier implementation of Light House's projects, but it is all very difficult. I am telling about this considering our previous experience. When we are calling for meetings the members are coming. We are renting refreshments and everyone is enjoying, giving feedback and sharing thoughts through discussions. But then; finish. There are in practice few ripple effects" (PM 1, LH, int. 01.09.08).

However, she continued that even it being so, Light House is getting favors from the members of the team. "When we have experienced difficult situations in HIV/AIDS meetings within

various sectors, team members have supported us there. I find that the Project Facilitating Team is not fully functioning the way we intended, but we are benefiting from it in certain ways" (PM 1, LH, int. 01.09.08). This portrays how difficult it is to create stigma reduction and discursive change, but the whole construction of the team also portrays that it is local actors themselves that need to join the effort. By upholding the team, Light House continues to promote general awareness and acceptance. This is a contribution to the goal of altering harming discourses through utilizing knowledge of the local orientation towards community, by incorporating this orientation actively. The Project Facilitating Team is a direct reaction to the almost exclusive donor focus on individuals of high risk groups through a 'top-down' (Chambers, 1997) approach, or 'giver-recipient' orientation. It also functions as a reaction to donors' efforts of mass awareness through media, which Light House staff also regarded as distant efforts "from above", far away from local cultural values.

Light House staff is influenced by local group-orientation, not in regarding the broad society as the ultimate standard for focused attention, but in targeting social networks. Light House has a genuine understanding of the necessity of communicating the prevention message also 'bottom-up', making the local man of the street a key factor to successful prevention. Thus, establishing the Project Facilitating Team is an expression of respect of local cultural values of community. In drawing on community-orientation, utilizing local knowledge, I found their approach original and wise. Light House emphasized that HIV/AIDS prevention needs a broader approach that would promote stigma reduction and discursive change. In turn, this may benefit the high risk populations more than what the present donor efforts may do.

6.1.3 Arguing for a social approach rather than the technical, biomedical focus of donors

This study does not attempt to analyze sufficiency or content of information and awareness provided through either the focus on high-risk groups, schools, or media *per se*, other than noting that the information often appeared to have a medical, technical character. However, it became evident that staff at Light House expressed mixed opinions about the content of information provided by donors. Donor guidelines were focused on technical, biomedical issues. Light House respondents argued that stigma reduction and discursive change needs broad, long-term, public programs which may produce ripple effects, focusing on *social* issues. For instance, they portrayed how practical outcomes from including HIV/AIDS awareness in schools may be hampered due to social discourses surrounding disease and the

related topics of gender and sexuality. Therefore, they argued, it is vital to target also teachers and other community stakeholders with a social approach which may result in an understanding of how identity is created within harming discourses, and how this may have practical implications.

Following Baxen and Breidlid (2004), epistemological interests, concerning the development of many HIV/AIDS prevention programs, question *what* knowledge people need in order to make informed decisions about their sexual practices. Responses often lead to programs providing *more information* and are premised on the assumption that more information will lead to better decision making and well-informed sexual choices. The information provided, though, may often be largely biological, emphasizing the nature of the virus and how it is contracted and transmitted. It foregrounds the physical consequences. The emphasis in HIV/AIDS awareness may often be on 'the body' as flesh, as a physical entity, without desires, feelings and a complex set of circumstances within which it operates (Baxen & Breidlid, 2004). These notions are highly applicable to the HIV/AIDS information that donor guidelines guided Light House to preach. An example may serve. Light House and Family Health International organized a seminar at the Light House's female sex workers centre (19.-21.08.08), a seminar for peer educators concerning HIV/AIDS and how to guide their peers. The peer educators studied pictures of bodily damage in order to recognize signs of sexually transmitted infections; the focus was on medical, not social issues[11]. The seminar followed the manual from Family Health International[12] in details. Light House staff generally expressed the importance of drawing out harming discourses in stigma reduction, but in practice the NGO often focused on technical issues, such as during this seminar. Hence, I interpret Light House as to, on the one hand, consciously follow donor guidelines, but, on the other hand, also to value a focus on social issues.

Ignorance and discourses of deviance (c.f. section 2.4.4) affected Light House's practice. As an example, the project manager (PM 1, LH) explained how difficult it was for them to get any location for the sex workers' integrated health centre in Bogra. "At first when we tried to establish the centre the owners of the two-three stored buildings argued that it was impossible

---

[11] This seminar was only one part of a series of seminars which I did not attend. It might be that social issues were analyzed during the later seminars. In the manual from FHI is however no social issues extensively covered.

[12] FHI (2006). *Peer Education and Outreach for HIV Prevention: A Trainer's Manual*. Dhaka: Family Health International, Bangladesh.

to rent out to us. They argued that the other tenants would feel bad and even get infected with HIV by having such a recreation centre in the building. [Light House staff] had to give motivation and information to landlords and neighbors. We gave information about what kind of job we are doing, what HIV is and how it is being, and not being, transmitted" (PM 1, LH, int. 01.09.08). The belief that one gets infected only by coming near, hand-shaking or touching an HIV positive person seemed vivant in some settings, and would influence Light House's efforts.

Local cultural values have implications for the extension of stigma. Light House staff are well acquainted with the local discourses and appreciate that in order to work against stigma, they might need to balance their work to these discourses. The donor approach is first and foremost focused on reducing HIV/AIDS. Donors focus on high risk groups because of their 'infectious' position, and they tend to do it through health-and-medical approaches focused on technical issues. This may, however, not result in stigma reduction, Light House staff stressed.

Thus, Light House navigates between local community orientation and donors' focus on the individual. This creates a discussion of how to best prevent HIV/AIDS in Bangladesh, as donors' nearly exclusive focus on high risk individuals is not looked at as the best solution from Light House staff. Light House argued for more than one approach, both 'bottom-up' and 'top-down' (c.f. Chambers, 1997). They also promoted an emphasis on stigma reduction by drawing out and make people aware of harming discourses in the local community. Light House utilized the local cultural orientation towards community in creating the Project Facilitating Team. Light House's comments and practical actions may be held as reactions to, and adjustments of, the donors' focus on the individual.

6.2 Influenced by both local master-servant orientation and 'equality'

> *Analyzing the links between social structures and associational life in a given country is difficult, as opposed to simply transferring known models of civil society abroad. Thorough social analysis of caste, class, ethnicity/clan and family is particularly important in countries where efforts towards greater participation and democracy are challenging established power constellations and the traditional privileges of the elites (Norad, 2009: 12).*

This donor stance emphasizes the importance of studying links between local power constellations and associational life in the effort of creating broad social participation in communities across social layers. This research aims to consider such links, relating it to Light House's practice in the local community. The socially layered society with its master-servant orientation permeated everyday practice both throughout Light House's internal organizational structure and by making staff's efforts of reaching out to beneficiaries in their local milieus problematic.

In addition to considerations of links between local social structures and 'associational life', this research aims to consider links between donor values and institutional practice. The position in the quote portrays donor values promoting greater participation and democracy. However, in practice, it appears as if donors in general are scarcely aware of the importance of *analyzing own values* and practiced power constellations in the cooperation with local actors. Even though 'equality' and 'empowerment' are espoused values of the donors their daily communication with Light House portrayed a master-servant or "giver-recipient" orientation, and this in itself may severely hamper the NGO's effort of creating participation and democracy. For Light House the donors appeared as "masters". Values-in-use of the donors in this relation will be further discussed under section 6.5.1.

One of Light House's tasks is to implement donor values of 'equality' in fruitful ways within the hierarchical Bogra society. Donor expectations regarding the promotion of equality imply huge influences on Light House. In basic ways the NGO is influenced through the simple notion that 'equality' may not have been an *issue*, just as the master-servant orientation may not have been considered a problem by me, if not for the major donor emphasis on this value.

Donor expectations may be traced through the arguments of the team leader (TL, LH). "Stigma towards HIV risk groups makes them vulnerable. However, [the marginalized people, such as the MSMs,] are equally human beings, and have rights as any other persons. Light House's ideology is to respect them as human beings. Since they are discriminated by the society we must respect them as human beings and ensure their right to health and the right to social services. We should stand by them, and help them to get out of the problem" (TL, LH, int. 24.09.08). The team leader argued in a way that is influenced by donor values. The fact that he expressed himself this way may result from a donor creation of 'equality' and 'human rights' as topics which my respondent has become particularly concerned about

93

through communication with donors. His application of the human rights' terminology makes a much stronger impact in a society influenced by a master-servant orientation. He makes a remarkable choice of words, all the time he is strongly influenced by local values as well[13].

Outreach to beneficiaries' communities revealed how the master-servant structure have implications on NGO practice. Staff at the main office stated that it could prove difficult to directly reach out to targeted communities. The project manager (PM 1, LH) stressed: "It is difficult for us; we cannot easily go to talk with the sex workers in their own communities. […] I know where they are living but they are not free or relaxed with me" (PM 1, LH, int. 01.09.08). She continued however that on the other hand, "peer education is functioning well. Peer educators are selected from targeted populations' own communities. The peer educators know the lives of the masses at grass-root level, and they are working with milieus and people that are known to them" (PM 1, LH, int. 01.09.08). Peer educators may thus function as mediators between the social layers as they are employees of Light House, communicating experiences from the streets to the outreach workers and managers at the integrated health centers. When the project manager stressed that she may not easily approach beneficiaries within their communities she gave a picture of how social status or group belonging might be a barrier for institutional practice based on 'equality'. It might be difficult for both Light House and donors to discover what is happening at grass root level, as it seems the beneficiaries find it "inappropriate to raise their voices" (I, 13.09.08) as a result of the master-servant orientation of society. It is possible to claim that Light House has little choice; to communicate sufficiently and manage good results they need to employ staff from same social milieus as the beneficiaries.

The hierarchical structure of Bogra seemed to influence even basic practices within Light House. To illustrate this further, a small observation may serve. As mentioned in section 6.1.2 I attended a three-days' workshop at the female sex workers' centre in Bogra (19.-21.08.08). I was offered a chair close to the manager, for her to translate if needed. In the lesson break the manager, the teacher and I were offered hot tea with milk and sugar. The three outreach workers were thereafter offered glasses of water. Finally the peer educators, who were working as sex workers as well, received smaller glasses of water. Except from me all the people present were employees of Light House. We all sat in the same room, though slightly

---

[13] For further discussion of donor values of equality in practice, through Light House, see section 6.5.1.

divided, most of us at chairs except from some of the peer educators who chose to sit on the floor. I was offered to eat lunch with the leadership, the outreach workers eat in a separate room, and the peer educators in another room. There was no question about this way of organizing tea break and lunch (Observation diary, 21.08.08).

Light House provides a shared frame of reference to various people at grass root level. The Light House integrated health centers name the people coming there members of "target groups", "risk groups", or as "poor", "without agency", "incapable of managing on their own", or "beneficiaries". This naming signifies a way of constituting a Light House reality, a construction of a Light House universe of meaning (Berger & Luckmann, 1966/1991). When I learned to know the individuals who constitute beneficiaries of Light House, hearing their jokes and funny stories and discovering how powerful they are in their own lives, I got a highly different picture; it was impossible to approach them only as "poor beneficiaries without agency". Light House puts them in a recipient-position, constructing them according to a giver-recipient dichotomy. This may be explained as a result from following donor guidelines and hence as part of the efforts to secure further funds, but possibly also as an effort to get social acceptance in the local society.

Sarker (2007) noted that institutions contribute to uphold traditional features like layered structures of society and gendered violence through their practice. In Bangladesh, if you are born a woman you are approached as inferior to men, and institutions may contribute to this discourse. Gender-based violence is strongly connected to difference and is socially accepted in the social structure. Bangladeshi institutions may allow the differences in power and significance between the sexes to exist, and contribute to increase these differences through their practice (Sarker; in Ribeiro, 2007). Although various local organizations state to value gender equality a traditional trend seems to be that men hold the policy-making positions and women get around half the salary of what men in similar positions get. Linking Sarker's (2007) notions to Light House, the naming of beneficiaries, and the everyday treatment of servants as slightly "inferiors" may be contributing to uphold traditional features in society through the NGO's institutional practice, and Light House shows how local cultural values permeates its value system. The motto of Light House is 'Putting People First' (Light House, 2008a). The executive director stressed that "there is no political philosophy behind Light House. As an organization Light House is completely *for the people*, not anything else" (ED, LH, int. 28.08.08). I interpret this espoused approach as deviating from the local master-

servant orientation. Practice and behavior towards servants within the NGO, as elaborated on in section 4.2, represented however a conflict with Light House's motto.

Like many institutions in Bangladesh, Light House organized itself in a hierarchical way where almost all power of decision appeared to belong to the leadership. The organizational structure seemed slightly hard-to-row in that little opportunity of influence was delegated downward. Regarding one of the many projects the structure within Light House may be illustrated with the following figure. Cleaners, cooks, gate-guards, financial administration and other staff and committees, are not included.
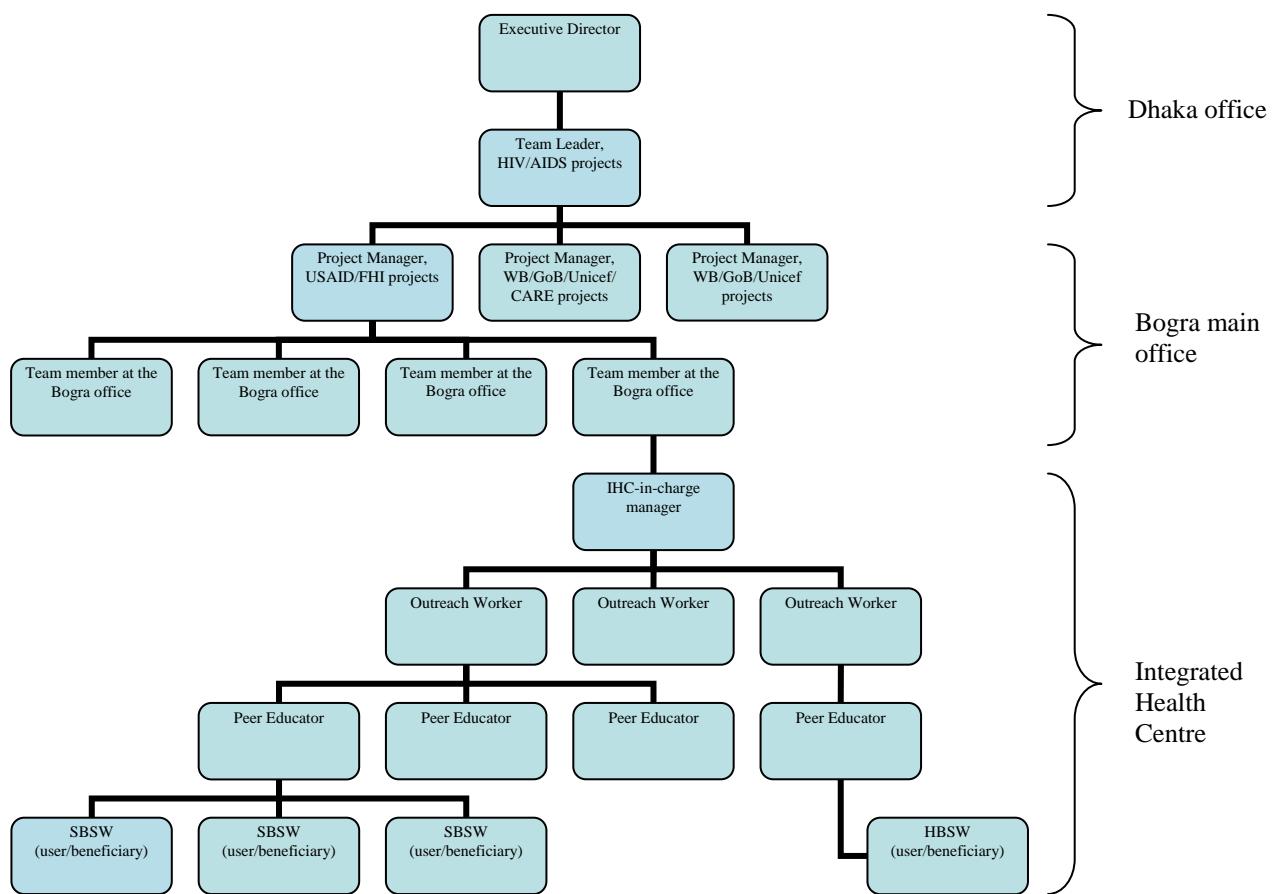
The many links and layers may in itself make the NGO hard to row. Due to projects' different funders and different guidelines the internal communication seemed to run more vertically than horizontally across projects. In my respondent's (PM 1, LH) view this represented a challenge for Light House. The common, cultural phenomenon of paternalism may affect Light House in basic ways. On the one hand, a leadership that makes all policy level decisions furnishes clear lines and rules of separation of responsibility. On the other hand, the NGO

may get difficult to handle as it is impossible to make fast decisions to solve immediate difficulties. The project manager (PM 1, LH) argued that Light House might have benefited from creating a *core management team* that all staff might communicate with, to solve immediate issues, and to be able to plan for long-term sustainability.

> "I believe that if Light House wants to grow and develop its route we should develop a core management team. As it is now all departments are dealing only with their own projects. I am supervising the project funded by FHI only. There is little coordination between projects. Since we do not have any core management team we are waiting for the Executive Director to make decisions. If we could have a separate human resource section, a finance section, and so on, it might have been easier. Without any core staff I am also only able to plan up to the end of my own project period. Any long-term dream is difficult for Light House, it is not easy to start long-term planning" (PM, LH, int. 01.09.08).

A flatter structure within the NGO may from a leadership point of view be regarded as a threat to organizational control. A middle manager, at one of the centers (IHC-i-c 1, LH) expressed her feeble engagement in organizational matters by giving reluctant answers to my question if she saw the need to alter the guidelines in any way: "The guidelines are OK. I just follow the guidelines. This is a question for the Executive Director" (IHC-i-c 1, LH, int. 08.09.08). Thus, the socially layered structure permeates the Light House culture both with regards to internal, as well as external coordination.

6.3 The role of religion

Educating sex workers, homosexuals and drug users about safe sex and the use of condoms and fresh syringes is not a straightforward job. NGOs working in the field may constantly have to fight disapproval from certain sectors in the Bangladeshi society, notably religious conservatives. What an NGO might consider health awareness and education may just as easily be seen by critics as promotion of an irreligious lifestyle (Buncombe, 2008). As homosexual practice, sex outside of marriage, and drug use are regarded as irreligious practices in Islam, there is a popular belief that such practices should not, and do not, exist. Light House respondents stressed the importance of conveying a message that HIV is a part of real life and is spreading also in Muslim countries like Bangladesh (IHC-i-c 1, int. 07.09.08; IHC-i-c 3, int. 14.09.08; TL, LH, int. 21.09.08). The respondents argued that stigmatizing the infected, or people practicing risk behavior, should be avoided. Conservative attitudes were considered preventive for project success.

One objective of Light House is to "render services to all irrespective of […] religion as a non political, non-profit social development organization" (Light House, 2008a). Light House nevertheless used religious leaders in its HIV prevention strategy, and as most institutions in the predominantly Muslim society the NGO practiced closing-time at 3 pm during Ramadan, and kept its centers closed on Fridays. This closing practice created difficulties for sex workers and drug users who normally rested at the centre during day time. However, Fridays are national holidays and it was considered natural to hold this day for staff to go to the Mosque and have a day off. Consequently, Light House was influenced from traditions of Islam in basic ways.

Light House aimed to create broader awareness in society through religious leaders. Hattas (2009) wrote that religious leaders often serve as models that the general population looks to for guidance on various issues. Religious leaders may be influential in that they act as the moral conscience of society, specifying the norms to which societies should adhere. They hold positions that are looked at as authoritative and are associated with having direct links to the divine. As role models, and unlike other personalities in positions of influence, religious leaders are usually in direct communication with their respective communities on a regular basis; thus having the ability to influence the individual and collective identities of societies. However, their advices and responses to issues can be contradictory or out of touch with the realities and experiences of members of their communities (Hattas, 2009). The manager at one of the centers (IHC-i-c 1, LH) argued that "Imams have a great possibility to do a lot in the society. Everyone respect the Imams. […] Religious leaders represent a barrier when they think HIV is not suitable, or too 'earthly', to speak about, or when they think that men and women are not equals" (IHC-i-c 1, LH, int. 07.09.08). Some Imams approved of utilizing Friday sermons to reach out to the greater society with an HIV message. Some did not approve. It was "anyway Light House's duty to inform" (IHC-i-c 1, LH, int. 07.09.08). This 'duty' may refer to donor guidelines. Overall however, it appeared as Light House staff regarded religious leaders as important stakeholders in HIV prevention, if the Imams would convey liberal, not conservative messages. Thus, although Light House is not a faith based organization, it showed alertness to local religious values and addressed religious leaders as important advocates for HIV prevention.

Situated in the religious society where MSMs, sex workers and drug users seemed commonly overlooked as 'not existing groups' Light House was highly influenced by donors, simply by targeting these groups for HIV prevention. It is not obvious that a local NGO would have singled out these groups for its attention, without donor expectations.

Influences from possible religious values of donors

Influences which may be related to religious values of donors were revealed through programmatic guidelines. For example, USAID and FHI guided Light House to use their 'ABC' approach in the communication with beneficiaries and community stakeholders. The project manager (PM 1, LH) stressed: "To implement HIV/AIDS prevention with the fund from USAID we must follow the guidelines of the emergency fund of the American Government. The U.S. Government has one guideline for HIV/AIDS prevention that they call the ABC approach[14]. A means 'Abstinence', B means 'Be faithful', and C 'Consistent use of condom'. We are guided to give the ABC message in all meetings" (PM 1, LH, int. 01.09.08). USAID held the ABC message as one of their main concepts through which they meant HIV/AIDS could be eradicated worldwide. Faith-based organizations may be enthusiastic about the A and B in the approach, but for moral reasons they may fear that C, condom 'promotion', may open the door to increased sexual activity (Carter, 2003). Some of the staff at Light House seemed to find the ABCs problematic in some settings. "Because for sex workers 'Abstinence' is tough, due to their profession, and 'Be faithful' is also tough, since they have several clients" (PM 1, LH, int. 01.09.08).

FHI/USAID urged Light House to speak about condoms and emphasize that condoms may not be as perfect prevention as 'Abstinence' or 'Being faithful'. However, for drug users being faithful may not be problematic, but condom use is very important. If they get infected by HIV through syringes they are likely to spread the disease to their wives or husbands at home. Donor instructions regarding the ABCs were found by Light House staff as not too practicable. However, it appeared that they followed the guidelines, and spoke about the ABCs in various settings.

---

[14] The data was collected while G. W. Bush was president in the U.S., the approaches to HIV/AIDS prevention might have changed with the B. Obama government.

Light House's practice

Focus on religious ethics differed according to who I spoke with at Light House. FHI and USAID promoted the cooperation with religious leaders and the use of an ABC approach. However, neither FHI and USAID nor CARE Bangladesh seemed to promote any religion above another, and donor respondents argued to be tolerant towards all religions (R, FHI, int. 25.09.08; R, CARE Bangladesh, int. 29.09.08; R, NASP, GoB, int. 29.09.08). In Light House Bengali Muslim, Hindu, and Christian staff worked together. Across projects there seemed to be a tolerance for staff's religious orientations, and this tolerance was extended also towards beneficiaries. "We are working completely for people, regardless of their religious or political orientation", the executive director commented (ED, LH, int. 28.08.08). Some staff however, emphasized the message that if believing and relying on God, the beneficiaries could live happier lives and would not need to take drugs to cope with reality (PM 2, LH, int. 06.09.08; IHC-i-c 2, LH, int. 13.09.08).

"The hindrances for creating good projects are many in Bangladesh, but I would say the main hindrance is the social stigma" (ED, LH, int. 28.08.08). Stigma seemed connected to discourses of religious morals in that infected persons and vulnerable populations were considered as representing irreligious behavior. HIV/AIDS needs to be discussed as a symbolic bearer of meanings deeply associated with individual and collective identities (Baxen, 2006) that also the staff at Light House in their work implicitly or explicitly embody and take up in the Light House discourse. The moral religious discourses seemed to influence Light House staff and beneficiaries, and this could be traced through arguments and behavior of both beneficiaries and staff. A comment from a sex worker may serve as example: "The centre is a good place, but general people may say to the staff working here: 'You should not talk or interact too much with the people coming there, they are not good people'" (HBSW 1, focus group 08.09.08). The moral discourse of religion in Bogra seemed to color her experience.

My impression of Light House was that staff regarded *conservative* attitudes preventive for projects' ability to reach vulnerable populations in a best possible way. *Liberal* religious attitudes seemed however regarded as positive, as a way of finding meaning in life. The overall assumption was that religion represented a major factor to be carefully considered in the planning and practicing of Light House's endeavors. Light House in cooperation with

FHI/USAID considered the involvement of religious leaders as important in reaching out to the broader society. It was in Light House's interest to give a healthy and nuanced picture of the HIV/AIDS problem which may lead to stigma reduction. Both respect for, and also reluctance towards, local religious values, as well as religiously inspired donor guidelines, were informing Light House's practice.

6.4 Influenced by traditional and more tolerant approaches to gender and sexuality

Gender and sexuality are basic narratives through which identities are constructed (Foucault, 1976/1990). Masculine and heterosexual discourses of Bogra may have implications for the spread of HIV/AIDS. If the consequences of moving away from existing patterns of masculine and heterosexual dominance are too threatening, people may attempt to avoid them, upholding the dominant discourse – and own vulnerability to the disease. Within this frame Light House attempts to do its work. In subscribing to masculine and heterosexual discourses Bogra individuals may be reluctant to seek Light House to receive condoms, and MSMs to reveal sexual orientation.

Donor approaches to gender and sexuality seemed to play a role in shaping Light House's practice. In basic ways donor expectations influenced simply by focusing on MSMs. The challenge of Light House appeared to be communicating donor expectations to local communities and project beneficiaries who were not used to question or critically examine basic identity-narratives like gender and sexuality. The team leader (TL, LH) pictured this by stressing: "We who work with MSMs in our country know that homosexuals exist, but the majority of Bangladesh does not believe that homosexuals exist. When implementing projects it is difficult to make people understand that homosexuals are part of society" (TL, LH, int. 24.09.08). Thus, the lack of appreciation that sexuality may not necessarily be biologically determined by sex may imply a major challenge to Light House. Some individuals may interpret the practice of Light House as promoting 'not natural' behaviour (TL, LH, int. 24.09.08).

"The society is not ready to accept messages concerning sexual matters, and this is one of the main hindrances for Light House" (ED, LH, int. 28.08.08). Some of the MSMs at the Bogra

centre were working as outreach workers. They expressed engagement with the work which they regarded as highly important. A part of it was to convey a message to other MSMs that "you are not alone" and "be proud of who you are" (OW 1, MSM centre, focus group 14.09.08). I was impressed by the openness and courage of these outreach staff that were battling within traditional discourses. The outreach work seemed tough with huge stigma attached to it. The practical implementation of donor guidelines seemed to be a challenging task for these outreach workers, but they expressed a deep commitment to their work.

Tolerant approaches may tolerate individual choice regarding gender and sexuality. Light House staff's language reflected influence from tolerant approaches to sexuality. "Light House is trying to give the message that "*your* body is *your* life" to MSMs, but the societal condemnation and discrimination is huge. When we try to explain this message to the MSMs they cannot understand it easily. It is very difficult for the general people to make it easy for them" (TL, LH, int. 21.09.08). The team leader portrayed own influence from tolerant approaches and how the traditional discursive orientation with its social norms against homosexuality is strongly embedded in people's consciousness. From time to time experienced Light House leadership needed to train new staff. "Newly deployed staff at the centres may be confused about why we do these projects, but when we give them information and training they understand. We tell them that homosexuality is part of life, and that different people may enjoy sex in different ways" (TL, LH, int. 21.09.08). It appears as Light House staff approached basic issues like gender and sexuality in rather different ways than the established, general way of thinking within the local community. This may be explained as partly influenced by external donor emphasis.

On the other hand, Light House staff are themselves "individuals, producers, interpreters, reproducers, mediators and purveyors of knowledge and safe sex messages who work within discursive fields where this knowledge is often considered secret or private" (Baxen, 2009: 18). It seems like donors do not take into account the Light House staff as the embodiment of the gendered and layered social practices of the complex communities in which they live and work. Light House staff seemed to theoretically acknowledge that traditional gender and sexuality discourses may hamper the projects. But at the same time some staff's own intuitive approach to gender and sexuality as biological and religious matters may act as basic understandings through which they create their own, and beneficiaries', identities. Thus, traditional discourses of gender and sexuality may be difficult to "escape".

The donors espoused the value of gender equality. They provided guidelines on equal pay for equal work, and guided the NGO to employ female staff and leaders. At Light House many female staff was employed, and donor guidelines about how much staff should get according to position was followed (PM 1, LH, int. 01.09.08). However, in practice, the donor emphasis on gender equality did not expand the technicalities, and did not cover any deeper, social approach. What I experienced at Light House was a general orientation towards gender that did not necessarily embrace full equality, but the practice of equal pay and employment of female staff, was more or less carried out.

Light House is obliged to focus on 'gender equality' and to be liberal towards sexuality regarding beneficiaries, but on the other hand report about barriers of tradition back to the donors. Such reports seemed to be hard to convey; Light House staff feared they gave an impression of not doing their job properly. This leads the discussion further, into the next chapter, which is dealing primarily with donor expectations.

6.5 Influenced by donor values-in-use

Values-in-use are impossible to observe directly. They need to be extracted through the process of hypothesizing upon practice, trying to formulate values that lie behind actions. The following sections will concentrate on tacit, but implicit donor values-in-use which may represent practical challenges for Light House.

Light House staff appeared in basic ways positive to both CARE Bangladesh and Family Health International as partner organizations (ED, LH, int. 29.08.08; TL, LH, int. 21.09.08; PM 1, LH, int. 01.09.08; PM 2, LH, int. 06.09.08; IHC-i-c 1, int. 07.09.08; IHC-i-c 2, int. 13.09.08; IHC-i-c 3, int. 14.09.08). The respondents portrayed overall contentment and satisfaction about the cooperation and communication with the implementing agencies working most closely with them, and seemed grateful to benefit from their experience. CARE Bangladesh and Family Health International seemed to share this enthusiasm, and spoke of Light House as a professional partner that they wished to continue a cooperation with (R, CARE Bangladesh, int. 29.09.08; R, FHI, int. 25.09.08). However, frustration was also expressed by Light House respondents. Thus, the question evolves, 'what are the real effects

of donor values in practice, which both Light House and donors may scarcely be conscious of'?

In practice, donor values were difficult to grasp. Light House had to navigate between the rhetoric of the donors where equality and empowerment was fronted, and their practiced 'charity' approach along with other contrasting and tacit values-in-use in which a focus on effectiveness and the absoluteness of progress seemed prominent. Values-in-use were possible to reveal through reflections upon the way Light House and donors developed their cooperation and communication.

The West has from scholars been evaluated as designing and producing 'others' as 'inferiors' in a top-down approach (Said, 1995; Chambers, 1997; Crewe & Harrison, 1998). Through the following sections one may ask if such notions may apply to my own material concerning Western donors in the meeting with Light House. A giver-recipient orientation seemed prominent. In this relation, the concept of *orientalism* (Said, 1995) may be useful.

> Orientalism can be discussed and analyzed as the corporate institution for dealing with the Orient – dealing with it by making statements about it, authorizing views of it, describing it, by teaching it, settling it, ruling over it: in short, Orientalism as a Western style for dominating, restructuring, and having authority over the Orient (Said, 1995: 3).

Orientalism may be described as narratives and discourses about the Orient, created by Western intellectuals, artists, fiction writers, teachers, commentators and politicians, among others (Said, 1995). With its colonization the West created a picture of 'us' and 'the others', without nuances. The colonizing project focused on difference, which lead to an approach towards 'the others' as inferior. The creation of the dominated groups as inferior was adopted also by the dominated groups. Thus, the colonization included not only conquering of land and meddling in political and cultural structures, but also a *mental* conquering with huge consequences. More recently, after 9/11 and the actions of revenge in Afghanistan and war in Iraq, orientalist creations of 'us' and 'the others' may have been strengthened. Orientalism may also be found in Islamic discourses worldwide, and may be described as an orientalism in reverse (Breidlid, 2006). The following sections will examine donor values-in-use that might partly be understood in light of the previous notions.

6.5.1 Charity-aid, 'giver-recipient' orientation

Donors espouse the values of equality and empowerment. Donor practice however, revealed a charity-approach to aid, which I choose to call a *giver-recipient* orientation, that resulted in a slightly imbalanced relationship, inequality and continued dependency on donors.

As discussed in section 6.2, social hierarchy influenced the communication between Light House staff and beneficiaries. Also the relationship between the funders and the NGO was colored by social hierarchy. This relationship was marked by a master-servant-, or rather a *giver-recipient-* orientation. As a possible influence from the local cultural discourse, Light House staff might have found it less appropriate to be demanding in their communication with the donors. Some donors may have taken it as a matter of course that the local NGO would straightly state what they needed, due to basic, Western conceptions of the individual as free and independent, and thus practicing little consideration about basic, Bengali social structures. Many Bengalis would say that serving others, making guests feel welcome and in charge of wishes, is proper Bengali politeness.

Aid is organized through extended aid chains and bureaucracy. This may affect espoused values of efficiency and empowerment. The many links in the aid chains and extended bureaucracy may undermine the engagement and understanding that evolve through direct contact with the society in which the projects are to function. It may in turn leave small outcomes for project beneficiaries (Norad, 2009). My respondent from CARE Bangladesh stated: "If and when the Government receives funds and approves of the guidelines for the use of them, CARE may work. The Government has fixed UNICEF as management agency for this fund, and UNICEF is supposed to give some of the fund to CARE who in turn gives it to Light House. If one link in the chain is not working well, all will suffer." (R, CARE, int. 29.09.08). Light House staff emphasized that bureaucracy may result in relative small outcomes for beneficiaries (TL, LH, int. 24.09.08). Trillions of dollars may be given as aid, but huge parts of the funds may disappear to bureaucracy and corruption. The challenge may often be that huge parts of the aid work pass via multilateral organizations, which increases the distance to the poor. Civil societies possess a strength in that they may work vertically and reach to the most poor and oppressed (Engberg-Pedersen; in Bjergene, 2009). However, there is also evidence that several small NGO's working for same target groups in the villages in Bangladesh, on behalf of several different funders, may result in an unnecessary use of

resources. The situation is marked by competition rather than cooperation (ED, LH, int. 29.08.08; TL, LH, int. 24.09.08). The organization of aid, with the distance to the poor, the competition that marks it, and the fact that donors (hence also local NGO) are subject to political changes, does not increase empowerment at field level. In fact, empowerment follows from close proximity, cooperation, active utilization of local cultural values through local forces, and trust.

As a parallel to the constitution of a Light House universe of meaning (through the naming of people in focus 'beneficiaries', or 'target groups') donors constituted Light House in a similar manner. Being the suppliers of means, directing and controlling Light House's practice, the donors seemed to construct Light House as a 'beneficiary'. The giver-recipient, 'charity'-approach which expresses such values-in-use, contrasts however both Light House's and donors' espoused goal of empowerment.

CARE Bangladesh expressed that there is a need to address underlying causes of poverty and marginalization with its greater attention to structural and systemic change in order to have a chance of lifting the poorest and most marginalized people out of poverty (CARE Bangladesh, 2008). CARE Bangladesh (2008) argued that they aim to amplify the *voices of the poor* and the marginalized in ways that influence public opinion, development practice, and policy at all levels. CARE Bangladesh develops in this way a concern that might include a discussion of influences from the giver-recipient orientation.

The beneficiaries themselves were quite specific to what is needed for them to escape their poor situation. At the CARE guided drug users' centre beneficiaries, outreach workers and leadership repeated that more outreach workers were needed, as well as more counseling for individual drug users, more counseling groups, family awareness, and regular funds coming in so that there would always be syringes and condoms at the centers, in order for the NGO to be accountable to users. At the FHI and USAID funded female sex workers' centre beneficiaries repeated that they wish for the respect that follows vocational training instead of being given enough condoms and knowledge of how to avoid sexually transmitted infections. These expressions sound like direct answers to CARE's programmatic statements. However, the target groups had no influence on policy or strategy of donor practice. Similarly, Light House as an NGO was quite specific to what was needed for them in order to implement

functional projects, though their project proposals to donors. However, the donors always had the final say.

Donors are expecting Light House to give the message that the target individuals have their own internal power and possibility of choice. At the same time they expect them to provide them with condoms and syringes, not helping them on the way but keeping them in their miserable situation. Bogra sex workers have expressed a wish to get help, to get a "push" to get out of their situation. The donors focus on the individuals the way Family Health International focuses on Lovely (see 5.1.1). But the actual help provided makes individuals like Lovely *stay* in their profession. Sex workers get knowledge of condom use and prevention, how to treat clients, how to avoid getting infected with HIV. What they actually ask for is vocational training and a "push" to get out of their situation. The team leader at Light House (TL, LH, int. 24.09.08) stated that Light House should "help them to get out of the problem". But how is that possible in a fruitful way when the guidelines are keeping the target individuals in the situation where they already are. In practice the donors do not listen to their target groups. The values-in-use of the donors are shining through, overruling the ideal of empowerment. It might be costly to create long-term vocational training which would create major ripple-effects. In addition it is impossible to map down clear results from such an approach. As long as there is a marked, there will always be someone to purchase the goods. As long as the sex trade is vivant, there will always be buyers. The donors show a double moral through the focus on the individuals which in practice does not help them escape their situation.

Regarding equality and empowerment, it is however important to stress how Light House, following donor guidelines, is granting opportunity to sex workers, drug users and MSMs to get a paid job as peer educators or outreach workers. This may be called empowerment in practice. Working as peer educators or outreach workers give opportunity to help others in similar situations, it creates meaning and a usefulness of all they have been through. My peer educator and outreach worker respondents spoke of their work proudly and with great engagement. In turn, they extended highly important information back to Light House staff and donors.

6.5.2 Control

By Light House respondents the complexity of the relationships between Light House and donors was revealed through both contentment and frustration. For instance, the extended communication between Family Health International and Light House was pictured as a fine quality, but also as colored by a strict control (PM 1, LH, int. 01.09.08; TL, LH, int. 24.09.08).

Overall, donors control who and what shall receive aid. "Since Bangladesh is a poor country the Government wants to hinder food crisis first, they are not too concerned about HIV/AIDS. But, because of donors we work for HIV/AIDS prevention" (ED, LH, int. 29.08.08). The first time I was in Bangladesh there was a multitude of projects on arsenic reduction, but at the time of my research it seemed HIV/AIDS prevention was the new international "trend". The team leader commented: "Arsenic reduction is a very high priority for us, but since there is no fund for this right now most of the projects in Bangladesh have closed. It all depends on donor priority" (TL, LH, int. 06.10.08).

Control from donors upon Light House was also revealed through detailed practice. Family Health International craved a daily contact through phone calls. In addition, regular reporting schemes needed to be filled in, and donor representatives showed up on expected and unexpected visits. Light House staff explained that when starting up programs both staff and leadership needed to sign detailed guarantee papers (PM 1, LH, int. 01.09.08; TL, LH, int. 21.09.08). Donors espoused the importance of equal partnerships, cooperation, and community ownership of the HIV/AIDS program (CARE Bangladesh, 2009a, FHI, 2009b). But in practice, the opposite was demonstrated, leaving Light House respondents rather discouraged.

Donor influence could be viewed in every room. All furniture at Light House was marked with large, highly visible codes, such as "LH/CARP-EU-Chair-8 Financial Assistance by: The European Union" (Observation diary, 22.08.08). It was impossible to overlook or hope to escape the impression that almost everything they own was donated.

In addition to daily phone calls and regular visits, donors 'controlled' by providing guidelines with little opportunity of applying own approaches. A type of donor control could for instance

be revealed through strict financial guidelines. The USAID guidelines seemed to favor American economic industry. If Light House had to buy equipment or travel by air, they had to buy the U.S. branded goods and use American airlines. This was very costly and my informants were contemplating on how much more they could have managed to get for the money. Light House were for instance lacking motorbikes to travel easily from one centre or meeting to another; the Bogra roads were bumpy and rickshaws took long in crowded streets and on muddy paths (PM 1, LH, int. 01.09.08).

As mentioned, Light House staff stated that they used to send detailed project proposals to the donors before engaging in new projects. The donors considered these proposals, altering what they considered difficult. Thus, donors always had the final say. Anyhow, Light House staff argued that guidelines were written in agreement between them and the donor organizations, through extended proposals (PM 1, LH, int. 01.09.08; PM 2, LH, int. 06.09.08; IHC-i-c 2, LH, int. 13.09.08). The executive director stressed: "Sometimes Light House is given scope to design more and influence by ourselves. This varies from donor to donor. USAID follows the U.S. Government rules, and we cannot do needle and syringe exchange programs with them. We may work for drug users this way with other [government] funds such as the DFID, and even [hypothetically] your country's Norad fund, but the U.S. fund does not agree to this due to their politics" (ED, LH, int. 29.08.08). Concerning the programmatic part of the USAID guidelines the executive director has had to give two overall certifications. The first is an anti-terrorist certification granting that Light House is not involved in any kind of terrorist financing, and that Light House will not give any financial support to terrorists. The second is a guarantee that Light House will not promote sex work. USAID is one of the main actors to see through the U.S. mission in Bangladesh, which is in line with U.S. Government goals and objectives. The Mission Performance Plan, at the time of my research, included six goals: 1) Prevention and response to terrorism; 2) Democratic systems and practices; 3) American values respected abroad; 4) Economic growth and development; 5) Global health and 6) Overseas and domestic facilities (USAID Bangladesh, 2005).

The project manager stressed: "In addition to financial guidelines, we have the HIV/AIDS prevention part of the USAID" (PM 1, LH, int. 01.09.08). She stressed that USAID foregrounds a different ideology from Light House's own, and that many times the Light House management was not happy about it (PM 1, LH, int. 01.09.08). She was picturing a

cross-pressure between donors and local NGO. Additionally, the team leader at Light House stressed that "donors tend to control our practice" (TL, LH, int. 21.09.08).

Following strict programmatic and financial guidelines from donors, there was little time and freedom to develop long-term planning and self sustainability. Staff from Light House had ideas to how to make the NGO more self sustainable. "Maybe income generating programs like a dairy milk farm, sewing and shorthand training, computer training; to teach people sewing or IT and take a small amount for it, or other agricultural programs" (IHC-i-c 1, LH, int. 07.09.08). However, some of the ideas were tested and proved challenging.

> "In Light House we are very concerned about sustainability, but as we may not have big micro-credit programs, our income is very limited. We have recently started developing income generating activities like buffalo and cow dairying, but still we need some capital to develop such a good thing. We never earn anything. This is the risk for Light House. We have tried income generating projects and so far we have earned enough to build the office building we have here. Light House will never die, but our ultimate dreams of becoming an ideal organization working well for the people may not be fulfilled if we do not manage to increase our self sustainability" (ED, LH, int. 29.08.08).

The team leader explained they had taken up loan from the Government for the dairy farm project (TL, LH, int. 24.09.08).

Norad wrote in its principles' statement for Norad's support to civil society in the south (2009):

> For partners with many donors it may be quite challenging to remain true to their own issues, prioritizations and premises regarding their own development agenda. The more local organizations manage to stay independent of donor agendas, the more they are also likely to relate to donors' thematic challenges in a meaningful and sustainable manner (Norad, 2009).

The cooperation between local NGO and donor can be fruitful when both sides possess opportunity to contribute with extended knowledge and experience regarding differing issues. If a 'cooperation' is ruled by a lack of trust, where one part tends to *control* the other, it may hinder fruitfulness.

6.5.3 Effectiveness and 'management by results'

Donors focused extensively on effectiveness and quick results. Donors seemed preoccupied with short term documentation and reports, while Light House seemed more focused on long-term work for attitude change.

The ideas of 'management by results' are emphasized in international development. Management by results is one of the five principles for improving and demonstrating the effective use of (bilateral) development assistance that the Paris Declaration on Aid Effectiveness[15] (OECD, 2005) promotes. Sponsored by the OECD and the multilateral development banks, the Paris Declaration is organizationally separate from the United Nations' broader effort expressed in the Millennium Development Goals to improve and extend the benefits of aid. Aid Effectiveness addresses generally accepted areas of concern to both donors and recipients of aid, its five principles setting the lineaments of a new or reorganized knowledge frame for managing aid (Campbell & Kim, 2009). In the list over participating countries and organizations in the Paris Declaration of most importance to mention here, is Bangladesh, the United States of America, and the Global Fund to Fight Aids, Tuberculosis and Malaria.

Managing by results means managing and implementing aid in a way that focuses on the desired results and uses information to improve decision-making. In the Paris Declaration the role of donors is described like this:

> *Donors commit to*: Link country programming and resources to results and align them with effective partner country performance assessment frameworks […]. Work with partner countries to rely, as far as possible, on partner countries' results-oriented reporting and monitoring frameworks. Harmonize their monitoring and reporting requirements, and, until they can rely more extensively on partner countries' statistical, monitoring and evaluation systems, with partner countries to the maximum extent possible on joint formats for periodic reporting (OECD, 2005: 7-8).

Hence, donors' support may increasingly be directed towards organizations that can *document the results* of their advocacy efforts, and of their direct measures against poverty. Conversely, organizations failing to deliver may often risk having their support cut, and eventually

---

[15] The Paris Declaration on Aid Effectiveness, 2005, was proclaimed by the OECD-DAC and signed by over 100 partner governments, bilateral and multilateral donor agencies, regional development banks, and international agencies, "committing [them] to specific actions that would promote the effective use of aid funds". http://www.oecd.org/dataoecd/11/41/34428351.pdf

discontinued (Norad, 2009). Results-based management may be described as a modern feature. It implies setting up goals for the activities, mapping down the number of launched target groups, and investing the money where one would get most results out of them in a short term. Utilizing a results-based management model may result in securing financing of projects for only three years at a time, to projects aiming at quick, countable results. This approach may not embrace long-term ripple effects.

Internationally standardized reporting schemes may act in a "disciplining" way into Western language and ways of thinking (Campbell & Kim, 2009). Symbolic power (Bourdieu, 1991) and orientalism (Said, 1995) appear as pervading the total system of reporting, where donors define the world or reality through the language used. The reporting system in itself functions as tacit donor influence, in a way that neither donors themselves nor Light House fully were aware of. Through reporting schemes donors may emphasize 'effectiveness' as a main value-in-use.

Donor reporting schemes influenced tacitly. The way the schemes may have a culturally disciplining effect may be hidden to donor awareness. The hidden power hierarchy implicit in the donor language show donor values-in-use of a giver-recipient orientation. Donors may wish for effectiveness and fast results, but the reporting system may in practice lead to something else, even against donor aims (Campbell & Kim, 2009). Donors should be aware that the demand for short term results may be detrimental to partner organizations' need for long term planning of efforts to mobilize and support weak groups (Norad, 2009).

Time needed for sustainable effects, donor 'effectiveness' problematic
An implication of a results-based approach aimed at effectiveness is the donor short-term commitment. Donors may be hindered from promising long-term funds as they are subject to political change and may wish for as many projects as possible to refer to. "With the short durations it is very difficult to see any changeable effects of the projects" (TL, LH, int. 06.10.08). When the fund is over the staff is out of employment. Later, when the NGO receives a fund from another donor, they usually need to hire new staffs. This seemed like a major hindrance for developing good projects.

My CARE respondent stressed that the most important task of an outreach worker is to exchange syringes. Light House respondents emphasized that in addition, the most important

task is to develop the credibility and trust which may result in behavior change. Many drug users in Bogra felt helpless regarding their own addiction and would vent it on those close to them. Outreach workers at Light House aimed to discuss with their peers issues which caused them to become angry, and how they would express anger. A CARE guideline to outreach workers emphasizes the importance of talking to the client in firm and low voice, invite the client to sit and talk, assure the client that you will listen if s/he would sit and talk to you in a calm manner. Outreach workers were expected to validate the client's feelings, explore options of dealing with the situation, and reinforce positive behaviors (CARE Bangladesh, 2007). In practice however, every outreach worker at the drug users' centre of Light House had to cover 40-50 injecting drug users. My respondent at CARE Bangladesh explained that so was the guidelines from the upper links in the aid chain. "For the fund we receive there is a ratio basically; we must guide one outreach worker to exchange syringes and needles for 40-50 injecting drug users. For heroine smokers syringes are not necessary, and one outreach worker shall cover 70-80 drug users" (CARE Bangladesh, int. 29.09.08). The outreach workers at the Light House drug users' centre valued extended time and care for the beneficiaries. They described the outreach work as very time-consuming. "Guidance for behavior change needs a lot of time and patience. At first the drug users may not talk about HIV/STIs and their drug problem with us, they have to take drugs first. But we wait until they are clean again before talking. And after talking sometimes, they understand the importance of what we are saying. We have been there ourselves. We know that we need to be patient" (OW 1, DU centre, focus group 13.09.08). Practical outcomes of Light House's work need a long process. The donors' short-term projects aimed at fast, measurable results, may not be 'effective' in Light House staff's interpretation of the word.

The results-based approach may also be grounded in a donor fear of corruption and distrust in local NGOs' ability to govern budgets. Being amplified to a general agreement (the Paris Declaration on Aid Effectiveness, OECD, 1995) of how donors and local NGOs should organize, the consequences of what may be called "structural distrust" are major, raising a challenge to further research.

6.6 Summary

This chapter has shown that Light House in various ways is influenced by both local cultural values and donor expectations, and balances influences in its everyday practice. Light House operates within the local community, and acknowledges the importance of including recognitions of local cultural values in its prevention strategies.

Light House has designed its own solutions to challenges in the interplay between the local discourses and the donor discourses. As a response to donors' 'top-down' strategies towards individuals, Light House created the Project Facilitating Team. The team aims to develop a 'bottom-up' strategy by creating ripple-effects through social networks in the local community. This way Light House actively utilizes local cultural values of community orientation in an original approach.

As a response to challenges from a socially layered society, which extended to the steep hierarchical organizational structure within Light House, a delegation of responsibility throughout the NGO, through for instance a core management team was suggested. This would develop a more flexible organizational structure, to run programs smoothly, and to make easier long-term planning across projects.

As a response to the situation of donor dependency, Light House had recently, at the time of my research, started an income generating program; a buffalo dairy farm. The NGO had taken up loans from the Government for this project. Through the farm Light House aimed to in turn generate some income, and develop self sustainability to a larger extent.

It is evident that Light House created its integral solutions to challenges. It is in this relation important to question the apparently monolithic power of developers, and rather try to show the need for a more nuanced, contextual account of the complex and often ambiguous relationships that exist within aid. The dichotomies between 'us' the 'developers' and 'them' the 'beneficiaries' of development are in practice often inadequate (Crewe & Harrison, 1998; Said, 1995).

Foucault (1975/1995) claims that everything is powered through discourse. With his concept of *panopticism* he argues that one is always aware of the presence of the structure, and cannot act outside of it. Modifying Foucault's (1975/1995) theories, Butler (1997) explains power as

effected through an interrelationship between the power within, and the power of the discourse. Butler's approach is not too far from the attempt of creating a bridge between individual action and the power of the structure that is found in Berger and Luckmann's (1966/1991) model of externalization, objectivation and internalization. Following Butler's (1997) and Berger and Luckmann's (1966/1991) notions, it becomes evident that the NGO continuously both produces and reproduces the discourse (Butler, 1997; Berger & Luckmann, 1966/1991). Thus, Light House is not a puppet in a puppet show, totally spoken for by external 'strings of power'. On the other hand it is obvious that Light House is not totally free to choose its own ways. Instead, the NGO is in a constant dialectic relationship between internal power and discursive formations creating and recreating its perceived reality (Butler, 1997; Berger & Luckmann, 1966/1991).

Light House is influenced by the social stocks of meanings within the local Bogra society, as well as those of donors. Light House navigates between, and balances, the different influencing forces, creating its own story.

7 Concluding Remarks

My statement of the problem designing this project's investigations was:

How do local cultural values and donor expectations influence the institutional practice of Light House in Bogra, Bangladesh, in relation to their HIV/AIDS prevention work?

Regarding the evident supposition in the statement of the problem that local cultural values and donor expectations in fact do influence the NGO, the research has revealed insights in *how* these influences function. Local cultural values inform the considerations of Light House on how the organization may function with maximum effect within its environment to its aim of HIV/AIDS prevention. By knowing the local "geography" of power and influence, Light House reflects, adjusts and opposes to local cultural values in its institutional navigation. Influences from local cultural values may be traced in several areas:

- Project activities were organized through centers that adapt to values of fellowship, allowing the marginalized individuals to gather as groups, rather than lone-standing individuals.
- A Project Facilitating Team was established in order to engage persons with core functions within the local community to the Light House cause. Through the team Light House actively utilizes local social networks in its prevention strategy.
- Light House held the view that awareness of HIV/AIDS should be spread through local, already existing channels, making "the man in the street" an additional messenger and target for information. Thus, Light House included religious leaders and school teachers in its strategies, knowing the strategic influence of these positions in society.
- Local discourses of moral, masculinity and heterosexuality leading to stigma, were countered by Light House, arguing for a broad and social stigma reducing approach based on knowledge of local cultural values.
- Values of the socially layered society influenced the internal organizational structure of Light House, as well as the internal social culture. The socially layered structure of society made it difficult for staff to visit beneficiaries within beneficiaries' own milieus, mainly because of the difficulties in overcoming the social gap. The naming of individuals as 'beneficiaries' or members of 'target groups' within Light House contributed to maintaining a socially layered structure. In meeting with donors, Light

House inhabited a 'recipient' role. Hence, Light House subscribed to the giver-recipient orientation of aid, as well as being flavored by the local cultural master-servant orientation.

- Light House respected local religious norms by keeping the centers and offices closed on Fridays, practicing closing time at 3pm during Ramadan, and celebrating *iftar* at the office.

- By cooperation with imams, Light House aimed to create HIV/AIDS as a "real issue" with implications also within a Muslim community. Generally, Light House recognized and respected the important role of religion.

- Light House staff was influenced by traditional approaches to gender and sexuality colored by religious norms and biology determination, showing that the local discourses are highly influential on Light House staff as well.

Donor expectations influence by permeating Light House's aims, practices, economy and future horizons. I have described donors' influence on Light House in a two-fold way. Human rights- oriented espoused values focusing on the individual, equality and empowerment is prominent on the one hand, while values-in-use of control, charity-approach and restrictions on local agency may be identified on the other. *Espoused donor values* influencing Light House was revealed through different practices:

- A focus on HIV/AIDS prevention despite the low prevalence in Bangladesh, and despite other issues seeming more urgent.

- Targeting individuals from HIV/AIDS vulnerable, high-risk communities.

- Recognizing and targeting homosexuals. This practice contrasts to the conceptions within parts of society that homosexuality does not, and should not, exist.

- MSMs, sex workers and drug users were directed to guide their clients and peers to use condoms and fresh syringes. Hence, these individuals were given a responsibility to prevent HIV from spreading throughout society, ignoring their 'inferior' position within the layered social structure of society.

- Staff of Light House were frequently using the human rights' terms and principles through their language, emphasizing that the MSMs, the sex workers and the drug users are equally human beings and possess 'rights' as any others.

- The ABC approach was expected utilized in HIV preventions strategies.

- Conveying a message to MSMs and female sex workers that "*your* body is *your* life". This is a message of empowerment, and of both gender equality and tolerance towards sexuality.
- Empowerment was demonstrated through the trust in peer educators and outreach workers in the field; individuals with homosexual tendency, individuals who still work as sex workers, and individuals who have been addicted to drugs, and who knows the hardships of the lives of their peers in the streets.

Donor values-in-use have been possible to identify by reflecting on patterns of practice. Light House's exposition to this type of donor values may be traced through the following notions:

- Light House was dealing with daily phone calls, as well as regular expected and unexpected visits from donors.
- Light House was subject to detailed programmatic and financial guidelines, and having to sign papers assuring that the NGO will "not give financial support to terrorists" or "promote sex work". Exposition to financial guidelines from USAID secured favoring U.S. economic industry.
- The NGO had continuously to complete internationally designed reporting schemes which "guided" what practice to favor. The practice may stem from a 'management by results' model of aid, and from fear of corruption.
- Donors offered only short-term support aimed at projects for fast, measurable results. Thus, opportunity for long-term commitment and for implementation of projects aimed at greater ripple-effects, within the present donor cooperation, was almost non-existing.

Regarding donor values-in-use, donors' charity- approach towards high-risk groups may be held to reinforce the system which the donors constantly criticize. The approach may hinder empowerment, and may contribute to uphold the layered structure of society. Donors' banning of any promotion of sex work may be approached as contradictory to their practice. The sex workers are maintained within their position by being given prevention and a place to sleep instead of vocational training for alternative employment.

The organization of Light House functions as an intermediary institution to members of society within its environment (Berger & Luckmann, 1995). Light House is intermediary in

its navigation between expectations from local communities and expectations from different donors. Light House shows great skills in balancing tradition- oriented, local cultural values and external, Western donor expectations in its everyday practice.

Donor supported HIV/AIDS interventions seem, through their values-in-use in the case of Light House, largely influenced by dominant discourses within economics, medicine and epidemiology sectors, which fail to consider the social and cultural embeddedness of the disease. Donor supported interventions fail to do what is espoused goals; to create empowerment and self sustainability of beneficiaries and local NGO.

Light House navigates with mastery within and between complex expectations. By doing this, the NGO defines and constructs its own reality, establishing what is achievable as well as unobtainable in its institutional reality.

However, by adjusting to local culture in order to reach maximum effect in its HIV/AIDS prevention efforts, Light House shows skills of self-guidance that greatly exceeds the level of freedom granted by donor practices. There are, in principle, several valuable implications of cooperation between local and international organizations in HIV/AIDS prevention. However, in the case of Light House, this study has made plausible that several of the donors' practical expectations and controlling strategies counteract donors' espoused values of equal partnerships and empowerment, partly hindering Light House's experience and local knowledge to influence its own institutional practice.

Following the discussion of what kind of knowledge a case study may produce, the case of Light House may contribute to knowledge of certain social processes within an NGO that is situated between local cultural values and donor expectations, which may exceed this particular case.

References

Ali, M. (2005). *Brick Lane*. Oslo: H. Aschehoug & Co.

Alvesson, M. & Sköldberg, K. (2000). *Reflexive Methodology. New Vistas for Qualitative Research.* London: Sage Publications.

Ara, Z. (2005). *Violation & Denial of Access to Health Rights for Women Involved in Commercial Sex Work in Bangladesh*. Retrieved 05.04.09 from https://tspace.library.utoronto.ca/bitstream/1807/4264/1/Ara.pdf.

Argyris, C. & Schön, D. A. (1978). *Organizational learning. A theory of action perspective.* Reading, Mass.: Addison-Wesley.

Barth, F. (1981). *Features of Person and Society in Swat. Selected Essays of Fredrik Barth. Vol.2.* London: Routledge.

Baxen, J. (2006). *An analysis of the factors shaping teachers' understanding of HIV/AIDS*. Unpublished doctoral thesis, University of Cape Town.

Baxen, J. (2009). HIV/AIDS educational research: Beyond more of the same to asking different epistemological questions. In J. Baxen & A. Breidlid (Eds.), *HIV/AIDS in Sub-Saharan Africa. Understanding the Implications of Culture and Context*. Cape Town: UCT Press, an imprint of Juta & Company Ltd.

Baxen, J. & Breidlid, A. (2004). Researching HIV/AIDS and education in sub-Saharan Africa: Examining the gaps and challenges. *Journal of Education, 34*: 9–29.

Baxen, J. & Breidlid, A. (Eds.) (2009): *HIV/AIDS in Sub-Saharan Africa. Understanding the Implications of Culture and Context*. Cape Town: UCT Press, an imprint of Juta & Company Ltd.

BBC (2009). *Religion & Ethics – Islam. Five Pillars of Islam.* Retrieved 08.10.09 from http://www.bbc.co.uk/religion/religions/islam/practices/fivepillars.shtml.

Berger, P. & Luckmann, T. (1966/1991). *The Social Construction of Reality: A Treatise in the Sociology of Knowledge*. Garden City, NY: Anchor Books.

Berger, P. & Luckmann, T. (1995). *Modernity, Pluralism and the Crisis of Meaning. The Orientation of Modern Man*. Gütersloh: Bertelsmann Foundation Publishers.

Bjergene, L. R. (2009). Sivil samfunnsstøtte skal endre maktforhold. *Bistandsaktuelt*. [Electronic version] Retrieved 13.08.09 from http://www.bistandsaktuelt.no/Nyheter+og+reportasjer/Arkiv+nyheter+og+reportasjer/124725.cms.

Bondurant, T., Azariah, S., Janssen, P., & Young, F. (2007). *Towards a coordinated national response for targeted interventions in Bangladesh: A brief review and look forward.* Dhaka.

Bourdieu, P. (1991). *Language and symbolic power.* Cambridge: Polity Press.

Boyatzis, R. E. (1998). *Transforming qualitative information. Thematic analysis and code*

development. Thousand Oaks, Calif.: Sage Publications.

Branden, N. (1984). *Honoring the Self: The Psychology of Confidence and Respect.* Los Angeles: Bantam Books.

Breidlid, A. (2002). Schooling, tradition and modernity in South Africa. *UWC Papers in Education, 2,* 37–50.

Breidlid, A. (2006). Arven fra kolonitiden: Vi og De andre. *Babylon, 4.1.2006*, 8-19.

Bryman, A. (2004). *Social Research Methods*. (2nd ed.). New York: Oxford.

Buncombe, A. (2008). *Independent Appeal: Sex workers dicing with death in Bangladesh. Plight of male sex workers in Bangladesh highlighted.* Retrieved 09.04.09 from http://www.msmasia.org/news_article/items/independent_appeal_sex_workers_dicing_with_d eath_in_bangladesh.html.

Butler, J. (1997). *The psychic life of power: Theories of subjection.* California: Standard University Press.

Butler, J. (2004). *The Judith Butler Reader*. Australia: Blackwell Publishing.

CARE (2009). *"I Am Powerful"*. Retrieved 08.10.09 from http://www.care.org/.

CARE Bangladesh (2007). *Training Manual. Understanding Drug Addiction & Counseling Skills for the Prevention of HIV and AIDS*. Retrieved 08.09.09 from http://www.carebd.org/Drug_user_counseling_manual.pdf.

CARE Bangladesh (2008). *Strategic Planning Framework*. Retrieved 08.09.09 from http://www.carebd.org/images/newspr.jpg.

CARE Bangladesh (2009a). *About CARE, Programming Approaches*. Retrieved 12.09.09 from http://www.carebd.org/program_approach.html.

CARE Bangladesh (2009b). *Addendum to CARE Bangladesh Long Range Strategic Plan Explanatory Note on the Replacement of a 5-Year Program Goal with a Framework for 15-Year Impact Statements*. Retrieved 08.08.09 from http://www.carebd.org/strategic_directions1.htm.

CARE Norway (2009). *CAREs arbeid. Bangladesh*. Retrieved 16.10.09 from http://www.care.no/CAREs-Arbeid/Her-jobber-CARE/#Bangladesh.

Carter, T. (2003). *Uganda Leads by Example on AIDS*. Retrieved 09.09.09 from http://www.usaid.gov/press/releases/2003/uganda030313.html.

Campbell, M. & Kim, E. (2009). *Achieving 'results' from internationally funded NGOs in Kyrgyzstan: Aid-Effectiveness as discursive coordination of global ruling relations?* Paper prepared for presentation at the critical management conference, Stream 19: Postcolonialism, Globalization and Development. University of Warwick, UK, July 13-15, 2009.

Chambers, R. (1997). *Whose reality counts? Putting the first last*. London: Intermediate Technology Publications.

CommonLII (1860). *Indian Penal Code 1860.* Retrieved 06.05.09 from
http://www.commonlii.org/in/legis/num_act/ipc1860111/.

Crewe, E. & Harrison, E. (1998). *Whose development? An ethnography of aid*. London: Zed
Books.

Dembour, M.- B. (2006). *Who Believes in Human Rights? Reflections on the European
Convention.* Cambridge: Cambridge University Press.

Dengbol-Martinussen, J. & Engberg-Pedersen, P. (2003). *Aid. Understanding International
Development Cooperation.* New York: Zed Books Ltd.

Dimmock, C. & Walker, A. (2000). *Globalizations and societal culture: Redefining schooling
and school leadership in the twenty-first century*. London: Falmer Press.

Dumont, L. (1980). *Homo Hierarchicus. The Caste System and Its Implication.* (2nd ed.).
Chicago: University of Chicago Press.

Eriksen, T. H. (1998). *Små steder – Store spørsmål. Innføring i sosialantropologi.* Oslo:
Universitetsforlaget AS.

Fetterman, D. M. (1989). *Ethnography. Step by Step.* Newbury Park, CA: Sage.

FHI (2009a). *Country Profiles, Bangladesh: A Woman Finds Her Voice, Protects Self and
Others from HIV.* Retrieved 08.09.09 from
http://www.FHI.org/en/CountryProfiles/Bangladesh/res_LightHouse_Helps_Lovely.htm.

FHI (2009b). *Country Profile: Bangladesh.* Retrieved 08.09.09 from
http://www.fhi.org/en/CountryProfiles/Bangladesh/bangladeshprograms.htm.

Flyvbjerg, B. (2004). Five misunderstandings about case study research. In Clive Seale et al.
(Eds.), *Qualitative research practice*. London: Sage.

Foucault, M. (1975/1995). *Discipline and Punish. The Birth of the Prison.* New York:
Vintage Books.

Foucault, M. (1976/1990). *The History of Sexuality. Vol. 1.* London: Penguine Books.

Gadamer, H. G. (1975). *Truth and Method*. London: Sheed & Ward.

Geertz, C. (1973). *Thick description: Toward an interpretive theory of culture*. New York:
Basic Books.

Geertz, C. (1988). *Works and Lives. The Anthropologist as Author.* Stanford: Stanford
University Press.

Giddens, A. (1990). *The consequences of modernity*. Cambridge: Polity Press.

Giddens, A. (1991). *Modernity and Self-Identity*. Cambridge: Polity Press.

Giddens, A. (2006) *Sociology.* (5th ed.). Cambridge: Polity Press.

Glaser, B. & Strauss, A. L. (1999). *The Discovery of Grounded Theory*. New York: Aldine.

GoB (1972). *Constitution of the People's Republic of Bangladesh.* Retrieved 06.05.09 from
http://aceproject.org/ero-   en/regions/asia/BD/Bangladesh%20Constitution%201972.pdf

GoB (2008). *2008 UNGASS Country Progress Report.* Retrieved 24.04.09 from
http://data.unaids.org/pub/Report/2008/bangladesh_2008_country_progress_report_en   .pdf.

Gold, R. L. (1958). Roles in Sociological Field Observation. *Journal of Social Forces*, *Vol. 16,* 1-30.

Gyekye, K. (1997). *Tradition and Modernity. Philosophical Reflections on the African Experience.* New York: Oxford University Press.

Haarscher, G. (1993). *Philosophie des droits de l'homme.* (4th ed.). Brussels: Editions de l'Universite Libre de Bruxelles.

Hammersley, M. & Atkinson, P. (2007). *Ethnography. Principles in Practice.* (3rd ed.). New York: Routledge.

Hasnain, M. (2005). Cultural Approach to HIV/AIDS Harm Reduction in Muslim Countries. [Electronic version]. *Harm Reduction Journal*, *2:*23.

Hattas, A. (2009). Examining Religious Leaders' and Traditional Healers' Responses to HIV/AIDS in a Modern Community. In J. Baxen & A. Breidlid (Eds.), *HIV/AIDS in Sub-Saharan Africa. Understanding the Implications of Culture and Context*. Cape Town: UCT Press, an imprint of Juta & Company Ltd.

Hofstede, G. H. (1991). *Cultures and Organizations: Software of the mind*. London: McGraw Hill.

Hossain, S. & Siddiqi, D. M. (Eds.) (2007). *Human Rights in Bangladesh 2007*. Retrieved 06.05.09 from: http://www.drishtipat.org/blog/wp-content/uploads/2008/10/ask2007annualreport.pdf.

Imaan, N. & Alam, A T M (2008). *Review paper analyzing the Existing Legal and Policy Provisions and Practices with respect to Human Rights in relation to people living with HIV and AIDS in Bangladesh*. Dhaka: Ain O Salish Kendra.

Klausen, A. M. (1992). *Kultur – Mønster og kaos*. Oslo: Ad notam Gyldendal.

Kleven, T. A. (1995). Reliabilitet som pedagogisk problem. *Report*, 9. Oslo: Institute for Educational Research.

Kleven, T. A. (2008). Validity and validation in qualitative and quantitative research. *Nordisk Pedagogik, 3.*

Kvale, S. & Brinkmann, S. (2009). *InterViews. Learning the Craft of Qualitative Research Interviewing* (2nd ed.). Los Angeles: Sage Publications.

Light House (2008a). *About Light House*. Retrieved 25.02.08 from http://www.lighthousebd.org/AboutLH.html.

Light House (2008b). *Donors, network and membership*. Retrieved 25.02.08 from http://www.lighthousebd.org/Donors%20,Network%20and%20membership.html.

Lincoln, Y. S. & Guba, E. G. (1985). *Naturalistic Inquiry*. Beverly Hills: Sage.

Lindsey, D., Knight, V. C. (Eds.) (2006). *Drug Users at Risk to HIV. Documenting our Experience 2000-2005*. CARE Bangladesh. Dhaka: Presidency Press.

NAP (1996). *National Policy on HIV/AIDS and STD Related Issues*. Government of the People's Republic of Bangladesh. Retrieved 10.12.07 from http://www.ilo.org/public/english/protection/trav/aids/laws/bangladeshnationalpolicy.pdf.

Norad (2009). *Principles for Norad's Support to Civil Society in the South*. Oslo: Norwegian Agency for Development Cooperation.

NSP (2004). *National Strategic Plan for HIV/AIDS 2004-2010*. Government of the People's Republic of Bangladesh. Retrieved 10.12.07 from http://www.bdnasp.net/images/stories/national_strategic_plan.pdf.

OECD (2005). *Paris Declaration on Aid Effectiveness*. Retrieved 12.10.09 from http://www.oecd.org/dataoecd/11/41/34428351.pdf.

Oxford Advanced Learner's Dictionary (2005). (7th ed.). [Electronic version]. Oxford: Oxford University Press.

Patton, M. Q. (1990). *Qualitative Evaluation and Research Methods*. (2nd ed.). Newbury Park: Sage Publications.

Rahman, A. Z. M. Z. (2005). World AIDS Day Special. HIV/AIDS: Bangladesh Country Situation. *The Daily Star Web Edition,* Vol. 5, 538 (01.12.05). Retrieved 20.05.09 from http://www.thedailystar.net/2005/12/01/d51201090178.htm.

Rainwater, J. (1989). *Self-therapy: a Guide to Becoming your own Therapist*. London: Crucible.

Renteln, A. D. (1990). *International Human Rights. Universalism versus Relativism*. Newbury Park: Sage Publications.

Roberts, C. W. (1997). *Text analysis for the social sciences: methods for drawing statistical inferences from texts and transcripts*. Mahwah NJ.: Erlbaum.

Rocheach, M. (1973). *The nature of human values*. New York: Free Press.

Ruud, A. E., Mageli, E., Price, P. (2004). *Indias historie – med Pakistan og Bangladesh*. Oslo: Cappelen akademisk forlag.

Said, E. W. (1995). *Orientalism. Western Conceptions of the Orient*. Oslo: Penguin Books Ltd.

Sarker, M.; in Ribeiro, E. H. (2007). Bangladesh: Kvinneorganisasjoner mot vold. *Globalnytt 2*, 14-16.

Schein, E. H. (1982). *Organizational culture and leadership*. San Francisco: Jossey-Bass.

Schwartz, S. H. (1999). A Theory of Cultural Values and Some Implications for Work. *Applied Psychology: An International Review*, *48 (1)*, 23–47.

Scott, J. & Marshall, G. (Eds.) (2009). *Oxford Dictionary of Sociology*. (3rd ed.). New York: Oxford University Press.

Segal, L. (1997). Sexualities. In K. Woodward (Ed.), *Identity and difference: Culture, Media and Identities.* London: Sage Publications.

Smith, L. C., Lucas, K. J., & Latkin, C. (1999). Rumor and gossip: Social discourse on HIV and AIDS. *Anthropology and Medicine*, *6(1)*, 121–31.

Sontag, S. (1990). *AIDS and Its Metaphors*. London: Penguin.

Stanford (2002). Egalitarianism. *Stanford Encyclopedia of Philosophy*. Retrieved 01.06.09 from http://plato.stanford.edu/entries/egalitarianism/.

Stromquist, N. P. & Monkman, K. (Eds.) (1998). *Women in the Third World – An encyclopedia of contemporary issues*. New York: Garland.

UN (1948). *The Universal Declaration on Human Rights.* Retrieved 05.04.09 from http://www.un.org/en/documents/udhr/.

UN (2009). *Goal 6: Combat HIV/AIDS, malaria and other diseases. The Millennium Development Goals.* Retrieved 05.05.09 from http://www.un.org/millenniumgoals/aids.shtml.

UNAIDS/WHO (2008). *Epidemiological Fact Sheet on HIV and AIDS Core data on epidemiology and response. Bangladesh.* Retrieved 12.11.09 from http://apps.who.int/globalatlas/predefinedReports/EFS2008/full/EFS2008_BD.pdf.

UNGASS (2001). *Declaration of Commitment on HIV/AIDS.* Retrieved 05.04.09 from http://data.unaids.org/publications/irc-pub03/aidsdeclaration_en.pdf.

USAID (2008). *Bangladesh HIV/AIDS Health Profile*. Retrieved 12.11.09 from http://www.usaid.gov/our_work/global_health/aids/Countries/asia/bangladesh_profile.pdf.

USAID (2009). *Integrating Multiple Gender Strategies to Improve HIV and AIDS Interventions: A Compendium of Programs In Africa*. Retrieved 08.09.08 from http://www.aidstar-one.com/sites/default/files/Gender_compendium_Final.pdf.

USAID Bangladesh (2009). *In Focus: USAID Works to Prevent HIV/AIDS Epidemic in Bangladesh.* Retrieved 08.08.09 from http://www.usaid.gov/bd/stories/story_129.html.

USAID Bangladesh (2005). *Strategic Statement. FY 2006-2010.* Retrieved 08.09.09 from http://www.usaid.gov/bd/files/strategic_statement.pdf.

WHO (2008). *Bangladesh. HIV/AIDS*. Retrieved 25.02.08 from http://www.whoban.org/hiv_aids.html.

Wilson, R. (Ed.) (1997). *Human Rights, Culture and Context. Anthropological Perspectives.* London: Pluto.

World Bank (2009). *HIV/AIDS in Bangladesh. February 2009.* Retrieved 12.11.09 from

http://siteresources.worldbank.org/SOUTHASIAEXT/Resources/223546-1192413140459/4281804-1231540815570/5730961-1235157256443/HIVAIDSbriefBD.pdf.

Yin, R. K. (2003). *Case Study Research. Design and Methods.* (3rd ed.) Los Angeles: Sage Publications.

Appendix I

Map

Appendix II

Overview over the 4 focus groups and the 13 respondents from interviews, with codes

Focus group 1: Female Sex Workers' centre	Hotel Based Sex Workers, Peer Educators	HBSW; PE, FSW centre, LH
Focus group 2: Female Sex Workers' centre	Street Based Sex Workers, Peer Educators	SBSW; PE, FSW centre, LH
Focus group 3: MSMs' centre	Males who have sex with Males, Outreach Workers	MSM; OW, MSM centre, LH
Focus group 4: Drug Users' centre	Drug Users, Outreach Workers	DU; OW, DU centre, LH

Peer Educator, FSWs centre	PE 1, FSW centre, LH
Outreach Worker, FSWs centre	OW 1, FSW centre, LH
Outreach Worker, DUs centre	OW 1, DU centre, LH
Integrated-Health-Centre-in-charge (leader at the centre), FSWs centre	IHC-i-c 1, LH
Integrated-Health-Centre-in-charge (leader at the centre), DUs centre	IHC-i-c 2, LH
Integrated-Health-Centre-in-charge (leader at the centre), MSMs centre	IHC-i-c 3, LH
Project Manager, the USAID/FHI funded HIV/AIDS projects	PM 1, LH
Project Manager, the WB/GoB/UNICEF/CARE-B funded project	PM 2, LH
Team Leader for all HIV/AIDS projects at Light House	TL, LH
Executive Director, Light House	ED, LH
Respondent, CARE Bangladesh	R, CARE Bangladesh
Respondent, Family Health International	R, FHI
Respondent, National AIDS and STD Program, Ministry of Health and Family Welfare, Government of Bangladesh	R, NASP, GoB
Interpreter	I

Appendix III

Interview guides

Questions for beneficiaries

1) How long have you been coming to the centre?

1) How are your days normally?

3) What is most important for you in your daily life?

4) What are your biggest worry in your daily lives?

5) Do you feel the centre helps you? How does it help?

6) What is good with this project?

7) What could have been better?

8) What do you know about HIV/AIDS? What is the reason people are getting it?

9) Can I ask, are some of you HIV positive? (Only if they want to tell) How is it to live with HIV/AIDS or STIs?

10) What are your advices for Light House, so that they can make best possible projects to prevent HIV/AIDS?

11) In the society, what are people thinking about HIV/AIDS? Superstition /myths/ fairytales?

12) How is the knowledge and reactions on HIV/AIDS among people you know?

13) Do you know about the ideology / visions behind Light House? Are you getting any religious or political messages through the centre? In trainings or awareness group meetings?

14) What is your highest dream for the future?

Questions for Peer Educators (FSW centre), and Outreach Workers (MSM centre)

1) What is your profession?

2) What is your focus, and what do you do in your work?

3) What do you think of the project?

4) What could be better and what functions well in your work?

5) Are you getting guidelines that need to be followed? From who?

6) What do you think about 'peer education'?

7) How is the communication between you and the mere beneficiaries?

8) Do you think your expertise is being trusted well enough? How is the communication between you and the outreach workers / other staff ?

9) Do you know about the ideology of Light House? (Religious or political visionary?) Do you agree with the ideology? / find it appropriate?

10) What do you feel is most important in your work?

11) What do you think is less important?

12) When you have had a good day at work, what have you accomplished?

13) What is the worst thing you can do?

14) Generally, what do you think should be done to hinder that HIV/AIDS spreads in Bangladesh?

15) Generally, what is your highest dream for the future?

Questions for Outreach Workers (FSW centre/ DU centre)

1) What is your professional background? What is your position in LH? Why/ how did you choose this job?

2) What is your focus, what do you do in your work?

3) What do you think of the project? What could be better and what functions well in your work?

4) Are you getting guidelines that need to be followed? From who? How do you find them?

5) What do you think about 'peer education'?

6) Do you think your expertise is being trusted well enough? How is the communication between you and other staff?

7) Do you know about the ideology of Light House? (Religious or political visionary?) Do you agree with the ideology? / find it appropriate?

8) What do you feel is most important in your work?

9) What do you think is less important?

10) When you have had a good day at work, what have you accomplished?

11) What is the worst thing you can do?

12) Generally, what do you think should be done to hinder that HIV/AIDS spreads in Bangladesh?

Questions for the leadership, team leader and project managers at Light House

1) What is your professional background, what is your focus or position within Light House?

2) What do you feel is most important in your work?

3) What do you think is less important?

4) When you have had a good day at work, what have you accomplished?

5) What is the worst thing you can do at work?

6) What do you think should be done to make best possible projects to hinder that HIV/AIDS spreads?

7) What is the ideology of Light House? How do you perceive the ideology? Do you agree with the ideology / find it appropriate?

8) Personally, what is your highest dream for Light House?

9) Why did Light House start implementing HIV/AIDS projects?

10) How is the HIV/AIDS situation in the Bogra area different from other parts of Bangladesh? How would you say the situation in Bangladesh is different from other parts of the world?

11) What do you think about the general awareness and focus on the HIV/AIDS disease in Bangladesh, through the media etc?

12) What has to be done in Bangladesh to hinder an HIV/AIDS pandemic?

13) *Guidelines from the international donors* on how to perform the projects, what is your opinion about the guidelines (how do you find them)?

14) How do you interpret the ideology (visionary) of the guidelines?

15) Is there a gap between donor principles and the principles of Light House?

How, and what?

Is it a problem, or is it not a problem?

In what way do they fit/ not fit with the cultural and religious context in Bangladesh?

What were you focusing on in your project proposals (and what is the donor focusing on)?

16) Do you think the international donors are well enough aware of the importance of the specific contextual conceptions surrounding the disease in Bangladesh?

17) Do you think the local expertise is being trusted and used well enough?

18) What may be the reason why Light House after so many years still is dependent on foreign aid, despite a wish for self sustainability?

19) Is it possible that the projects of Light House are restricted by local, social conceptions, norms and myths/fairytales surrounding the disease? What are restricting factors of the projects?

20) Generally, what do you think functions well and what functions not so well, concerning the HIV/AIDS projects of Light House?

Questions for the implementing agencies

1) What is your professional background, what is your focus/ position within CARE / FHI?

2) Why did CARE / FHI start implementing HIV/AIDS projects?

3) How is the HIV/AIDS situation in Bangladesh different from other parts of the world?

4) What do you think about the general awareness and focus on the HIV/AIDS disease in Bangladesh, through the media etc?

5) What is needed in Bangladesh to hinder a big HIV/AIDS pandemic? How to think ahead?

6) How do you perceive the ideology of CARE / FHI? Do you agree with the ideology/ find it appropriate?

7) Are you receiving guidelines/ cooperating on how to perform HIV projects from some other organization/Government? (how do you find them)?

8) How is the interrelationship between CARE / FHI, GoB and Light House? What functions / not?

9) Is there a gap between CARE /FHI principles and the principles of Light House? How, and what? Is it a problem or is it not a problem?

10) Who are you communicating with? (Interrelationship, influence, communication)

11) Why do you think so many NGOs after so many years still dependent on foreign aid, despite a wish for self sustainability?

Questions for NASP, Government of Bangladesh

1) What is your focus/ position within GoB?

2) When did the GoB get aware of HIV/AIDS as a problem in Bangladesh? What were the happenings at that time? Why did GoB start implementing HIV/AIDS projects?

3) What is your understanding of the present HIV/AIDS situation in Bangladesh?

4) What kinds of HIV/AIDS prevention actions are the GoB planning to implement? What are you working on at present?

5) How do you perceive the GoB's relationship/ cooperation with the international donor organizations?

6) Are you suspecting that means may be disappearing on the way, before reaching the targeted population?

7) (Telenor / Grameen Phone, is it a known case and which emphasis do you put on it?)

8) What has to be done, mainly, to prevent HIV/AIDS in Bangladesh?

9) Why did you decide to make the NAP and the NSP? (Was there a pressure to make strategic plans? From where?)

10) How did you make NSP?

11) Which cultural / religious / political messages do you think may be found in the NAP/NSP?

12) The international donors are obviously concerned about HIV/AIDS. Are the GoB concerned about other issues more, which?

13) How is the HIV/AIDS situation in Bangladesh different from in other parts of the world?

14) Which role does religion have in relation to the spread of HIV/AIDS in Bangladesh?

15) Which role would you say GoB are playing?

16) What do you think about the general awareness and focus on the HIV/AIDS disease in Bangladesh?

17) Guidelines from the multi-/ bilateral donors on how to perform the projects?
    What is your opinion about the guidelines? How do you cooperate in relation to guidelines, to make them suit the national policy? Conflicts (in approach and goal)?

18) How is the interrelationship between GoB, funders, local NGOs? What functions / not?